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Feeling Timeline: A Threshold Ritual to Anchor Expressive Arts Therapy Sessions with Children and Adolescents in Partial Hospitalization Programs

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Development of a Method

Capstone Thesis

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Expressive Arts Therapy

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Abstract

Expressive arts therapy provides a useful modality for enhancing the scope of interdisciplinary treatment services for children and adolescents within partial hospitalization programs. The use of threshold rituals within sessions addresses several specific needs of this population, including structure, consistency, self-expression, and trauma-informed practices. The Feeling Timeline method, a threshold ritual developed for the opening and closing of expressive arts therapy sessions, was conducted at a large pediatric hospital within three day treatment psychiatric units. From November 2021 through April 2022, six participants between the ages of nine through sixteen engaged with the Feeling Timeline as a bridge into session, exploring feelings through contained creation. Additionally, the Feeling Timeline demonstrated the invitation of further modalities of expression within the session and therapeutic closure at the end of each session. The process revealed the intervention's effectiveness and the importance of acknowledging beginnings and endings, developing the therapeutic relationship through a consistent ritual over multiple sessions, and grounding within the present moment. Results indicate the necessity of consistent and structured threshold ritual practices at the opening and closing of expressive arts therapy sessions for children and adolescents in this context. Recommendations are suggested for further research on using threshold rituals in expressive arts therapy.

Keywords: Threshold rituals, expressive arts therapy, feeling timeline, partial hospitalization, day treatment, PHP, children and adolescents, therapeutic rituals, architecture of the session

Author Identity Statement: This author identifies as a cisgender white woman of mixed European ancestry and United States nationality.

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Introduction

All the world's a stage,

And all the men and women merely players;

They have their exits and their entrances…

—Shakespeare, *As You Like It*

From the hello and goodbye of meeting a passerby, to the birth and death of a person, beginnings and endings lend themselves to rituals. Rituals may offer a sense of acknowledgement and closure during times of transition (Bailly, 2020). As simple as a handshake or a bow and as elaborate as a wedding or funeral, rituals offer people the opportunity to greet and honor the moment, however personally significant that moment may be. In previous work, I have used the concept of *threshold rituals* to frame group processes intended to provide containment for participants (Ward, 2017). For the purposes of this paper, the definition of threshold rituals, amalgamated from Knill et al. (2005), Pevarnik (2006), Lavie et al. (2019), is articulated as *rituals that are offered at the threshold of a space which invite the acknowledgement of the present moment and the significance of our arrival to and departure from a space*.

The topic under consideration for this capstone thesis is how threshold rituals anchor expressive arts therapy (EXAT) sessions with children and adolescents in partial hospitalization programs (PHPs). Further, this thesis will address the needs and challenges of participants in PHP settings. Expressive arts therapy is discussed in terms of its relevance to supporting treatment goals in this environment. This thesis more specifically considers how the opening and

closing structure of EXAT sessions may enhance treatment, and how the use of threshold rituals may honor the entrances and exits of children and teens in partial hospitalization programs.

At my clinical internship site, I worked on several psychiatric units within a large children's hospital. As a creative arts therapy (CAT) department of art, dance/movement, drama, music, yoga, and integrative expressive arts therapists who serve throughout several medical and psychiatric units, our team adapts to different unit protocols and works among various treatment methods. While working with patients in the PHP, eating disorders program, and medical day treatment program I have observed a syncopated rhythm of transitions as participants come and go. Many PHPs, including those in which I work, provide brief treatment for short periods of as little as eight to ten days or several weeks. As children and adolescents in these settings continue to cycle through, I began developing a method called the *Feeling Timeline* for tracking participants' emotions at the beginning and end of EXAT sessions. Throughout this thesis I intend to explore the Feeling Timeline as a potential threshold ritual to open and close EXAT sessions for youth in PHPs, in hopes of enriching their treatment and honoring their entrances and exits. For the sake of clarity, when I refer to PHPs in this paper, I intend to include all day treatment psychiatric programs mentioned above.

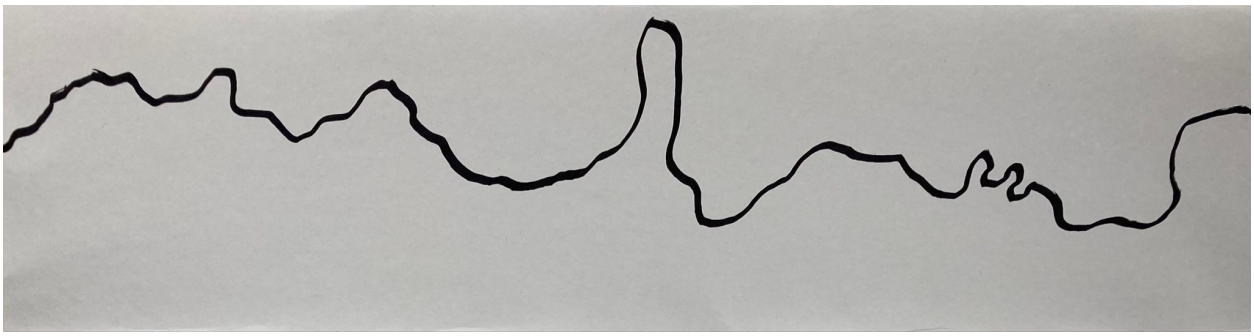
There is limited literature on current EXAT methods for children and adolescents in partial hospitalization programs (Lazar, 2018). Though there is substantial research around the usefulness of EXAT with adults in inpatient psychiatric short-term treatment facilities (Shore & Rush, 2019), little research has been published at the intersection of EXAT and PHP treatment for children and adolescents (Lazar, 2018; Sampson, 2019). In order to close this gap, this capstone thesis considers research around the therapeutic needs of children and adolescents in PHPs and suggests where EXAT may provide necessary expression, structure, and support.

The Feeling Timeline method presented may serve as a starting point for structuring and framing intermodal EXAT sessions with children and adolescents in partial hospitalization programs. Additionally, it may encourage other expressive therapists to consider how they might anchor their sessions with this population and reflect upon the usefulness of threshold rituals in their professional work. From an intermodal perspective, EXAT offers an interdisciplinary lens from which to consider how and why it might play a more integral role in the treatment of youth in PHPs situated within the larger context of the medical model.

In the following section, I will review and synthesize current literature. I will then articulate my method of the Feeling Timeline as used with children and adolescents in the PHP setting. Following this, I will share observations from trying out my method with participants at my internship site and incorporate my arts-based reflections. Lastly, I will discuss and integrate my findings with the current literature, providing a summary of my exploration and possible recommendations for the future. At the end of each section, I include a personal Feeling Timeline to share how I felt from beginning to end of writing that particular section (e.g., Figure 1 illustrates the fluctuations in my feelings while writing the introduction). These timelines (Figures 1, 2, 3, 7, 8) offer a ritual to visually document my writing process.

Figure 1

Introduction



Note: Author's personal Feeling Timeline in response to writing this section.

Review of the Literature

Partial Hospitalization in the United States

The National Association of Private Psychiatric Hospitals (NAPPH) and the American Association for Partial Hospitalization (1990) define the PHP as an "outpatient program specifically designed for the diagnosis or active treatment of a serious mental disorder when there is a reasonable expectation for improvement or when it is necessary to maintain a patient's functional level and prevent relapse or full hospitalization" (p. 89). Partial hospitalization programs are not alternatives to inpatient care, but rather serve as a bridge between inpatient and outpatient services (Brown 2004; NAPPH, 1990; Schwartz & Thyer, 2000). To qualify for PHP, commonly referred to as day treatment, patients must demonstrate that they are not posing an imminent safety risk to themselves or others, meaning they do not require inpatient care, yet their behaviors demonstrate they are not fully equipped for functioning in their community (Burns et al., 1999). Partial hospitalization treatment plans are individualized, certified by a physician, and approached through a multidisciplinary team model (Brown, 2004). Treatment includes intensive day treatment, crisis support, rehabilitation through group therapy, occupational therapy, psychoeducation, and additional treatments depending on identified needs (Brown, 2004; Schwartz & Thyer, 2000). Though dysfunctional behaviors may likely persist after the average window of three to four weeks (Leung et al., 2009), PHPs offer patients tools and resources to stabilize, making outpatient treatment possible (Schwartz & Thyer, 2000).

Partial Hospitalization for Children and Adolescents

For children and adolescents, admission to PHPs depends on if individuals are safe enough to no longer require inpatient care yet require more intensive treatment prior to reintegrating into their school or community full time (Burns et al., 1999). According to Lazar

(2018), “to meet PHP level of care, clients present in crisis by displaying non-life-threatening safety concerns, such as self-injurious behavior, impulsive or reckless behaviors, and/or recent history of suicidal and/or homicidal ideation and attempts, but struggling to function in daily routines” (p. 11). Partial hospitalization programs aim to address social, emotional, and behavioral issues that are dysfunctional for children and adolescents at home or school (Yaptangco et al., 2019). Specifically, children and adolescents may attend PHPs due to impulsivity, behavior disorders, mood issues, anxiety, psychotic disorders, eating disorders, attention-deficit issues, school refusal, substance use or a combination of these issues (Houvenagle, 2015). Common challenges for this population include “poor insight, poor distress tolerance, strong denial tendency, and poor problem-solving skills" (Houvenagle, 2015, p. 170).

The scope of PHP treatment may include individual therapy, family therapy, skills groups/psychoeducation, milieu, group therapy, occupational therapy, creative arts therapies, and medication management (Yaptangco et al., 2019). Since participants are unable to attend school during intensive day treatment, tutoring or dedicated time for academic learning is incorporated during the day. Research has shown that PHPs lead to improvements in family functioning, social skills, and behaviors through its multidisciplinary, intensive approach (Yaptangco et al., 2019). Burns et al. (1999) point towards additional improvements in academic functioning and less restrictive school placements for the majority of adolescents who attend day treatment. Additional research demonstrates that family involvement throughout treatment is a critical factor in the effectiveness of day treatment programs for children and adolescents (Burns et al., 1999).

Needs of this Population

Structure, a prominent feature of PHPs, is particularly essential for children and adolescents in this environment (Brown, 2004). Coming from a dysfunctional family can complicate treatment (Houvenagle, 2015) which also points toward the need to promote stability for youth within programming. Shore and Rush (2019) observed that patients in inpatient psychiatric settings required containment, structure, and simplicity due to high turnover and many distractions in psychiatric settings. Considering that PHPs also function in a high turnover, hospital environment with similar distractions during treatment (Houvenagle, 2015), these needs may also apply to children and adolescents in PHP settings. Koome et al. (2012) found that routines support adolescents with mental health concerns and their families. Routines can offer an outward expression of coping, provide structure for managing stress, and overall support recovery (Koome et al., 2012). The PHP treatment team can model these patterns for adolescents and their families to promote further engagement with routines at home.

Sampson (2019) identified a correlation between behaviors observed in children in PHPs and those associated with trauma exposure at home. Given this correlation, combined with the possibility that childhood trauma may cause present dysfunctional behaviors (Fantuzzo et al., 1991 as cited in Sampson, 2019; Shore, 2002; van der Kolk, 2014), trauma-informed practices may be useful in the holistic treatment of youth in this setting.

Current Treatments

A PHP care team generally includes specialists in psychiatry, psychology, social work, education, and nursing (Yaptangco et al., 2019). The team may also include creative arts therapists, such as music therapists (Burns et al., 1999; Kennedy et al., 2014, Shuman et al., 2016), art therapists (Burns et al., 1999; Kennedy et al., 2014), dance/movement therapists

(Anderson et al., 2014; Kennedy et al., 2014), drama therapists (Lazar, 2018), yoga therapists (Kennedy et al., 2014; Wamboldt et al., 2017) and expressive arts therapists (Bailly, 2020; Lazar, 2018; Lee, 2021). Specific treatment methods in PHPs may vary depending on location, diagnoses, and scope of treatment. Individual, family, group, milieu, occupational therapy, and CATs are common interventions within PHP care (Yaptangco et al., 2019). The therapeutic milieu offers children and adolescents an environment to practice social skills, emotional regulation, and safety in a group setting (Yaptangco et al., 2019). Cognitive behavioral therapy techniques are utilized to treat anxiety and depression through individualized exposures and challenging thinking traps (Yaptangco et al., 2019). Family therapy is implemented to offer psychoeducation to caregivers, promote skills learned through programming with family members, and plan for safety and behavior management at home (Yaptangco et al., 2019).

Treatment goals for children and adolescents in PHPs include socialization with peers, emotional expression, and behavior modification (Houvenagle, 2015) as well as developing strategies for safety at home and at school by identifying triggers and increasing coping skills (Granello et al., 2000 as cited in Lazar, 2018). These goals are reached through multidisciplinary treatment including individual therapy, family therapy, psychoeducation, group therapy, and creative arts therapies (Lazar, 2018). Additionally, these treatment goals often coincide with processing childhood trauma (Lazar, 2018; Lee, 2021).

Resistance to Treatment

A common barrier to care is children and adolescents' resistance to verbal engagement due to their developmental stage and presenting concerns; for those with behavioral and personality disorders, individual talk therapy is often met with resistance (Houvenagle, 2015). Though children may be able to share their problems concretely or in general terms with a

therapist, developmentally they are not likely to elaborate or discuss anything at length (Houvenagle, 2015). Preteens may have a greater capacity for insight and verbal engagement, but often present as guarded (Houvenagle, 2015). Adolescents, though generally more willing to talk in therapy than children and preteens, may also be resistant to verbal engagement in PHP settings (Houvenagle, 2015; Lazar, 2018). Resistance to verbal engagement with the treatment team may also extend to participation in group therapy, milieu, and creative expression (Lazer, 2018). Additionally, lack of family support or modeling of healthy coping skills at home may hinder the success of children and adolescents attempting to stabilize in partial hospitalization programs (Baudinet & Simic, 2021; Houvenagle, 2015).

Gaps in Treatment

Given that patients in PHPs have often experienced childhood trauma (Lazar, 2018), and since traumatic childhood memories are stored in non-verbal areas of the brain, including the brainstem and limbic area, talk therapy may ultimately fall short in addressing a child's presenting problems (van der Kolk, 2014). The narrative of one's individual trauma, stored in their sensory experience, requires therapeutic engagement with the sensory component of functioning (Hinz, 2019). This level of engagement may be addressed through sensory and kinesthetic expression facilitated by an expressive arts therapist, who is trained to engage with clients within an intermodal and adaptive framework (Estrella, 2007). Houvenagle (2015) suggests play therapy and art therapy as developmentally appropriate treatment methods for children and adolescents who may be resistant or unable to engage verbally. Play therapy may be preferred as a technique for decentering during individual therapy sessions and art therapy may be more appropriate than talk therapy for patients with lower cognitive functioning to express their feelings (Houvenagle, 2015). Sampson (2019) also notes the usefulness of art therapy as an

integral element of PHP treatment with children. As previously mentioned, adolescents may resist creative play (Lazar, 2018), however Hinz (2020) articulates how creative expression may be accessible to participants through the entry points of various components of functioning along the expressive therapies continuum (ETC) which include the sensory, kinesthetic, perceptual, affective, cognitive, and symbolic components.

The ETC provides a framework for conceptualizing various levels of personal functioning and, more specifically, offering pathways for purposeful expressive engagement (Estrella, 2007; Hinz, 2020). Therefore, EXAT may be helpful to fill the gap in providing holistic treatment to this population, offering opportunities for therapeutic connection and embodied learning with patients (Hinz, 2020). Amidst the several treatments and professionals supporting the growth of children and adolescents in PHPs, the arts may be an under-utilized resource to enhance treatment, offering trauma-informed, person-centered care to those in partial hospitalization.

Expressive Arts Therapy

According to the International Expressive Therapy Association (2017), EXAT offers an intermodal approach to mental health counseling, utilizing "visual arts, movement, drama, music, writing and other creative processes to foster deep personal growth and community development" (para. 1). Paolo Knill, a founder in the field of EXAT, presented the concept of "low skill/high sensitivity" as a posture aimed at increasing client engagement and expression through the arts for the purpose of healing (Knill et al., 2005, p. 99). Focused on sensitivity to client's needs and accessibility of materials and processes, expressive arts therapists hold a posture of low skill/high sensitivity to offer clients a container to express themselves without artistic skills or prerequisites (Estrella, 2007; Knill et al., 2005; Kossak, 2009). In practice, this

may look like inviting the client to explore art materials, props, or instruments in a variety of ways without encouraging them to hold, play, or use the object in the primary or traditional way. Attuning to the client and following their lead, expressive arts therapists develop sensitivity to the client's reality (Kossak, 2009; Knill et al., 2005). This theoretical framework may be useful to consider when clients have little experience or resistance to the therapeutic art-making process.

Expressive arts therapy may more holistically address the needs of children and adolescents in PHPs than other treatment methods alone by offering structure, cultivating safety, and modeling ways to identify and regulate emotions through expressive arts (Richardson, 2016). Within the therapeutic encounter, an expressive arts therapist may invite the client into expression through different levels functioning along the ETC depending on their ability and/or need for engagement within various levels (Estrella, 2007; Hinz, 2020). All levels of the ETC mentioned above offer doorways into healing through the expressive arts (Estrella, 2007). It is in the intermodal approach and flexibility of EXAT that therapists can tailor the flow of the session to address the needs of a given population (Knill et al., 2005), weaving through different components of functioning. Additionally, EXAT may incorporate trauma-informed practices, offering clear expectations, a secure environment, and structured flexibility throughout the therapeutic encounter (Richardson, 2016).

Expressive arts therapy addresses barriers to talk therapy by offering alternative, non-verbal methods of engagement with self and others. Whether in individual sessions or in groups, EXAT may give clients space for silence while making art and further invite non-verbal communication and reflection. Expressive arts therapists may offer clients an artistic prompt as an entry point into a session instead of asking them to share about themselves verbally; this may

promote greater emotional expression in the long run and bypass cognitive blocks or over-intellectualization (McNiff, 2009).

Studies have shown that PHPs integrate various creative modalities into treatment, including art therapy (Sampson, 2019; Yaptangco et al., 2019), play therapy (Houvenagle, 2015), drama therapy (Schwartz & Thyer, 2000), music therapy (Shuman et al., 2016), yoga therapy (Wamboldt et al., 2017), dance/movement therapy (Anderson et al., 2014), and, as often described by the setting, "activity therapy" (Brown, 2004, p. 45; Kennedy et al., 2014). Some of these studies offer ways of integrating specific skills groups or psychoeducation content through creative expression (Kennedy et al., 2014; Shuman et al., 2016). Intermodal creative expression is natural and healthy for children and adolescents who have experienced distress or trauma (Richardson, 2016). Given these approaches and the relevance of EXAT articulated above, EXAT may be effective at enhancing the pre-existing treatments of children and adolescents in partial hospitalization programs.

Goals for EXAT sessions may be client-specific or group-specific, offering a space for establishing safety, fostering connection, or interpersonal growth. Expressive arts therapy offers space to explore concepts and integrate skills that are being learned in different areas of PHP treatment through a variety of levels of processing. For instance, if a preteen is learning a communication skill such as active listening in a PHP skills group format, they may be processing the content solely on a cognitive level. Providing EXAT around the theme of communication skills may promote kinesthetic, affective, or symbolic engagement with what would have otherwise remained at the cognitive level of functioning. Transferring from one component of functioning to another through intermodal transfer can offer holistic, mind-body integration of a therapeutic skill (Estrella, 2007; Hinz, 2020). Additionally, EXAT sessions

include the witnessing of the client and their creative process, whether in a group or individual therapeutic context (McNiff, 2009). The therapist and/or group offers witnessing of the artistic expression which may affirm the client's holistic learning and growth throughout the program (McNiff, 2009).

Architecture of the Session

Knill et al. (2005) offer a general structure called the *architecture of the session* which clinicians may use to conceptualize phases of EXAT sessions. Knill et al. (2005) emphasizes the importance of structuring sessions, specifically at the opening and closing, in order to guide the client into an "alternate world experience" of art-making or play (p. 95). The opening of a session invites connection to the client's daily reality and the closing of the session offers the client a bridge back to the opening of the session (Knill et al. 2005). Knill et al. (2005) describe the trajectory of the session through the lens of decentering, using the metaphor of a bridge to guide the client from connection with their daily reality toward art-making and then a second bridge towards the end of the session to guide the client to the closing. "Even in the short session form, there is an opening and a closing in order to connect to where the client is coming from and going to" (Knill et al., p. 85). Having an identified structure beforehand allows the therapist to identify goals for the beginning, middle, and end of an EXAT session (Richardson, 2016). This approach addresses the need for structure that children and teens have in PHP settings and anticipates the possibility of previous trauma by "creating structured, consistent, and predictable experiences increas[ing] the chances of creating a strong therapeutic alliance" (Richardson, 2016, p. 70). By offering an opening and closing ritual to the EXAT session, participants may experience the structure, consistency, and predictability necessary in treatment.

Rituals in Expressive Arts Therapy

A ritual is a “fully process-oriented routine, appreciated for its performance and not for its product” (Lavie et al., 2019, p. 166). According to Hobson et al. (2018), rituals may have “predefined sequences characterized by rigidity, formality, and repetition that are embedded in a larger system of symbolism and meaning, but contain elements that lack direct instrumental purpose” (p. 2). Rituals, witnessed by a person or a community, may help people “cope with their most powerful and terrifying feelings" (van der Kolk, 2014, p. 332). Psychosocial functions of rituals include regulating emotions, performance, and social connections (Hobson et al., 2018). Rituals in EXAT can “provide psychological containment, safety, emotional regulation, and structure” for children (Bailly, 2020, p. 22). Hobson et al. (2018) articulates that ritual helps regulate emotions through satisfying a psychological need for order, by focusing attention which constrains thinking from straying towards anxious or intrusive thoughts, and by evoking agency amidst uncertainty. The structure of routine models positive coping strategies for adolescents which then can be practiced within their family system to increase coping skills (Koome et al., 2012). Bailley (2020) notes that setting goals for specific rituals can give them purpose and meaning. Potential goals of rituals include: “building a community, creating group cohesion, providing safety, establishing a safe space, or creating a sense of connection” (Bailly, 2020, p. 27). Therapeutic rituals may be specifically useful to clients who are experiencing grief and loss and helpful in times of transition (Doka, 2012). van der Kolk (2014) identifies the lack of existing research on the impact of rituals and ceremonies on the brain and further explains how expressive rituals may invite those who have experienced trauma to experience a sense of purpose, courage, and hope.

Rites of restoration (Knill et al., 2005; Levine & Levine, 2017) are therapeutic rituals which often offer sequencing, whether from the opening of a session (addressing life of the client and transitioning into engagement with the imagination) or at the closing of the session (offering reflection on the creative process or a point of clarity at the end of session). Rites of restoration leading into EXAT interventions seek to engage the imagination and invite expression which is often limited in daily life (Knill et al., 2005; Levine & Levine, 2017). Rituals offered at the beginning and end of EXAT sessions may be referred to as threshold rituals (Ward, 2017).

Threshold Rituals

Knill et al. (2005) states that "even in the short session form, there is an opening and a closing in order to connect to where the client is coming from and going to" (p. 95). Knill et al. (2005) describe the need for a "predictable structure" for framing EXAT sessions for children (p. 219). By offering defined limits, clear beginnings and endings provide a frame for children to freely explore within the safety net of a ritualized structure (Knill et al., 2005). This frame primes client engagement and freedom to express oneself throughout the session with clear signals for when it will be time to conclude. Threshold rituals function at what Knill et al. (2005) describe as the opening and closing of the session, guiding the client over the bridge to and from the alternative world experience. After working with children, Knill et al. (2005) articulated that "the holding function of the frames created a ritual structure – to move from everyday reality to the open space of play with all of its possibilities back to everyday reality again" (p. 219).

Ritual experiences offered at a threshold provide a reminder of why we are in a specific place and primes us for engagement with what is about to happen. Religious liturgies may include threshold rites at doorways of churches or temples to engender engagement with the spiritual realm (Pevarnik, 2006). According to Pevarnik (2006), threshold rituals may "beg us to

recall the clear distinction and difference of what happens as we cross through that doorway" (p. 17). Similar to entering a religious space to actively engage with the spiritual realm, when entering a therapeutic space, threshold rituals may prime participants to actively engage with the emotional realm. However simple they may be, rituals can provide an opening to engage with the next thing (Richardson, 2016). Moreover, rituals reinforce social relationships and invite deeper meaning to experiences that may otherwise be experienced as chaotic (Lavie et al., 2019). In my experience, PHP environments can often appear distressing for children and adolescents; rituals may provide a needed sense of calm or comfort in this setting. Threshold rituals may help both therapist and clients acknowledge the importance of the beginning and ending to the therapeutic encounter.

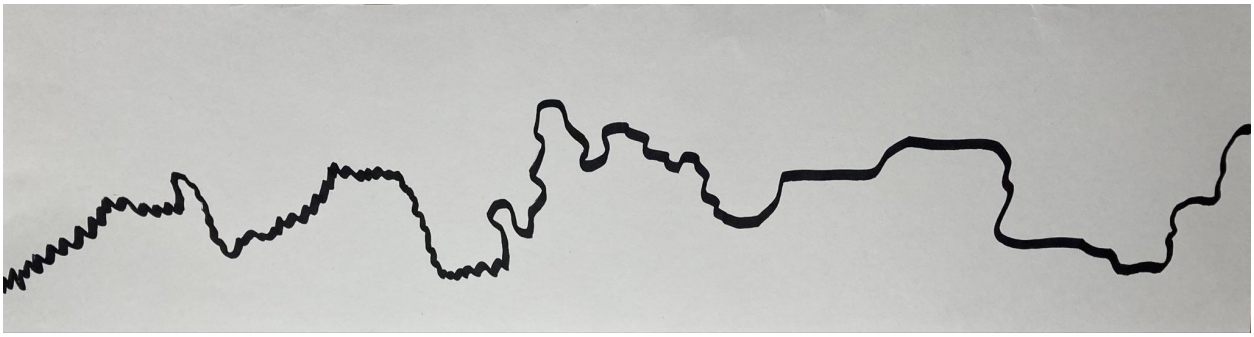
Shore and Rush (2019) claim that art therapy is useful for patients in psychiatric settings by providing clarity of the arts intervention, structure, and simple directives amid the distractions and unpredictability of the hospital setting. Threshold rituals to open and close an EXAT session may offer such clarity, structure, and simplicity that is needed in this context. Specifically for children and adolescents who have little control over their situation in PHPs, threshold rituals may provide a sense of normalcy and containment during their time in the hospital setting. At my internship site, I have noticed that staff often take children and teens out of their regularly scheduled day to conduct individual meetings, family meetings, or consult with the nurse. I have observed staff catching patients off guard, unaware of when these meetings would take place. For children and adolescents, threshold rituals may provide the safety and structure of knowing what will happen at the beginning and end of every session.

Kwan (2007) asserts that the performance of a ritual is more powerful than the content of the ritual or what meaning is gleaned from it. Participating in a ritual with another person can

offer joint attention and perception of emotional synchrony (Hobson et al., 2018) as well as joint acknowledgement of the shift from ordinary life to the liminal space or the bridges of a session. Richardson (2016) asserts that closing rituals are necessary for the end of the therapeutic relationship when working with children and adolescents. In the context of PHP settings, the end of the therapeutic relationship could be at the end of any given session, as the patient could discharge that same day or without notice. Given this reality, closing rituals may be embedded within each session to offer closure for both participants and therapists. Offering threshold rituals honors both the short and intensive nature of PHP settings, accounting for the often-abrupt endings to treatment.

Figure 2

Review of the Literature



Note: Author's personal Feeling Timeline in response to writing this section.

Methods

The purpose of this inquiry was to provide a structured, therapeutic frame to EXAT sessions with children and adolescents in a partial hospitalization program. My underlying assumptions are that EXAT may be beneficial for children and adolescents in PHP settings and that this population requires a high level of structure amid many comings and goings. I determined the population and setting of this intervention based on my current internship site and

the accessibility of providing individual EXAT session to clients in three PHP units. In this section, I will share my methodology, describing detailed elements of my process and procedures for preparing, facilitating, and reflecting on the Feeling Timeline intervention.

Setting and Participants

The intervention took place at a large pediatric hospital in the rocky mountain region of the United States within three psychiatric units: the eating disorders program, the medical day treatment program, and the partial hospitalization program. I conducted the Feeling Timeline as a threshold ritual at the beginning and end of one-on-one EXAT sessions with six individual clients between the ages of 9 and 16. All sessions were in-person, either on the participant's unit or in a CAT studio on site. My site supervisor, a licensed professional counselor and dance/movement therapist, supervised my clinical work with these patients. Participants were chosen for individual EXAT based on requests from their unit therapist, because of participant's resistance to talk therapy, or observed heightened engagement in CAT groups on site.

Scheduling

Individual sessions were scheduled on a weekly basis, occurring on the same day and time each week. I saw two clients for a total of six and eight weeks on Monday afternoons, two clients for a total of five weeks on Thursday mornings, one client for a total of two consecutive weeks, and one client only once. All sessions were approximately 60 minutes in length. Each PHP unit functioned on slightly different holiday schedules; consequently, there were some irregular weeks in which I postponed various sessions to the following week.

Intervention: Feeling Timeline

I chose the threshold ritual of the Feeling Timeline as a consistent visual check-in and check-out for each EXAT session. The intervention invited the client to visually depict their

feelings throughout the day by drawing across a strip of paper at the beginning of each EXAT session. To close the session, I asked the client to unfold the remaining section of the paper in order to finish the line, depicting their feelings from the beginning through the end of the session. I invited clients to consider their ups and downs throughout the day and gave them freedom to draw the lines in any way they chose (shapes, squiggles, non-linear, etc.). Observations were processed through witnessing client's timelines, describing what I saw, asking open-ended questions, and reflecting back what clients shared with me verbally and non-verbally.

Rationale

The primary purpose of the Feeling Timeline was to provide a consistent and structured threshold ritual for participants in PHP units. The Feeling Timeline was specifically designed to offer a simple, accessible, and non-verbal method of entry into each session as well as signal the closing of each session and cultivate awareness around beginnings and endings. A secondary purpose of the Feeling Timeline was to assess the participants' level of engagement and track their emotional shifts throughout the day. I chose this intervention with this population given participants' need for structure and consistency in the PHP setting (Brown, 2004) and the importance of ritualized structure at the beginning and end of EXAT sessions with children and adolescents (Knill et al., 2005; Richardson, 2016).

Richardson (2016) states that "a general intention for the beginning of [an EXAT] session is to connect with the client's current situation and emotional state and clarify the client's readiness for the work at hand" (p. 70). The Feeling Timeline intended to accomplish this through a low skill/high sensitivity method of engagement, using simple and accessible art materials in order to frame the session, and open the door to therapeutic attunement and further creative expression (Knill et al., 2005). The Feeling Timeline aligns with how Knill et al. (2005)

frames the architecture of sessions with children by offering a consistent "ritual structure – to move from everyday reality to the open space of play with all of its possibilities back to everyday reality again" (p. 219).

I designed this specific methodology to meet the needs of clients at my internship site, supporting goals of their PHP treatment such as developing greater emotional awareness and insight. I was inspired by two previous experientials, one in group supervision and one in a graduate class, in which a prompt was given to draw a timeline of the personal journey I took to arrive at the present moment on a strip of paper. Though several more art materials were presented in these exercises, and the prompt offered the option to reflect on a short-term journey or a long-term journey, the premise to reflect on and visually depict a personal timeline through drawing remains similar. The two timelines I created during these experientials provided a visual to document personal growth along specific journeys and helped me synthesize significant experiences. I have observed many clients in PHPs change demeanor and develop emotional awareness throughout treatment. I was inspired to adapt my experience of visual timelines to provide this population with a method for documenting their emotional shifts, inviting greater emotional awareness and insight. This method attempts to honor my clients' frequent ups and downs as well as their overall growth throughout PHP programming.

Methodology

The Feeling Timeline method offered a consistent prompt to draw a line across a strip of paper to visually share one's feelings throughout the day. I offered the Feeling Timeline to open and close each session with three clients over a variety of weeks they participated in individual EXAT sessions.

Preparation and Set Up

Prior to sessions, I prepared a rectangular strip of butcher paper or construction paper and then folded the last several inches of the right side of the paper underneath. I positioned the paper on a flat surface alongside a black marker.

Directives

At the very beginning of each session, I invited participants to draw a line depicting their feelings throughout the day, from when they woke up until the present moment. In the first session with a client, I often demonstrated the directive using my feelings throughout the day and then shared verbally about my line. In sharing my personal timelines, I intended to offer clarity regarding the prompt as well as invite therapeutic attunement (Kossak, 2009).

During the last five minutes of the session, I signaled that we were nearing the end of our session and it was time to revisit the Feeling Timeline to check out. I then asked the participant to unfold the last section of strip of paper and draw a line showing their feelings from the beginning to the end of the session. I left a couple minutes before the end of the hour for the client to share verbally if they chose to do so.

Materials

Materials included a strip of white butcher paper or construction paper, a washable black marker, and a hard surface for drawing. During the initial session with a client, I used two strips of paper and two black markers to provide a demonstration of the activity by sharing my personal Feeling Timeline for that day.

Post-Session

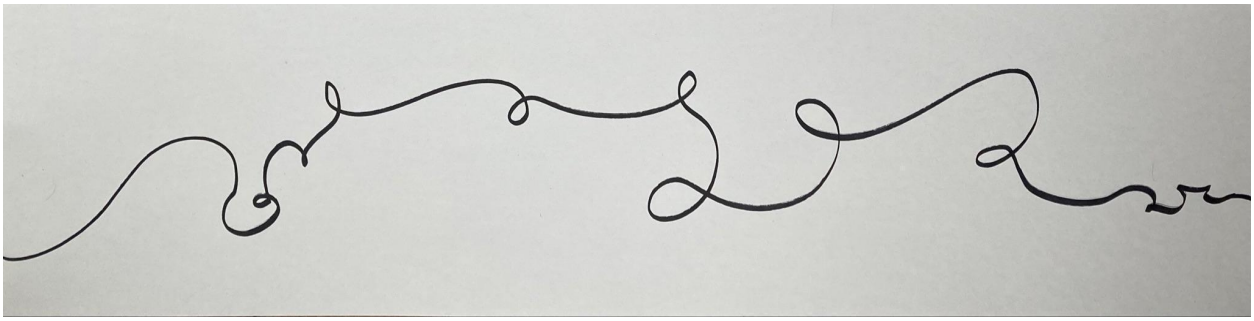
After each session I took a photo of the participant's timeline (with patient consent), in order to remember the session more accurately for note-writing purposes. I kept each timeline for

the duration of each participant's EXAT treatment and disposed of them following their last session. When writing process and progress notes, I articulated the quality of their line (fluid, jagged, wavy, etc.), the level of congruence between their line and observed affect during session, congruence between their line and how they described their day verbally (if they chose to do so), as well as their observed level of interest and resistance to making their Feeling Timeline and subsequently sharing verbally with me about their day. I also observed the change between the check-in and check-out portions of the intervention, noting any shifts in energy and affect.

I participated in an arts-based reflective process to synthesize my experience of facilitating the Feeling Timeline method for the clients at my internship site. I took personal process notes and created individual aesthetic responses to my work with these clients after sessions. Towards the end of my internship, I drew upon my experiences with facilitating the threshold ritual of the Feeling Timeline to inspire my own artwork reflecting on therapeutic thresholds and the space I held for my clients changing emotional states.

Figure 3

Methods



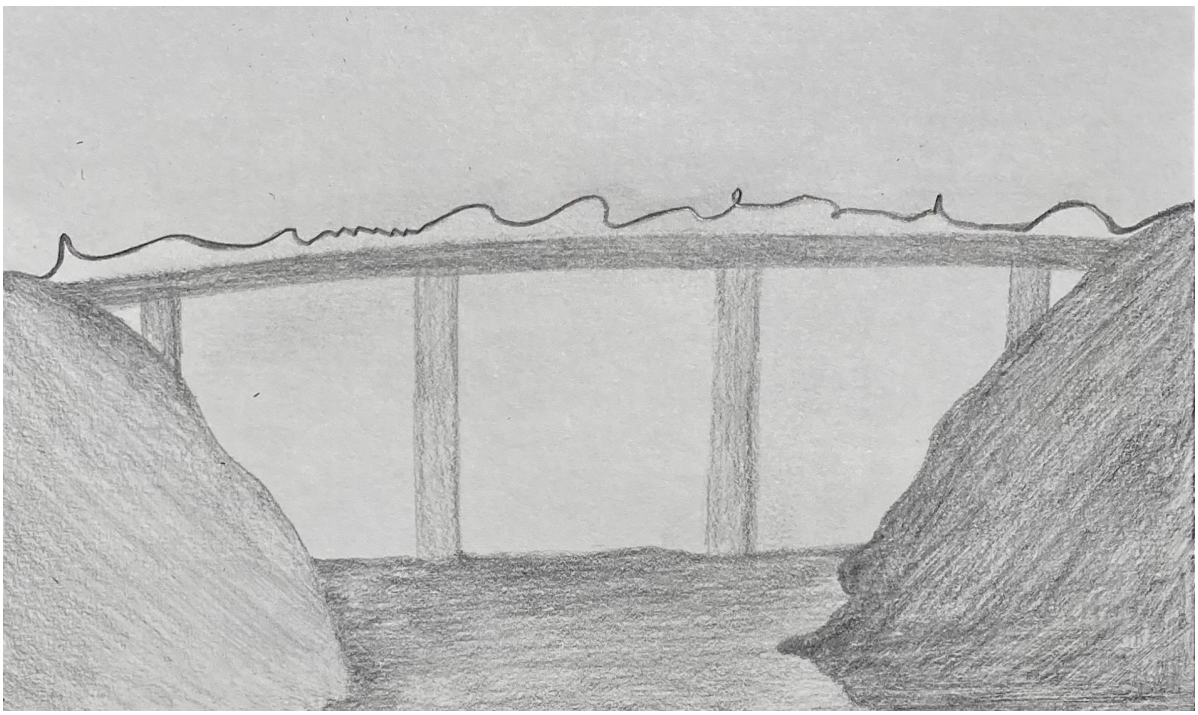
Note: Author's personal Feeling Timeline in response to writing this section.

Results

In implementing the Feeling Timeline, I sought to observe the effects of using a threshold ritual with clients through clinical observation and through my own aesthetic responses. The following images (Figures 4, 5, 6) reflect my visual response to using the Feeling Timeline as a threshold ritual with clients at my site. Figure 4 features the Feeling Timeline as a means of crossing the bridge from the client's daily life to the alternate world experience of art making within the EXAT session, as understood through the context of Knill et al.'s (2005) architecture of the session. Figure 4 further illustrates how the Feeling Timeline assisted clients in transitioning across the bridge, both into and out of the session.

Figure 4

As a Bridge



From my observations, all six participants engaged with the Feeling Timeline at the beginning and end of each individual EXAT session. McNiff (1981) describes how Laban Movement Analysis (LMA), prominently used in dance/movement therapy, may be useful for observing and articulating multimodal expression. In alignment with McNiff's (1981) adaptive use of LMA movement principles, I observed participants engaged in creating lines in a variety of speeds (from fast to sustained), directions (from direct to indirect), weights (from light to heavy) and flows (from bound to free). Clients A, E, and F created fast, sweeping lines, observed to be light, free, and indirect. Client B and D drew more sustained and slow lines, pressing down heavily with their marker, and demonstrating a more bound and direct line across the paper. Client C created a fast, direct, and heavy line in our only session together. For those I worked with for multiple sessions (Client A, B, E, and F), I observed shifts in their relationship to the prompt over time and fluctuations in their mood, congruent with their lines.

The Feeling Timeline was observed to assist clients in orienting to the session, providing them the opportunity to engage nonverbally, with the open invitation to share verbally if desired. After the first two sessions of verbally prompting Client A to use the Feeling Timeline, they entered the space and went directly to the strip of paper to create a line of their day without verbal cues. After three more sessions with Client A, they began labeling parts of their timeline without prompting, denoting specific events in their day and followed up with verbally sharing about certain points. Client B, though much more reserved than Client A, also demonstrated increased comfortability with the Feeling Timeline using more fluid and light marks as sessions progressed. Client B noted they disliked labeling how they feel on a Likert scale of 1-10, a common measure that various clinicians use at my site, because their feelings frequently fluctuate. The Feeling Timeline was observed to capture Client B's emotional shifts throughout

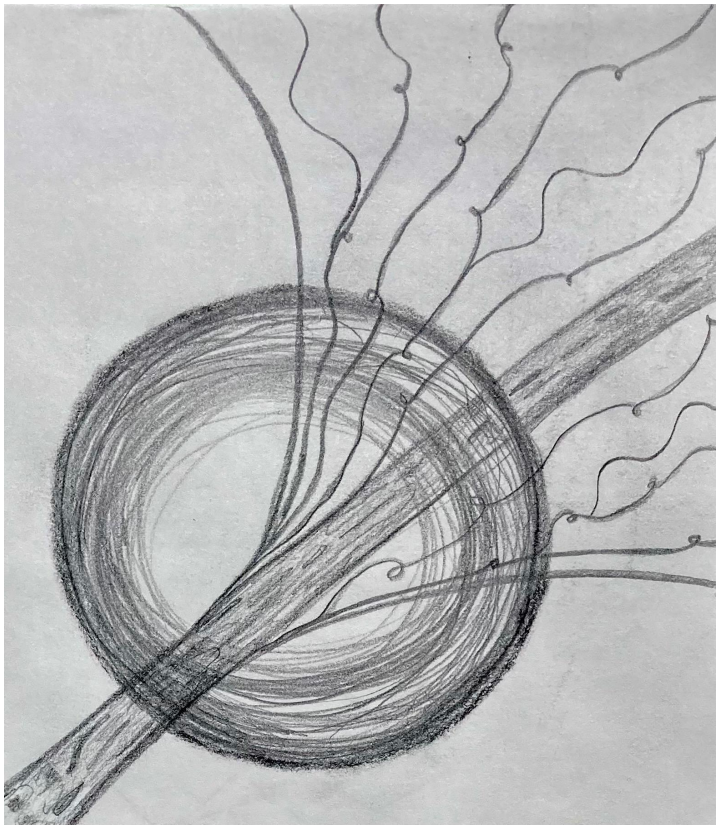
their day without requiring a numeric response. At the beginning of our fourth session, Client B said they had been thinking about how their Feeling Timeline might look earlier that morning and expressed interest in depicting it for me visually. In Client B's case, the Feeling Timeline reinforced tracking their feelings prior to sessions and then offered a visual reflection at the beginning of sessions.

Furthermore, the Feeling Timeline appeared to prime participants for engagement with their feelings throughout the session. At the end of session, when clients were cued to complete the latter piece of their line, I noticed clients were increasingly aware of and attuned to their feelings, drawing more fluid and mood-congruent lines over the duration of EXAT sessions. I observed increased experimentation as Client A and Client B continued to become more comfortable with the ritual, creating doodles or writing notes over their timelines. I also observed patterns in participants' lines over time. For instance, Client A and E drew dips in certain parts of their day over multiple sessions.

The Feeling Timeline, as depicted in Figure 5, ushered the session into existence, acknowledging the client's entrance into the space and the many directions that the session might take within the frame of the session. This threshold ritual was observed to provide structure as well as offer a starting point for intermodal expression. Client C, who demonstrated a need for more kinesthetic and sensory engagement, was invited to recreate the line they already drew using their body in space. Client C readily engaged by running, walking, and jumping across the room to create an embodied version of their line. Client D, who appeared less interested in visual art, yet expressed interest in poetry, was invited to write about different points on their line as an entry point to poetic expression. Client D was not interested in continuing this exploration after writing keywords for different points on their line.

Figure 5

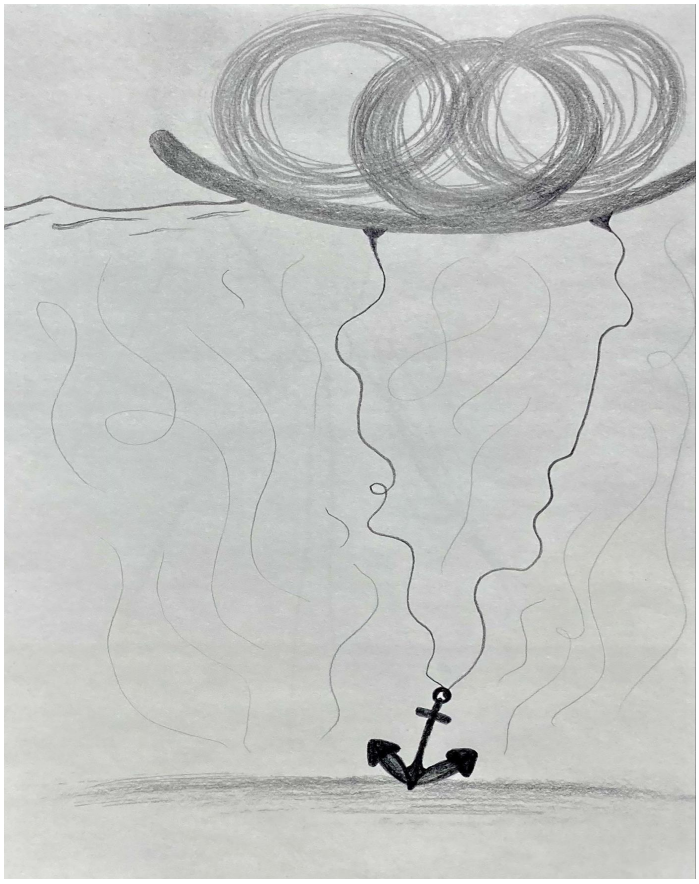
Framing the Emergent



All six participants appeared engaged with creating their Feeling Timelines, and those who created Feeling Timelines in multiple sessions (Clients A, B, E, and F) appeared increasingly confident about how each session would start and end. Additionally, the Feeling Timeline appeared to support the development of emotional awareness and insight for those who engaged with this threshold ritual in multiple sessions (Client A, B, E, and F). As the therapist, I observed my own increased engagement and a felt sense of anchoring over time, as depicted in Figure 6. Figure 6 illustrates how the Feeling Timeline offered an anchor for EXAT sessions, holding both the client and the therapist, as well as the therapeutic relationship as represented through the center circle connecting the two on either side.

Figure 6

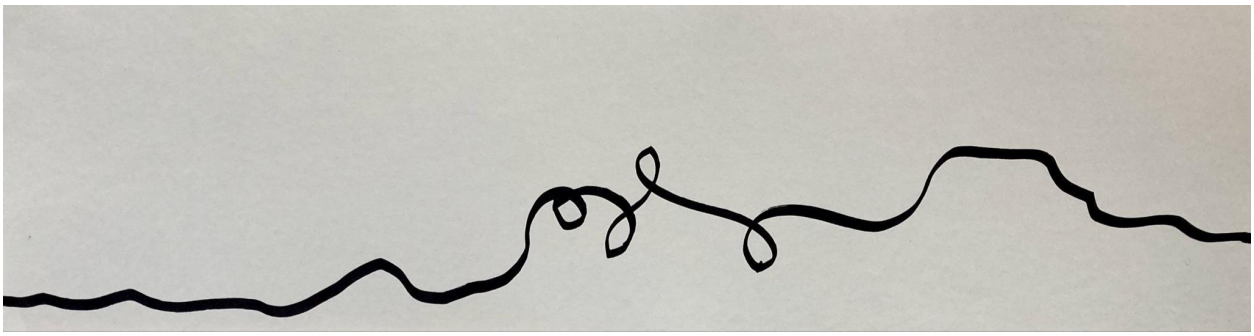
Anchoring Us



I observed an overarching sense of containment and consistency when using the Feeling Timeline as a threshold ritual with five out of six participants. In framing the entrance and exit from each session, clients were primed to engage with their own feelings and enter the therapeutic space with acknowledgement of the potential differences from their daily experience. I observed the Feeling Timeline to prime both participant *and therapist* to engage in the alternate world experience of art-making and play (Knill et al. 2005). I found that this threshold ritual reinforced the therapeutic relationship by inviting intentional structure and consistency to EXAT sessions (Hobson et al., 2018; Lavie et al., 2019).

Figure 7

Results



Note: Author's personal Feeling Timeline in response to writing this section.

Discussion

Life is a series of hellos and goodbyes / I'm afraid it's time for goodbye again.

—Billy Joel, *Say Goodbye to Hollywood*

The Feeling Timeline was intended to provide a structured and consistent method of opening and closing individual EXAT sessions with children and adolescents in PHPs at my internship site. This threshold ritual, implemented with six participants, was influenced by Knill et al.'s (2005) architecture of a session as well as my own experiences experimenting with and observing other CAT clinicians at my site providing structured beginnings and endings to sessions when working within a pediatric mental health hospital. I observed all six participants were engaged with the Feeling Timeline, drawing a line to depict their feeling fluctuations that day and completing their line at the end of session to depict their feeling fluctuations from the beginning to the end of session. The Feeling Timeline appeared to help clients orient themselves to the session, inviting non-verbal, abstract, yet concrete engagement with their feelings that day. The Feeling Timeline supported clients' goals of developing emotional awareness and insight. Further, the Feeling Timeline acted as a bridge into verbal expression, as several clients chose to

articulate their feelings at different points on their line, and a bridge into intermodal expression (such as movement and poetry) within the session. Using the Feeling Timeline with the same clients over multiple sessions, I observed clients become familiar with the ritual and confident regarding each sessions' opening and closing activity. Additionally, I observed that I, as the therapist, experienced similar containment and consistency through use of this threshold ritual with clients. I appreciated the sense of consistency it gave me when I felt unsure about how the rest of the session would go. It provided a sense of safety in the knowledge of what was going to happen at the beginning and at the end. I felt surprised at my own sense of attachment to the ritual and appreciated how it cued the wrapping up of each session in a natural and concrete way.

As Hobson et al. (2018) describes when reviewing the psychosocial benefits of rituals, the Feeling Timeline offered a method of emotion regulation for clients as well as a method for regulating the social connection between the client and the therapist through joint attention and perception of cohesiveness in the activity. The anchoring presence of the threshold ritual invites both therapeutic attunement and modeling a secure attachment with children and adolescents in an unfamiliar and temporary context of the pediatric mental health hospital setting. Overall, the Feeling Timeline offered a frame to contain the session (Richardson, 2016), a bridge to guide the client in and out of the session (Knill et al., 2005), and an anchor to provide grounding for both the client and therapist in joint acknowledgement of the significance of the present moment (Hobson et al., 2018; Kossak, 2009).

Limitations and Future Research

There are at least two potential limitations concerning the results of this inquiry. A first limitation concerns the small number of participants who engaged in this intervention. A larger sample size of children and adolescents in PHP settings may strengthen support for the findings

observed within this inquiry. A second potential limitation is that by working with individuals in three different day treatment programs within the hospital setting, outcomes for participants with a specific diagnosis or certain comorbidities were not observed individually. While using the Feeling Timeline with individual clients in three diverse PHPs offer breadth in this inquiry, further research may address the usefulness of threshold rituals specific to clients with certain diagnoses.

Given the effectiveness of this method with children and adolescents in PHPs at my site, future research may strengthen the claim that threshold rituals provide a host of benefits to clients in PHPs, and perhaps provide similar benefits to clients in inpatient and outpatient settings as well. McNiff (2009) illustrates how offering structure in EXAT sessions for children enhances their expression. Further research may explore the effects of the Feeling Timeline on creative expression throughout the rest of the session or over a number of sessions. Additionally, research utilizing the Feeling Timeline as a starting point in EXAT sessions could include use of intermodal transfers (Knill et al., 2005) to further explore the effects of layering movement, sound, and story onto the visual timeline within the session.

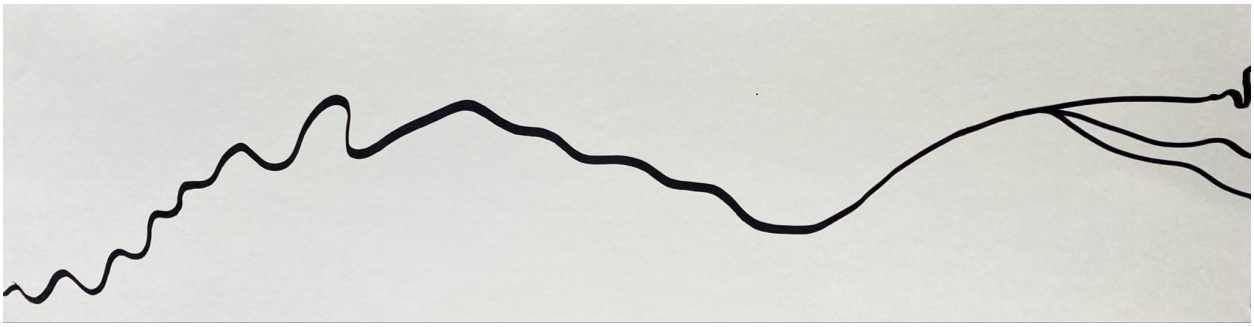
Upon reflection of my experience using this threshold ritual with clients, I ask myself: To what extent has this threshold ritual been useful for me as an emerging expressive arts therapist? While offering structure and consistency has been demonstrated to be useful for clients, I also consider the Feeling Timeline's anchoring presence for me personally during my first year of practicing EXAT in this context. Further research may incorporate the Feeling Timeline or novel threshold rituals co-created between client and therapist in various settings while considering the effects on the therapist and their practice.

Conclusion

In summary, this method offers a way for therapists to frame EXAT sessions specific to clients in PHP settings. Framing the session by providing a threshold ritual accounts for the short-term and intensive nature of PHP settings by offering clients consistency and acknowledgement of each *hello* and *goodbye* during treatment, knowing that it could always be the last session. The Feeling Timeline may assist therapists in honoring their client's entrances and exits, while also offering a sense of groundedness in the present moment and therapeutic attunement. Given the accessible nature of the materials as well as the versatility of this method, the Feeling Timeline may also be repurposed or incorporated with additional populations in various settings.

Figure 8

Discussion



Note: Author's personal Feeling Timeline in response to writing this section.

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THESIS APPROVAL FORM

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Graduate School of Arts & Social Sciences
Expressive Therapies Division
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Student's Name: MacKenzie Ward

Type of Project: Thesis

Title: ___ Feeling Timeline: A Threshold Ritual to Anchor Expressive Arts Therapy Sessions with Children and Adolescents in Partial Hospitalization Programs: Development of a Method

Date of Graduation: ___May 21, 2022

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

Thesis Advisor:___Jason S. Frydman, PhD, RDT/BCT, NCSP_____ _____