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Mindful Monsters: Development of a DBT-Informed Art Therapy Method for Traumatized Children in an Acute Inpatient Residential Program

Capstone Thesis

Lesley University

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Art Therapy Specialization

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Abstract

In the treatment of complex childhood trauma, emotion regulation is a foundational component in the healing process. It is accepted in the acute inpatient setting that a highly structured, evidence-based approach targets specific needs of the traumatized child. Dialectical behavior therapy (DBT) is a model gaining popularity at the inpatient level of care for this reason. Art therapy has been introduced in adjunct to engage the sensory and developmental needs of the traumatized child in this setting, yet there is a lack of research of the inclusion of DBT-informed art therapy. Some phenomenological research has been conducted on the efficacy of DBT-informed art therapy in trauma treatment, but little research has focused on art as the tool in DBT targeting specifics of emotion regulation in the traumatized child. The available literature provides insight into the usefulness of integrating these two approaches in order to promote skill-building and retention, develop insight, and ultimately accept experiences and change maladaptive behaviors. To contribute to research on DBT-art therapy with traumatized children, this writer has created a long-term art therapy intervention informed by the emotion regulation module of DBT while working with a traumatized child in the acute residential setting. Over three sessions, the participant designed and built a three-dimensional plush monster representing anger. This writer's personal notes, art making and reflections along with client reflections and self-report suggest there are significant benefits in integrating DBT and art therapy to address emotion regulation that should be explored further.

Mindful Monsters: Integrating DBT and Art Therapy to Address Emotion Regulation After Childhood Trauma

Introduction

Childhood trauma is a pervasive issue with long-term consequences (Dye, 2018; Spataro, Mullen Burgess, Wells, & Moss, 2004). Trauma is defined as a perceived experience of threat that causes feelings of fear, helplessness and extreme distress including neglect, physical and/or sexual abuse, loss, disasters, and any other emotionally or physically harmful experiences (American Psychiatric Association, 2013). Trauma symptoms are characterized by negative changes in cognition and mood, altered arousal and reactivity, and potentially significant changes in capacity for positive interpersonal relationships (American Psychological Association, 2013), and children experiencing chronic trauma are at a higher risk for disruptions in development that can lead to emotional dysregulation, alterations in arousal, destructed or undeveloped sense of self, and dissociation (Dye, 2018; Friedman, 2013).

To this point, research shows that highly structured modes of treatment are effective in treating trauma, particularly in emotion regulation (Drass, 2015; Little et al., 2010; Sweezy, 2011). Emotion regulation is considered a pertinent skill to process complex trauma and create sustainable outcomes (Pur, 2014). One treatment model, Dialectical Behavior Therapy (DBT), has gained popularity in trauma treatment due to its highly structured, insight-oriented and integrated approach (Drass, 2015; Little, Butler & Fowler, 2010). Dialectical Behavior Therapy is a treatment model informed by cognitive behavioral theory and the Buddhist philosophy of mindfulness (Drass, 2015; Linehan, 1993) to teach skills that help identify, understand and cope with emotions to establish a sense of self, create fulfilling relationships, and build a life worth living (Linehan, 1993).

Another effective treatment approach for childhood trauma is art therapy (Malchiodi, 2015). Trauma is not stored in a typical, linear and chronological framework within the brain, and those memories are visual and sensational in nature and difficult to translate into a narrative (Gant & Tinnin, 2009; Talwar, 2007; van Westrhenen & Fritz, 2014). Art has a unique ability of processing and synthesizing information and experiences on a sensory level and allows for visual depictions of experiences and affect states that children often do not have the words to explain (Pifalo, 2007; van Westrhenen et al., 2017). When art becomes structured it can allow for a perceived sense of control over self and experience, helps individuals build mastery and stronger self-image, and gives a sense of safety and containment (Clarkin, Levy, Lenzenweger, & Kernberg, 2007; Drass, 2015; Gerteisen, 2008). When we consider that trauma treatment begins with a focus on regulating emotions, art readily provides a container for processing through creative expression, externalization, and sensory stimulation.

While both DBT and art therapy are extensively researched independently, there is minimal research on integrating both approaches to address emotion regulation and, ultimately, processing and integrating trauma. Throughout this paper, I develop a novel approach in combining methodologies through an art experiential called *Mindful Monsters* to target the foundational skill of emotion regulation. This directive is influenced by the theoretical framework and emotion regulation module of DBT (Linehan, 1993) as a foundation in establishing an evidenced-based, trauma-informed, action-oriented approach of art therapy in treating emotional dysregulation. Through this method, the client designs and builds a *Mindful Monster* plush toy that is representative of a difficult emotion through a process that orients the client to the present moment and the felt sense (Rappaport, 2008) of those emotions to identify, understand and cope with them. Through this process, the client is able to externalize and project

their emotions into a handmade object that can then be used as a tool throughout various phases of therapy.

Literature Review

The International Classification of Diseases (ICD-11) defines complex trauma as a disorder “specifically associated with stress” and found that the highest rates of complex trauma were associated with childhood abuse (World Health Organization [WHO], 2020). Typical trauma presentation is characterized by reexperiencing, avoidance, and hyperarousal (Gorg et al., 2019). In order to obtain the complex trauma diagnosis, there must be a severe and pervasive problem in affect regulation in addition to the typical symptom set of PTSD (WHO, 2020). Further, research suggested that trauma experienced in childhood has long-term consequences (Dye, 2018; Spataro, Mullen, Burgess, Wells, & Moss, 2004), including adult psychopathology, negative effects on socioemotional competency, chronic disease (Dong et al., cited in Dye, 2018), and significant alterations in the presentation and regulation of emotions (Cohen, Mannarino, Kliethermes, & Murray, 2012; Dye, 2018; Friedman, 2013; Pur 2014).

Emotion regulation is defined as the way individuals modulate the intensity and duration of emotions, both positive and negative, both conscious and subconscious, to achieve a particular goal (Kraiss et al., 2020). Methods of emotion regulation inform an individual’s overall well-being, and insufficient modulation of emotion is recognized as a “transdiagnostic factor for numerous psychological disorders” (Kraiss et al. 2020, p. 2, para. 1). Gratz & Roemer’s study advised that deficits of emotion regulation have negative effects on well-being (cited in Kraiss et al., 2020). Relative to complex trauma, Pur (2014) regarded emotion regulation as an essential skill in the processing of traumatic experiences to create sustainable outcomes, particularly in development of the self-concept. Pur (2014) explained that repression or deactivation of

emotions can cause dissociative problems and excessive intensification of emotions. This is consistent with Talwar's (2007) research suggesting that individuals with complex trauma experience a lack of control and disproportionate reactions to stressful situations. A lack in self-control and behavior modulation is the most common reason for children to be admitted to inpatient and residential settings (Little et al., 2010), which includes impulsivity, reactivity, and the inability to tolerate "normal life frustrations" (p. 83). In consideration of this research, it is evident that emotion regulation is a significant target goal of therapy for traumatized children.

Sweezy (2011) explained that traumatized children learn to respond to their own feelings in negative, self-reinforcing ways to avoid coping with painful emotions. This suggests that learning to understand and process painful emotions could provide children the foundational skills to have more positive reactions to adverse life experiences. There is strong evidence that highly structured modes of treatment are most effective in treating trauma-related emotion dysregulation (Drass, 2015; Little et al., 2010; Sweezy, 2011). One method in particular, Dialectical Behavior Therapy (DBT) is effective in treating the emotion dysregulation symptoms associated with trauma due to its focus on skill attainment and retention (Drass, 2015; Dye, 2018; Little et al., 2010; Sweezy, 2011).

The approach of DBT developed by Linehan (1993) was established to bridge the gap between cognitive behavioral therapy, with its focus on cognitive restructuring, and acceptance therapy with its focus on validation (Fassbinder et al., 2016). Thus, the term "dialectics" was adopted to create a method based in acceptance *and* change. Fassbinder et al. (2016) explained DBT as a method of accepting patients as they are and providing them with validation of their thoughts and feelings, while still acknowledging the need for change and the skill-building

required to change. A core underpinning of DBT is Zen practice through the cultivation of mindfulness to establish insight into behaviors and their implications (Chapman, et al. 2011).

Dialectical behavior therapy has been adapted since its creation to meet the specific needs of children (Perepletchikova et al., 2011) and is designed to assist in differentiating why and how intense emotions began, emphasizing skill-building to develop and maintain control over emotional reactivity (Dye, 2018; Sweezy, 2011).

Gorg et al., (2019) suggested that the DBT approach is most effective when targeted directly toward emotion regulation in early stages of treatment. In this study, 110 participants were recruited from a 3-month long residential facility in Germany in which DBT was the primary mode of treatment. All adult participants had a history of childhood sexual abuse and other childhood traumas. After completing treatment, the 110 participants trauma-based emotions were analyzed using seven visual analogue scales. Data was analyzed using a multivariate analyses of variance (MANOVA). The results showed a significant decline in trauma-related emotions such as guilt, shame, helplessness, fear, and disgust. Anger was the only emotion not significantly impacted by DBT treatment. Gorg et al. hypothesized that this could be due to the functional component of anger as a trauma-related emotion (2019). Alavinezhad et al. (2014) stated that anger is one of the most frequently experienced and enduring emotions and left untreated in children can lead to increased delinquency, drug use and poor relationships (p.111). If anger can be viewed as a functional emotion, then one can consider the benefits of an individual with complex trauma coming to understand, tolerate, and regulate their anger so that it becomes a useful tool rather than a maladaptive function.

The emotion regulation module of DBT provides children with psychoeducation about a spectrum of emotions to establish a basic understanding of how emotions function to cultivate

insight on how to manage them (Fassbinder et al, 2016). Areas of insight include the individual's emotional vulnerability, how the individual interprets stressful events and comes to respond both verbally and non-verbally, and the aftereffects of those feelings and behaviors (Fassbinder et al., 2016). In coordination with development of insight through DBT methodology, coping skills are taught to establish safety and develop containment strategies that reduce negative behavior and cultivate a life worth living (Linehan, cited in Drass, 2015).

Another treatment approach shown to be effective in treating the emotion dysregulation of complex childhood trauma is art therapy (Gantt & Tinnin, 2009; Gerteisen, 2008; Malchiodi, 2015; Pifalo, 2007), particularly symptoms of anxiety and heightened emotional reactivity such as anger and aggression (Drass, 2015; Malchiodi, 2015; Pifalo, 2007; Talwar 2007). Research suggests that trauma memories are not stored in a typical, linear fashion within the brain and instead are visual and sensational in nature (Gantt & Tinnin, 2009; Talwar, 2007; van Westrhenen & Fritz, 2014). This has been shown to be particularly significant in childhood trauma because children do not have the same verbal capacity as adults and utilize non-verbal modes of processing and communication (Malchiodi, 2015; van Westrhenen et al., 2017). Having alternative means of emotional expression outside of verbal therapies could aid in containing maladaptive outbursts (i.e., externalized anger).

Alavinezhad, Mousavi, and Sohrabi (2014) studied a group of 30 children considered to be aggressive with ages ranging from 7 to 11, for ten weeks using art therapy as the primary mode of treatment. The children were randomly assigned to control and experimental groups of equal size. Prior to art therapy treatment, the participants received the Children inventory of anger (ChIA), a measure with good reliability and validity (Flanagan & Allen, as cited in Alavinezhad et al., 2014), to measure self-reported anger-related beliefs across multiple domains.

Participants also received the Coppersmith Self-esteem Inventory (CSI) consisting of 58 items meant to measure the individual's self-esteem across multiple domains. Throughout the course of the study, participants attended weekly 2-hour art therapy sessions based in a structured cognitive-behavioral approach that covered various domains of anger and impact on relationships. After completion of the ten-weeks, participants were given a retest of the ChIA and the CSI. Data was examined using a series of analyses of covariance (ANCOVA). The result of the study showed a significant decrease in anger and significant increase in self-esteem within the treatment group, displaying the efficacy of art therapy as a mode of treatment with aggressive children.

In addition to modulating difficult emotions, art therapy provides a safe and contained sensory experience (Gerteisen, 2008; Hass-Cohen, 2003; Malchiodi, 2015) that can assist in processing and regulating the sensory imprints of trauma (Gantt & Tinnin, 2009; Talwar, 2007). In this way, art therapy provides an avenue to develop a sense of self-control and mastery (Clarkin et al., cited in Drass, 2015), supports individuals in establishing affect and sensory awareness (Abdulah & Abdulla, 2020; Pifalo, 2007; Talwar, 2007), and leads to the integration of thought and action, feeling and behavior, through the sensorimotor experience of creating art (Cohen & Riley cited by Talwar, 2007; Gerteisen, 2008).

While both DBT and art therapy are well-researched regarding their efficacy in treating emotion dysregulation in complex childhood trauma independently, minimal research has been conducted on the integration of these methodologies. According to Chapman, Turner, Dixon-Gordon (2011), an integration of DBT with another approach is only recommended if the therapist follows the theoretical foundations of DBT "in order to provide therapy that is

effective, coherent, and consistent" (p. 170, para. 1). Chapman et al. (2011) goes on to explain, however, that eclecticism and flexibility of intervention and technique can be effective.

As mentioned above, it is the dialectic way of thinking that is at the foundation of DBT. Similarly, art therapy provides insight and order through integrating one's inner and outer world of experience (Gantt & Tinnin, 2009), readily adapting to dialectical concepts. Where DBT offers clear goals and skills to attain them, art develops a focus in a dynamic, non-verbal way (Pifalo, 2007). Further research suggested that because traumatized children suffer both mental and emotional impairments, art therapy can bring suppressed cognition into consciousness (Pifalo, 2007) where they can be addressed structurally and verbally through DBT methodology. James (cited by Pifalo, 2007) suggested that children do not have the language skills to explain traumatic experiences, so art becomes the conduit between feelings and words.

Huckvale and Learmonth (2009) provided a case example of integrating DBT and art therapy with an individual client experiencing emotional dysregulation. They postulate that emotional dysregulation stems from an "invalidating environment" (p. 55) in childhood in which the environment gives the person a sense of *wrong* in their analysis and description of their own experience, particularly in the realm of feelings, beliefs, and behaviors, and then attributes that experience instead to socially unacceptable characteristics of the person (Linehan, cited in Huckvale & Learmonth, 2009). Therefore, the child does not have ownership of their experiences, they are not taught how to handle distress or have realistic expectations and are in turn taught to either completely inhibit their emotions or operate in extremes (p. 55). The study itself occurred while the individual client was inpatient for a calendar year in a psychiatric institution. During this time, the art therapist utilized the framework of DBT to create structured art therapy interventions. These interventions were put into categories and the client was able to

decide and direct which structured activity to complete based on their mood during that session. Art therapy services were provided weekly over the course of the year and in conjunction with other forms of treatment including traditional talk therapy. The client displayed long-term benefits after discharge, still having difficulty with adverse emotional stimuli, but gaining an ability to cope effectively without further hospitalization. The study found that "structured art-making empowered [the client] to develop methods of 'coming between' the overpowering feelings that led to emotional hijack, and [their] reaction to them…[giving] her freedom" (p. 62, para. 4). The directive and structural approach between DBT and art therapy provides a unique interaction of creative catharsis with learning and retaining skills, which is what this study claims made the difference for the client.

As art can be a learning tool and an alternative to language, it also readily provides a vehicle for metaphor, which Krueger and Swanepoel (2017) found to be an effective tool in processing trauma. Considering this notion, I began to reflect on ways children utilize metaphor as a tool of emotion regulation, to communicate uncomfortable, disturbing, and painful feelings. The first step in developing emotion regulation is cultivating the ability to observe and identify emotions (Linehan, 2014). Pifalo (2007) suggested that identifying one's feelings is a component in mastery over trauma, and once identified, the child must find a safe way to express them. Using art and metaphor is a tangible way of developing problem-solving and coping skills that lead to positive modes of self-regulation in a *language* that the child already speaks.

In researching common metaphors that children use to depict uncomfortable emotions or experiences, a common theme was monsters (Hamilton, 2020; Malchiodi, 2015; Kozlowska and Hanney, 2001). Kozlowska and Hanney (2001) understood this phenomenon to be associated with perceptions of safety and danger. Clements (1996) noted monsters as metaphors children

use to describe trauma or abusive adults (cited in Kozlowska and Hanney, 2001). Christie (2020) described monster imagery as a personalization of fear and considered how media and culture play into a child's perception of events and how they utilize that information to interpret and tell stories. Butler (cited in Penn, 2020) offered the role of the monster fantasy in a child's expression as one that allows the child to imagine themselves as something else, affording the ability to express an uncomfortable or distressing emotion without being impeded with the responsibility of those emotions.

This paper uses the concept of monsters as a metaphor, externalization and tactile sensory processing through art, and structured skill-building of DBT to promote emotion regulation with a child suffering from complex trauma. Collectively, these articles provided evidence and rationale for DBT and art therapy as modes of treating the emotion dysregulation of complex childhood trauma. This research also informs my understanding of how emotion regulation is at the foundation of trauma treatment and in building a sustainable and meaningful life. Some studies provided rationale for the integration of DBT with other methods in addressing trauma symptoms. Further, Christie (2020) and Butler (cited in Penn, 2020) offered rationale for the use of metaphor, particularly in terms of monster imagery, in externalizing and processing trauma memories and experiences. What is missing in the literature is the synthesis of DBT theory and art therapy technique to specifically address emotion regulation in a child with complex trauma. This unification is what my intervention strategy *Mindful Monsters* intends to accomplish.

Method

Participants

The individual that participated in this study was a ten-year-old white, cis-gendered male. The individual is a patient of Bradley Hospital in East Providence, Rhode Island, in the Children's

Residential and Family Treatment (CRAFT) program. This individual's psychiatric diagnoses are as follows: chronic post-traumatic stress disorder, aggression, ADHD – inattentive type, and DMDD (disruptive mood dysregulation disorder). The participant has been a resident of CRAFT since November 2020 and received individual art therapy as part of the researcher's internship placement, once per week for one hour. The participant was referred to art therapy for "emotion identification, regulation and expression" by their attending psychiatrist. The primary treatment modality delivered to this client via the treatment team is dialectical behavior therapy (DBT), which was the basis for the integration of a DBT-informed art therapy approach to emotion regulation. The details of the art intervention utilized with this client are reviewed in depth in coming sections of this paper.

Research Question and Hypothesis

To observe the benefits of art therapy and dialectical behavior therapy as an integrated approach to build emotion regulation skills in a child with complex trauma, the following research question was proposed: is a structured art intervention that is grounded in DBT theory an effective means of teaching emotion regulation skills to a child displaying chronic post-traumatic stress symptoms and aggressive behavior? This researcher has hypothesized that there will be a positive correlation between the application of a long-term, structured, DBT-informed art therapy intervention and patient attainment of emotion regulation skills. The intervention described in the following sections was created by the researcher independently with relevant research and clinical judgment.

Procedure

For this research, art therapy sessions occurred once weekly in the residential setting with an individual client for three weeks. The sessions were 45 minutes in length and various topics

were addressed through art making in each session. The researcher utilized the *Mindful Monsters* intervention created with evidenced-based research of dialectical behavior therapy theory and art therapy practice by the researcher. Informal interviews/feedback from the patient as well as observable changes in patient behavior provided feedback on the benefits and efficacy of the approach. The content of the sessions were recorded by the researcher in a personal journal, and then reflected on by the researcher via personal art-making as a response to that content. This arts-based research was conducted by viewing the patient's art, listening to the patient's descriptions of their process and the insight acquired from that process. The researcher's response art was not shared with the patient and was completed as a means of artistic inquiry into the creative and/or cathartic experience of the patient.

Individual Session Practices

Individual art therapy sessions occurred in a particular order as a means of reflecting how skills are taught within the emotion regulation module of the DBT model. This order is as follows; session 1: emotion identification and somatic awareness, session 2: emotion regulation skills practice, session 3: building the monster and building mastery (Linnehan, 1993). The information detailed in the following section highlights each session's discussion, materials, procedure, and my reflections where appropriate.

Session 1: Identify Your Monster - Emotion identification and somatic awareness

This first session is dedicated to identifying and awareness of emotions as described within the emotion regulation module of dialectical behavior therapy (Linehan, 2014). The researcher introduced the concept of mindfulness and instructed the client to consider body sensations (physical changes in the body when the emotion is present), thoughts (the way we think when the emotion is present), communication (how we communicate when the emotion is

present), and behavior (how we behave or want to behave when the emotion is present). Provided materials included two sheets of 11x14 Bristol paper and felt tipped markers in various colors.

The procedure was as follows: the session began with a mindful body scan guided by the researcher. The client was instructed to sit in a chair with feet touching the floor, arms in a neutral position, and eyes open or closed dependent on preference. The researcher then guided the individual to scan how his body felt beginning with the head and face muscles, down through the neck, shoulders, and arms, how the torso felt situated against the back of the chair, through the mid-section and down through the legs until coming to a pause with the feeling of his feet on the floor. Then the researcher asked the individual to focus his attention on his senses, noticing the placement of fingers, the hardness of the floor and chair, the temperature of the environment, the smell of the air in the room, and any tension present in the body. The participant was invited to notice all these sensations, and let them pass without judgment, focusing on breath. Afterward, the participant was invited to come back from their mindful awareness and into the session. Next, the participant was asked to describe some of the sensations in their body during the body-scan. These sensations were written on a sheet of paper in a colored marker of the participant's choice. The researcher then asked the participant what emotion he was feeling in the present moment. That emotion was then written on the paper alongside the participant's felt sensations. The researcher then asked the individual to consider an emotion he has difficulty with. Once the individual decided on the emotion (anger), the researcher invited him to close his eyes and reflect on a time that he was experiencing this difficult emotion. For a second time, the researcher guided the individual through a body scan, utilizing the same procedure as the first body-scan, inviting the individual to be present in the time he experienced his difficult emotion and consider

the sensations that occurred. After returning to the session, the individual was instructed to choose a different color marker and write the name of the difficult emotion on the same sheet of paper as the first, followed by all sensations that came up during the scan. Next, the researcher and participant engaged in further discussion about the color and shape of the difficult emotion and noted that on the same sheet of paper. The researcher then asked the participant if his difficult emotion were a monster, what it might look like? The participant was then invited to draw this monster on the second sheet of paper using the markers provided. Discussion and processing during this session occurred at each phase to ensure safety and understanding of concepts, and prompts were provided based on client need.

Session 2: Tolerate your monster – Emotion regulation skill practice

This session introduced concepts that challenge self-regulation including creating an action-plan for art-making, decision-making, fine-motor stimulation (cutting out small pieces of fabric), and focus/concentration. Materials provided for this session were 12x12 sheets of felt in various colors, a black Sharpie, scissors and a sewing needle. The researcher began the session with a verbal contract of safety and introduced “sharps” as art materials. Proper usage of scissors was addressed at this time through modeling by the researcher. The participant then demonstrated mastery and safety of utilizing scissors by cutting out the monster he drew in the previous session which acted as a template for the final 3-dimensional form.

The procedure continued as follows: the participant was invited to begin designing the 3-D model of his monster by “deconstructing” the 2-D drawing of the monster from the previous session by creating new images of each part. The researcher explained that breaking down the image into parts would create a “blueprint” to assist the participant during construction of the monster. The participant was then invited to sort through the provided felt material and decide on

the colors needed and the amount of fabric required. The participant was then encouraged to draw all parts of the monster, big and small, onto the pieces of felt using a black Sharpie. At this phase of the session, the researcher checked-in with the participant to evaluate safety, frustration tolerance, and capacity for self-regulation to move on to the next phase. Assessment was based on the clinical opinion and experience of the researcher. Once safety was assessed, the researcher instructed the individual to cut out each of the felt parts using the provided scissors in a mindful way (calm and focused). Prompts and coaching were provided based on the needs of the client. Afterward, the researcher and participant discussed the art produced in the session and any reflections or concerns of the participant. The session concluded with an introduction of the sewing needle and modeling of a basic stitch by the researcher to cultivate insight and enthusiasm leading to the next session.

Session 3: The Mindful Monster – Building the monster, building mastery

This session promoted mastery of foundational emotion regulation skills through learning new creative techniques (hand-sewing), impulse control (following step by step directions), communication (effectively expressing emotions and needs), safe behavior (maintaining self-control with sharps and tolerating frustration), mindful participation (remaining focused), and self-esteem (positive reflections on individual progress toward goals). The final product of the session was a tangible, utilitarian object to assist in self-regulation, self-esteem and expression.

The procedure was as follows: The researcher presented the participant with their "blueprint" and felt parts from the previous session, as well as the initial drawing and emotion descriptions from the first session. The researcher facilitated a check-in at the onset of the session to review the difficult emotion, the felt sense of that emotion, and the imagery that had been established. An assessment of safety, frustration tolerance, and capacity for self-regulation

occurred at this point to ensure the client could move into this final phase. Assessment was based on the clinical opinion and experience of the researcher. Once safety was assessed, a review of the hand-sewing technique presented at the end of the previous session was modeled for the patient. Prompts and coaching were provided based on the needs of the client. The client began stitching details onto the main form of the monster. The client was instructed to work mindfully (calm and focused) and the researcher checked-in with the client frequently to provide support with distress tolerance and emotion regulation. The client was encouraged to communicate any feelings or thoughts that came up in the moment to process with the researcher. The client continued to stitch the final forms together and then stuffed it with polyester filling. Once the monster was complete, the researcher invited the client to participate in a guided body-scan like the one from the first session. This process occurred to close the loop on the intervention and provide consistency, containment, and mindfulness. The session culminated with the participant's reflections on the process and product, as well as any feelings or sensations that came up during the body scan. The hope of the researcher was that there would be a positive shift in affect, insight, and self-regulation after completing the monster.

Techniques and Record Keeping

Over the course of this research, the facilitator took notes on the assessment of the client and the client's reflections at each stage. The researcher used this data to identify any poignant information regarding the efficacy of this intervention such as changes in affect, frustration tolerance, insight, and emotion regulation. The techniques utilized for data collection were as follows:

- Clinical observations and notes during assessment and client reflections
- Critical review of the researcher's notes after each session

- Reflections on the personal experience of the researcher during the intervention via written responses and arts-based research
- Client report of changes in capacity for emotion regulation in the areas of present affect, frustration tolerance, self-esteem, and insight.

Upon review of this information, the emerging insight is displayed below in the results section of this document. The data being collected throughout the sessions was analyzed through the researcher's first-hand experience as an active participant in the session procedures listed under the method section of this paper.

Results

Upon review of this writer's notes, written and arts-based reflections on the client's reported experience in the sessions as well as the writer's personal experience facilitating the intervention, the researcher was able to identify significant information regarding the efficacy of *Mindful Monsters*, a DBT-informed art intervention to cultivate foundational emotion regulation skills. Major observations included an increase in present affect, an increase in mindful task-attunement, an increase in insight into thoughts and feelings, client-reported mind/body connection, and an increase in self-regulation. Specific portions of the intervention were revealed to have significant impact in different areas.

Session 1: Identify your monster

The body scan in the first session cultivated mindfulness and insight into the felt-sense of various affect states. The client reported a novel ability to connect what was happening in his mind to what he was feeling in his body at the present moment. The client stated he felt happy and jittery and used green to describe that feeling. When asked to consider an emotion he had difficulty with, the client reported anger as the most difficult. During the second body scan for

anger, the researcher observed a change in affect while the client had his eyes closed. He began to frown which the researcher perceived as discomfort. After the body scan, the client stated that he had been thinking about a time when he was bullied at school and started to feel tingly, itchy, and hot. He chose red and brown to represent the word angry on the paper. The researcher asked about the shape of feeling angry, and the client stated it was a spiny, sharp shape. The researcher prompted the client to draw anger as a monster on a separate sheet of paper. The client described the monster as a red, taco-shaped creature with a gold tooth, smelly breath, and bad body odor. He further expressed that these are ugly qualities, and that being angry makes him feel ugly and aggressive. Creating a monster based on a difficult emotion assisted in identifying, understanding, and externalizing affect presentation. The client was able to use descriptive language and visual media to assist in that process instead of typical aggressive, acting-out behaviors. The client was also able to cultivate mindfulness evidenced by participation and focus on the session, particularly during both body scans.

Session 2: Tolerating your monster

The “blueprinting” process of this session increased task-oriented focus and impulse control, and cultivated insight into self-regulating. The client reported that having to slow down and cut out each piece of the monster from the felt was frustrating but knowing what to expect helped him to remain calm and in control. He discussed feeling the urge to rush through or quit the process, but that he told himself it would be worth the effort in the end. The client also stated that he felt good knowing the researcher trusted him to use scissors by himself and that he did not want to lose the privilege of using scissors by being unsafe. The blueprint challenged the client to slow down, focus and follow step-by-step directions. It became evident in this session

that structure assisted the client in managing how he was feeling. He displayed emerging insight through weighing the pros and cons of his behavior before acting.

Session 3: The mindful monster

Mastering a new technique (hand-sewing) and completing the 3-dimensional monster in this session increased a positive sense of self and affect, contained, and established a novel way to express difficult emotions and gave evidence of capacity for frustration tolerance and self-regulation. Further progress in impulse control, mindful participation, and safe behavior was observed. At the onset of the session, the client reported a fear of needles and requested that the researcher model the technique for him for a little while until he felt confident. The client challenged his fear and completed sewing the second half of the monster by himself after observing the technique. The client stated that it was helpful to have reminders along the way to breathe and take his time. The client expressed that remembering how to do the stitching was hard, but when he felt himself getting frustrated, he decided to ask for help instead of being unsafe with the materials or quitting. He further expressed that thinking about how his body was feeling in the moment gave him warning signs so that he could ask for help instead of acting out, and that going slow and following a plan made him feel safe. The client also reported that he felt confident learning to hand-sew and that his monster would be a reminder of self-control. Building the monster challenged the client to face his fears, go slow and focus, and follow directions. Through this process the client was able to gain further insight into emotions and behavior, effectively communicate and express his feelings, and build self-confidence. Figure 3 below is an example of my own work that represents my experience of the client in this portion of the intervention during my personal reflections.

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Figure 3. Mirroring mindful monster

Significant themes of emotion regulation that arose from this study were insight, focus, frustration tolerance, and self-esteem. Through focus on the task and attunement in the body, the client was able to manage frustration effectively. Further, he cultivated his own insight into his thoughts, feelings and behaviors through these processes. The client felt more confident in himself through learning a new skill which could have impacted further capacity for emotion regulation during the sessions.

Discussion

The *Mindful Monsters* project was influenced by DBT theory and utilized art therapy technique to teach foundational emotion regulation skills to provide a child experiencing complex trauma a way of understanding, externalizing, and coping with difficult emotions. The project also provided the participant with a transitional object that could be utilized in self-regulation and express himself throughout various phases of therapy. This study aimed to provide a novel approach and rationale toward the integration of DBT and art therapy when treating childhood trauma.

As stated by Pur (2014), the ability to regulate one's emotions is an essential life skill, particularly after sustaining trauma and in development of the self-concept. In completing this research, it has become evident that creating tactile art like that of the *Mindful Monsters* intervention assists in integrating the mind and body experience of emotions. This integration was observed to inform client insight into and externalization of feelings and behaviors, providing tangible references of emotion regulation. Additionally, the containment of the therapeutic space and the boundaries set within each session provided the client with a sense of safety, and mastering mediums perceived to be challenging by the client elicited self-confidence. Through these processes, foundational emotion regulation skills were cultivated. Due to the nature of the setting (i.e., inpatient residential), rapport within the therapeutic relationship between this writer and the client had already taken place and may have influenced the efficacy of treatment. The results cannot be generalized across populations as it was used with one individual client and has not been studied with groups or even in multiple individual cases.

The client's overall capacity to engage in the process and follow a step-by-step model allowed for the sense of self-control and modulation of behavior that is discussed by Little et al. (2010). The client reported that creating monster imagery and a three-dimensional object representing that imagery aided in identifying, understanding, and coping with anger. As described by the literature in previous sections of this paper, engaging in the artwork established a sensory experience of affect states that ultimately lead to the integration of thoughts, feelings and behavior (Abdulah & Abudulla, 2020; Gerteisen, 2008, Pifalo, 2007; Talwar, 2007).

There are some significant limitations to this study. The first is the number of participants. This study involved one subject receiving highly specialized care in an acute setting. While this intervention was beneficial and effective in supporting this client's therapeutic

goals, art therapy treatment did not occur in isolation. With such a large treatment team and the patient's residence in an acute setting, it is unclear if client progress toward emotion regulation occurred due to this intervention alone or in conjunction with other aspects of client treatment. Ultimately, the results of this study are not generalizable across populations or larger sample sizes without further research utilizing this technique. An additional difficulty is within the area of participant ability to master new tasks in the given amount of time. Because this was completed with one participant known clinically by the researcher, clinical judgments were made about the patient's ability to perform the task at hand under circumstances including artistic ability, therapeutic rapport, and safety. If this intervention were to be completed within a group or with other participants, it is unclear if the three-session protocol listed in this research would be sufficient time to complete the task safely or efficiently.

Overall, an integration of DBT principles with art therapy practice assists in emotion regulation skill-building and retention and correlates with the positive shift in self-concept that naturally assists in restoring quality of life. This intervention proved to be an effective arts-based technique in translating DBT skills into practice and supported the specific mechanisms of emotion regulation. Future research in an integration of DBT and art therapy should focus on how materials influence skill-building. It would be beneficial to note which materials stimulated or inhibited self-control. Further, quantitative studies could measure data outcomes efficiently and statistically, and qualitative studies with more participants describing the experience could add to the evidence that specific art interventions not only target but also promote sustainable emotion regulation skills. This would build on the notion of efficacy in using art therapy as a technique within the DBT framework.

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