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Partial Hospitalization Programs and Adolescents: The Impact of Brief Art Therapy Treatment

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A Review of the Literature

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Abstract

This paper evaluates partial hospitalization programming and art therapy practices with the adolescent population. The adolescent experience is a time of complex biopsychosocial development marking personal identity exploration and independence. Adolescent mental health challenges range from depressive, anxiety, conduct and mood disorders. Partial hospitalization programming is a means of acute integrative care founded in milieu therapy that caters to the unique mental wellness needs of the adolescent population. Among the most impactful psychotherapeutic interventions for adolescent mental health is art therapy, an evidence-based practice incorporating creativity and theory. This paper explores the adolescent developmental experience, current treatment methods of partial hospitalization programming, and the effectiveness of art therapy to propose the value of incorporating art therapy practices as a foundational method of treatment in adolescent partial programs.

Keywords: adolescents, partial hospitalization program, day treatment program, mental health, art therapy, adolescent development, brief therapy, milieu therapy, evidence based practice

Identity statement: The author identifies as a straight, cisgender White woman from New England of mixed European ancestry

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A Review of the Literature

Introduction

The years making up the adolescent experience contain the most biological, psychological, and social role changes in life experience (Weiz et al., 2002). This fact influences the need for unique, dynamic treatment methods when considering adolescent mental health which includes a range of depressive, anxiety, mood and conduct disorders.

Due to the complex networks of influences on the adolescent experience, a biopsychosocial method of treatment has been the most widely accepted method of treatment for adolescent mental health in the medical community. Biologically, changing hormone levels have demonstrated associations with adjustment, mood, and behavior problems (Weiz et al., 2002). However, hormonal variations account for a very small proportion of the variance in negative affect and adjustment problems compared to social influence (Weiz et al., 2002). Developmental change within the social domain is a defining feature of adolescence. Teens are existing within a variety of contexts - peer groups, family systems, educational systems, the workplace and so forth - seeking answers to the questions of "who am I?" and "where is my unique place in the world?" in the quest of emerging identity and desire for autonomy. Psychologically, adolescents are both information processors and theorists. They are continually observing their experience, storing it in memory, retrieving it for reflection, and attributing meaning to the elements of their world (Weiz et al., 2002). When considering the biopsychosocial framework of the adolescent experience, biology is a key player interacting with social and cognitive influences throughout these years of development and magnifying both opportunities and risks for wellness (Weiz et al., 2002).

Due to this biopsychosocial nature of the adolescent experience, mental health professionals have indicated that the best model of treating adolescent mental health is one that provides the appropriate combination of medical, mental health, and case management services

treatment within the least restrictive environment (Lenz et al., 2014). Partial hospitalization programming offers this unique solution. Partial hospitalization programs are founded in milieu therapy and incorporate additional evidence-based treatment methods of cognitive behavioral therapy, dialectical behavioral therapy and acceptance and commitment therapy. This brief, concentrated model of treatment incorporates themes of containment, support, structure, social involvement, and validation designed to support success in decreasing symptom severity, acquiring coping skills, strengthening interpersonal relationships, abstinence from substance abuse and fostering academic achievement (Lenz et al., 2014).

However, mental health services prove to be a difficult subject of engagement for adolescents. They have difficulties transitioning to adult-level care, a lack of trust in mental health providers, and stigma continue to be barriers to treatment trending among the population (Soonja et al, 2014). Developmentally, adolescents are seeking independence while under the legal authority of parents and/or guardians and navigating a sense of self and individuality while trying to "fit in" with their peer group (Soonja et al., 2014). Vulnerability is often associated with a lack of safety (Soonja et al., 2014). This thesis strives to explore the intersectionality of current clinically accepted methods of treatment and art therapy practices to generate a collaborative method of treatment that allows adolescents greater ownership of wellness, individual expression of experience, and successful treatment results.

Research reflects that art therapy practice is an effective method of treatment for the adolescent population. Studies demonstrate the impact of arts-based interventions with adolescents in hospitalization and group settings are beneficial for a variety of reasons: to foster positive growth, behavioral and emotional change, healing and ownership of personal mental health processes while combating negative stigma and resistance to treatment. In the article *Arts-based Interventions for Youth with Mental Health Challenges* by Coholic et al (2020) an arts-based mindfulness group program was facilitated with youth receiving short-term in-patient treatment at a hospital in Ontario, Canada. Mindfulness-based interventions (MBIs) were

implemented "to develop emotional regulation, reduce internalizing and externalizing behaviors, and foster optimism, social competence, self-concept and emotional regulation" (Coholic et al., 2020, p. 270). Qualitative results of the conducted study revealed themes of community building, trust and safety, self-awareness, personal expression, greater insight, and more flexible thinking correlating to the use of arts based MBIs (Coholic et al., 2020). Additionally, in the article Group Metaphor Map Making: Application to Integrated Arts-Based Focus Groups, Lovie Jackson Foster et al (2018) describe an arts-based research method exploring both positive and negative community factors affecting their emotional health and stress. The study was specifically designed to help diverse young people access the unconscious meaning of their experiences in a single session format through the creation of a group community metaphor map (Jackson Foster et al, 2018). The experience yielded several themes revealing important elements in health services for adolescents: overcoming negative past experiences with health services/providers, rapport building, establishing group cohesion, and the ability to connect environmental interactions with emotional mental health and functioning (Jackson et al, 2018).

Research by Erin Spier was conducted that represents the effectiveness of brief therapy, a clinically accepted method of treatment in the hospitalization setting, in combination with art therapy treatment methods. In her article *Group Art Therapy with Eighth-Grade Students Transitioning to High School*, Spier (2010) wrote about the benefits of brief therapy in conjunction with the creative process to address the specific transitional difficulties adolescents face. Spier (2010) stated that "solution-focused brief therapy… is effective because it is goal-oriented and draws on the strengths of the individual student" (p.3).

Therapeutic methods and themes found in art therapy practice can also inform progressions and adaptations in clinical treatment in the institutionalized medical space. In their article Resilience Beyond Risk: Youth Re-defining Resilience Through Collective Art-Making, Trish Van Katwyk and Yukari Seko discuss the contextual definition of resilience with youth. An

art-based research study was conducted on the foundation of youth's interpretation and definition of resilience with the goal of meaningfully representing and capturing their perceptions, capacities and lived experiences (Van Katwyk & Seko, 2018). The purpose of this study was to identify gaps between institutional definitions of resilience and youth people's own understandings of the skillset and subject (Van Katwyk & Seko, 2018). It is important to gain an understanding of how youth identify and derive meaning and significance surrounding resilience in the partial hospitalization mental health treatment setting due to the nature of acute crisis care. Connecting resilience principles in a meaningful way to youth and adolescents in these programs is crucial to help them foster future orientation, hopefulness, and ability to implement care and learned coping skills to their outside world and applied healing process.

There lies overlapping themes and principles when evaluating the schools of research between clinically approved partial hospitalization treatment structure and the evidence-based practice of art therapy. To explore this intersectionality and propose appropriate treatment recommendations incorporating art-therapy theoretical principles and practice will support a wellness structure that is specific to the adolescent community and their unique biopsychosocial needs within partial hospitalization programming.

Literature and research surrounding partial hospitalization programs, their current structure and theoretical foundations will be evaluated alongside existing research and literature reflecting the impact and effectiveness of art therapy treatment with adolescents. This thesis will evaluate where partial hospital program structure overlaps with clinically supported brief art therapy interventions. It will propose relevant and applicable treatment recommendations that should be implemented in the medical and clinical setting. This format of research was chosen due to the lack of creative and expressive resources utilized in traditional hospitalization programming and medical networks. While the expressive therapies are an evidenced-based practice of clinical intervention, there is still a need for recognition from the medical community

that such methods are a valid form of psychological practice and applicable to the acute hospital setting.

Methods

The following method of research will be conducted:

A clinical review of the literature will evaluate able bodied adolescents 7 – 22 years of age from the United States, Canada, and Europe. Biopsychosocial influences on mood, anxiety, conduct and depressive disorders and clinical treatment methods utilized as accepted methods of practice for such will be discussed to form a foundational understanding of the population. A review of current partial hospitalization structure will be evaluated for theoretical foundations and the current impact on the adolescent community that they serve. Art therapy as an evidenced-based practice will be reviewed as a clinically valid method of psychotherapy treatment within the medical mental health structure of care and its impact as a method of treatment within the adolescent community will be reviewed through evaluations of quantitative, qualitative, and arts-based research methods and outcomes. In conclusion, the intersectionality between the needs of the adolescent community, current partial hospitalization program structure and art therapy will be evaluated. The research will conclude with recommendations for integrating clinical treatment with art therapy in the partial hospitalization setting.

Literature Review
Adolescents and Mental Health

The adolescent years are marked by multidimensional change occurring simultaneously developmentally, socially, and psychologically. Adolescents are navigating internal biological hormonal and growth changes, navigating social dynamics of peers, school and employment and making psychological adjustments, making new observations and deductions about their world while constantly asking questions about independence and self-concept (Weiz et al.,

2002). The question of who am I, and where do I fit? are underlying questions influencing the adolescent experience. Thus, there emerges a disconnect when navigating such experiences between ideal and reality. Such factors cause frustration and psychological conflicts and threaten emotional stability. Adolescent mental health is important as it has direct influences on maturation and transition into young adulthood, where self-concept is solidified (Weiz et al., 2002).

Adolescent mental health struggles can be marked by depressive, anxiety, mood and conduct disorders accompanied by self-injurious behaviors. Influencing these internalized and externalized mental health experiences are biological, psychological, and social factors, each having a bidirectional influence on the context of how the other is experienced. Biology interacting with social and cognitive influences throughout adolescence magnify both opportunities and risks (Weiz et al., 2002). Understanding the interacting elements influencing pathology and providing opportunities for support is improtant to understand when considering effective intervention strategies and treatment methods.

Biological changes mark a definitive characteristic of the adolescent experience. Changes in hormone levels influence the body on a biological level. These changes have shown associations with problems in adjustment, mood, and behavior (Weiz et al., 2002). Social influence plays a role in how biological factors influence mental health. Social influences and constructs for gender roles and social norms influence the biological experience. For example, Weiz et al. (2002) discuss the correlation of male identifying individuals who mature later in life demonstrate a decrease in self-esteem. Male identifying individuals who mature early are at increased risk for drug and alcohol use, truancy, and risky sexual activity (Weiz et al., 2002). Similarly, female identifying individuals who mature later in life have a similar experience of low self-esteem, while female identifying individuals who mature early demonstrate an increased risk for depression, anxiety, and disordered eating along with elevated rates of drug and alcohol

use, early sexual activity and delinquency, behavioral elements impacting mental health wellness delinquency (Weiz et al., 2002).

Risk of disorder may also increase when key biological processes of adolescents are paired with significant life stressors. For example, while evidence suggests a connection between girls' bodily changes and the development of depression and eating disorders, the connection may be moderated by social context (Weiz et al, 2002). While normal biological factors lend to an increase in body mass during physical maturation during adolescence, female identifying individuals who are interested in dating or involved in romantic relationships might show a marked increase in body image issues or disordered eating practices (Weiz et al, 2002). Evidence suggested that how an individual experiences their bodily changes are directly influenced by the responses to such changes by family members and peers (Weiz et al, 2002). This provides an avenue of risk (fear of judgment) and opportunities (embracing self) for an adolescent and their mental health.

When considering psychological factors of psychotherapy and wellness with adolescent mental health, motivation and cognition are primary factors. When considering motivation, in this context, it is one of the primary agents of change, therefore it is important to be mindful of the variety of ways it will present in the clinical space (Weiz et al, 2002). These include adolescents in treatment range from those who are self-referred and highly motivated to those who see no problem in their behaviors, who are not motivated for change, and are in treatment only because they have to be as determined by additional outside influencing factors. While increased motivation in treatment perpetuates greater levels of engagement, ownership of experience, and lasting change with implementation of skills outside the therapy space, low motivation can undermine attentiveness, involvement and learning and implementing of skills (Weiz et al, 2002). Greater levels of engagement influence the perception of desired results which fosters a sense of hope for continues steps towards wellness. Disengagement in

treatment does not yield results, which leads to the perception of treatment failure, reinforcing negative thoughts, beliefs, and hopelessness towards potential for wellness.

When considering successful adolescent mental health treatment, a positive therapeutic alliance between patient and therapist was identified as a second crucial element influencing change (Weiz et al., 2002). While a positive therapeutic alliance can support motivation for change, a strained patient-therapist dynamic can act as a barrier (Weiz et al., 2002). A positive therapeutic alliance grants a patient accessibility to their experience through a space of safety and non-judgment. Within this trusting relationship, the patient is free to explore their thoughts and feelings and take emotional and mental risks free of shame. However, a negative therapeutic alliance void of trust is ridden with suspicion and fear of judgment. Cognitive defenses will remain high and the patient will be unable to explore their inner world.

Cognitively, adolescents are both information processors and theorists…"continually observing their experience, storing it in memory, retrieving the same for reflection and attributing meaning to it" (Weisz et al., 2002, p. 2). This cognitive framework is inherently also applied to the concept of therapy and interpretation and application of treatment. The characteristics and capacities of that system place boundaries on the way interventions and treatment are presented. Mindfulness of the therapist to the cognition of the adolescent client is important so that interventions, skills, and concepts are conveyed in a way that they can be assimilated into the patient's lived experience.

Social development is a defining feature of adolescence. Individuals are striving to navigate their own identity and the identity of others within a wide variety of social contexts - peer groups, family systems, academic settings, and the workplace. Embedded in this social context is the exploration of gender identity, cultural and social norms, each shaping the understanding of self, other, and environment. The character of these relationships influences adolescent mental health and treatment outcomes, some undermining, and some offering support. Social dynamics can act as an element of outside stress, as experiences include

external factors that cannot be changed or controlled by the adolescent themselves (Weisz et al., 2002). On the contrary, peer relationships, employment, and family structures can also serve as protective factors, offering external sources of validation, support, and advocacy (Weisz et al., 2002). Understanding the dynamics of the adolescent social experience is important when facilitating external support of wellness. While an individual is responsible for their own change, a positive social environment can increase an individual's willingness to seek external supports and accept their own wellness journey. Relationships increasing stress and distress exacerbate or create mental health conditions and can act as a barrier for adolescents seeking support as clinical services legally require the presence of an adult to access care.

This multifaceted and interconnected influence of biopsychosocial experience lends itself to the need for mental health treatment for the adolescent population to find a unique solution. As adolescents navigate this complex, interwoven matrix of internal and external worlds, cognitive defenses are strong, protecting the self as it is carefully constructed and striving for autonomy. The vulnerability of therapy can be perceived as a risk. Through a normative societal lense, mental health and treatment are associated with negative stigma, one which adolescents may perceive to be detrimental to associate with for their presentation of self in their social environment. Mental health professionals have indicated that the best model of treating adolescent mental health is one that provides the appropriate combination of medical, mental health, and case management services treatment within the least restrictive environment (Lenz et al., 2014). Partial hospitalization programming offers this unique solution.

Partial Hospitalization Programming

In contemporary mental health treatment, partial hospitalization programming offers integrative care for acute psychiatric conditions that may not require hospitalization yet too severe for routine outpatient care (Lenz et al., 2014). For some patients, participation in a partial program act as a gradual transition back to school and home environments from an inpatient

stay where mental health challenges may have initially manifested (Durbin et al., 2017). For others, "stepping up" to this level of care is a means of addressing worsening mental health symptoms while averting a more restrictive form of care (Durbin et al., 2017).

In general terms, partial hospital programming is a specialized means of intensive day treatment for mental health. While the length of stay varies by program from several weeks to months of treatment, common denominators of partial program structure are the interdisciplinary elements of individual therapy, group therapy, medication management and educational services addressing and supporting social, emotional, and behavioral functioning (Durbin et al., 2017). To support this multifaceted framework, a collaborative care team works together to support and provide a variety of therapeutic interventions that address different factors contributing to a patient's steps towards wellness. These individuals include but are not limited to psychiatrists, clinical psychologists, social workers, educators, and nursing professionals (Durbin et al., 2017).

From a theoretical standpoint, partial hospitalization programs are constructed on the foundation of milieu therapy and incorporate interventions from the evidence-based frameworks of cognitive behavioral therapy, dialectical behavioral therapy and acceptance and commitment therapy. By utilizing milieu therapy as a foundation, partial hospitalization programming supports the mental health treatment of adolescents through containment, support, structure, validation, and meaningful involvement of the treatment team while acting as a means of support as patients learn and implement practical coping skills, practice social interaction with adults and peers, and develop positive self-esteem and confidence (Durbin et al., 2017). Offering a space of containment assuring a patient's physical safety develops elements of trust and security which are both a foundation for additional methods of treatment (Lenz et al., 2014). The supportive stance of clinical team members lends the ability to stimulate a feeling of hope in patients and foster adaptive, growth-oriented attitudes and behaviors towards wellness and cultivates additional involvement. A feature that prompts clients and family members to attach

value to therapeutic community membership and reaching goals established during individual care planning (Lenz et al., 2014). Finally, validation and empathy for a patient's experience is offered from the primary therapist who develops and implements a solution-oriented individual treatment plan (Lenz et al., 2014). Specific interventions from supporting modalities and theoretical orientations, such as CBT, DBT and ACT, within the partial hospitalization program are designed to support success in the treatment of decreasing symptom severity, acquiring coping skills, interpersonal relationships, abstinence from substance abuse, and academic achievement (Lenz et al., 2014). This dynamic, multifaceted and collaborative approach to treatment model addresses acute biopsychosocial needs of the adolescent population.

Treatment Outcomes of Partial Hospitalization Programming

Partial hospitalization program interventions can provide an important mitigating experience that promotes later functioning. Research conducted evaluating patient outcomes of participation in partial hospitalization programming provided evidence that the structure of the partial environment provided time to become stable, to learn coping strategies and practice these in a safe context. Patients reported that although the environment they were returning to live had not changed drastically, their response and associated emotional regulation was more functional (Durbin… et al., 2017; Lenz et al., 2014). Group counseling experiences were marked as a means of accountability, and varied modalities of intervention as a creative mechanism for exploring intrapersonal dynamics (Durbin… et al., 2017; Lenz et al., 2014) and individual counseling was attributed to promoting understanding and self-acceptance that reduced depression, anxiety, and other distressing symptoms (Lenz et al., 2014).

In a study conducted through Bradley Hospital in Rhode Island (Durbin et al., 2017) research was conducted with patients 7 - 12 years old who participated in program between January 2015 and April 2016 with a mean length of stay of 29 days to investigate the overall efficacy in improving patient's social, emotional, and behavioral problems from admission to discharge. The goal of the study was to evaluate the impact of program participation on overall

functioning as well as the transition to outpatient treatment and the home and school environments (Durbin et al., 2017). Data was collected via phone call to the patient's parents following program discharge and included questions about program structure, length of stay, follow-up provider utilization and satisfaction, mental health services used since discharge and school communication and success (Durbin et al., 2017). Results reflected an overall improvement of the patient's behavioral functioning both at home and school since program participation and marked reduction in attention difficulties, anxiety, conduct disorder, and socialized aggression (Durbin et al., 2017).

In a second study, a six-week study was conducted with adolescents 12-18 years old in the mid-southwestern United States with moderate to severe emotional and behavioral disorders within a partial hospitalization facility (Lenz et al., 2014). The partial hospitalization program followed the structure of psychoanalytic milieu therapy and systems-based structural family therapy, and incorporated goal setting groups, psychotherapy process groups, mixed modality intervention groups, and individual counseling sessions (Lenz et al., 2014). Following the six weeks of program, a self-report scale allowed for patient feedback on their own emotional growth and program structure. Patients indicated that the foundation of the therapeutic milieu allowed for establishment of relationships between peers and the treatment team that underscored and reinforced positive change (Lenz et al., 2014). While the format of groups and group therapy provided a forum that strengthened peer support, individual therapy tailored the patient's experience to suit their needs (Lenz et al., 2014). This individual therapy helped patients to recognize triggers and traps that escalated their behavior and provide opportunity and space to modify responses (Lenz et al., 2014). In addition to groups and individual therapy, members of the study highlighted their affinity for art therapy, an additional method of treatment. Art therapy was identified as providing a relaxing, creative setting that assisted in stress management and emotional regulation (Lenz et al., 2014).

Findings supported in such research indicate that participants in a partial hospitalization program demonstrated positive, desired change over time. For individuals whose symptoms and overall experience have contributed to a persistent decrease in wellness, partial programs provide the structure and support that are required to promote adjustment and resilience (Lenz et al., 2014). The predictability and consistency of program structure involving scheduling, rules, consequences, and location of the program itself creates a foundation that grants patients accessibility to change (Lenz et al., 2014). Adolescence is an unpredictable time for many, made tumultuous by the complications associated with mental health concerns. Eliminating the anxiety of unpredictability grants an element of safety and security, allowing individuals to engage in their internal experience. Additional medical, mental health and case management services within the least restrictive environment grants adolescents the opportunity to harness resilience practices and take ownership of themselves and their treatment, maximizing treatment gains and steps towards wellness (Lenz et al., 2014).

Art Therapy as Evidence Based Practice

Creativity has offered natural catharsis and healing for the human experience over the course of generations and cultures around the globe. Creative practices through art offer a fresh way for acquiring personal knowledge and information processing. Graves-Alcorn (2017) discussed the power of art on the human experience through the following:

Changing a color or line or the materiality or the scale of an object can impact everything about the way we think and engage with the object. This is the same process by which the client [within therapy] changes their own perspective of elements within life, thereby seeing them freshly. The manipulation of the art materials activates the kinesthetic sensory responses, activating the perceptual and affective sensors, resulting in cognitive and symbolic understanding… Creating art enlivens a deeper awareness and meaning, which cultivates change. (p. 167)

This creative cultivation of change is a foundation of art therapy. Art therapy is a psychological therapeutic intervention, grounded in traditional psychoanalytic theory, that focuses upon art media as primary expressive and communicative channels (Kahn, 1999). In 1938, British painter Adrian Hill introduced the term art therapy when describing his medical and creative interventions with tuberculosis patients in rest homes (Lukyanenko & Ishahakyan, 2019). The term "art therapy" was applied to all types of art training conducted in hospitals, clinics, and psychological health centers in the years to follow (Lukyanenko & Ishahakyan, 2019).

Since its origin, art therapy has gained validity and traction as a method of psychotherapy practice in the scientific community. According to the Art Therapy Association (2017), the formal definition of art therapy is:

> …an integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship. (American Art Therapy Association, 2017)

Art therapy is facilitated by a professional art therapist with the goal of supporting personal and relational treatment goals as well as community concerns (APA, 2017). It is used to improve cognitive and sensory-motor functions, foster self-esteem, and self-awareness, cultivate emotional resilience, prompt insight, enhance social skills, reduce and resolve conflicts and distress and advance societal and ecological change (APA, 2017). According to Elinor Ulman, a contemporary art therapy pioneer, "the definition of art therapy does not depend on who is being seen or where the work occurs… rather, what is important is *why* it is being offered" (Rubin, 2010). The essence of art therapy must be therapy, a method of transformative healing grounded in theory, assessment, and clinical treatment (Rubin, 2010). The foundation of grounding art therapy in psychological theory is an important element as art therapists collectively strive to have their services valued and taken seriously by the medical communities

which they seek to serve. As such, it is ever more important that art therapists produce evidence to support the intuitive knowledge and witnessing that art heals.

Medical professions, including mental healthcare, are increasingly being asked to account for the effectiveness of what they do in "evidence-based" practice. Evidence-based practice in psychology is defined by the American Psychological Association Task Force as "the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences"(2021). Art therapy follows this practice. With the increase in a call for evidence-based practice within mental healthcare, there has been a push for qualitative, quantitative ,and arts-based research of art therapy practices and its benefit to clinical psychological treatment.

Van Lith (2015) offered an extensive review of the qualitative and quantitative literature assessing the support for art therapy as evidence-based treatment. The purpose of the review was to identify how art therapy interventions were being used within the clinical mental health system and aided in the improvement of client symptoms, relapse, and functioning (Van Lith, 2015, p.9). The literature review method conducted involved identifying peer-reviewed articles published in the English language between 1994 and 2014, a period marking the most up to date comprehensive research at the time of study (Van Lith, 2015, p.9). A total of 120 articles were identified of relevant data, assessed, and grouped by four diagnostic terms: depression, borderline personality disorder, schizophrenia, and post traumatic stress disorder (Van Lith, 2015). This review of the literature supports the consistent, clinical impact and utilization of art therapy practice. This comprehensive review meets the criteria of integration of best possible research of the time evaluating art therapy as an evidence based practice.

In the studies evaluated reflecting depressive symptoms, treatment of individuals with diagnosed and undiagnosed depression were evaluated by art therapy practices utilizing a psychodynamic theoretical framework. The literature exploring the treatment of diagnosed patients revealed improvement in reduced stress levels, and decreased depressive symptoms

maintained after three months per follow up protocol. In patients not formally diagnosed but exhibiting symptoms of depression, art therapy addressed common themes of self-exploration, self-expression, understanding explanation, integration of experience, symbolic thinking, creativity, and sensory stimulation, which lead to an overall alleviation of symptomatic experience (Van Lith, 2015).

With individuals holding a borderline personality disorder diagnosis, clinicians utilized psychodynamic and dialectical behavioral therapy frameworks as the basis of art therapy interventions. Individuals receiving psychodynamic art therapy treatment revealed a greater awareness of the impact of previous traumatic experience, the development of positive coping skills, relaxation techniques, and communication strategies (Van Lith, 2015). Art therapy treatment based in DBT boasted improved individual relationships and daily interactions and family conflicts along with feeling less paranoid in public, reduced self-harming tendencies and improved emotional regulation (Van Lith, 2015).

Individuals with a schizophrenia diagnosis modeled the effectiveness of group art therapy and brief group art therapy. Within their population, these individuals demonstrated an increase in ability to manage psychotic experiences and behaviors, feelings of being valued, developed coping skills and problem solving skills to distinguish between different types of psychotic symptoms experienced (Van Lith, 2015). Triangulation between the patient, art work and therapist resulted in decreased suspicion and increased trust in the therapist, increased engagement in treatment and improved ability to relate to other individuals within the group (Van Lith, 2015).

Finally, research evaluating individuals maintaining a post traumatic stress disorder diagnosis utilized an integrative approach of trauma-informed cognitive behavioral therapy and "check protocol", which is defined as a sequence of directives for treating trauma that is grounded in neurobiological theory and designed to facilitate trauma narrative processing, autobiographical coherency and rebalance dysregulated responses to psychological stressors

(Van Lith, 2015). Art therapy treatment resulted in a decrease in anxiety and avoidant behaviors, improved resiliency, increased affect regulation and improved communication skills (Van Lith, 2015).

Qualitative, quantitative and arts based research continues to demonstrate art therapy as an effective evidence-based practice for clinical psychiatric treatment highlighting themes of resilience, insight, emotional regulation and self-exploration. These elements make art therapy an especially appropriate means of psychotherapy intervention with adolescents as it caters to these unique social emotional needs for wellness of this population while generating ownership of experience.

Art Therapy and Adolescents

When considering the psychotherapeutic needs of the adolescent population, art therapy offers a unique solution. As previously discussed, the adolescent experience includes a range of depressive, anxiety, mood and conduct disorders. Treatment for mental health pathology include barriers of stigma, search for independence and vulnerability being associated with lack of safety. Verbal psychotherapy is difficult for adolescents because of the conflicts surrounding the duality of the need of and fear of dependency in search of individuality, the tendency to protect one's inner world, especially at the risk of developing a feeling of intrusion and persecution, as individual identity is not fully established (Schiltz, Lony, 2014). Art therapy provides a gateway to the adolescent experience. Art therapy utilizes art media as the primary expressive and communicative channel through which adolescents can explore their personal problems and developmental potential by combining nonverbal and verbal expression (Schiltz, Lony, 2014). By combining artistic expression with verbal psychotherapy, images and metaphorical representation of experience allow for a more efficient way in which to communicate, explore, re-integrate and cope with the problems of daily life (Schiltz, Lony, 2014).

Art therapy meets the developmental needs of adolescents by appealing to the important relationships between emotional health and self-expression. Through creative methods, adolescents engage in ownership of their experiences, initiating and strengthening individualism and separation from the family through providing an avenue of control of their experience by means of the creative prompt. Through the creative prompt, the adolescent is invited to engage in expressing their experience through metaphorical imagery. Such images are a key element of the adolescent world and provide familiarity and comfort while allowing for a decrease in defenses that usually slow the progress of talk therapy (Kahn, 1999). Externalization of the threatening internal experience onto a visible, neutral plane allows for separation and distance from the internalized problem. In this way, the individual can explore and interact with the problem from a position of perceived safety, and gradually reintegrate feelings and lived experiences as a part of the self (Kahn, 1999). The permanence of the creative product creates a reference that can be returned to for further reflection or a reminder of change in the future (Kahn, 1999). Finally, a benefit of art therapy specific to the adolescent population is the element of spatial representation. Verbal communication is linear while art expression occurs in a multidimensional space and allows for simultaneous exploration of theme, concepts, and relationships (Kahn, 1999). Through creating, the individual is challenged to express experiences through a representative or metaphorical plane, transcending spoken language, that allows for greater introspection within a shorter amount of time, increasing self-awareness. With increased self-awareness comes the ability to consider different perspectives and make choices about one's feelings, allowing for an avenue of change. Finally, as previously discussed, using art therapy also provides a means of grounding and inherent catharsis. Art is naturally therapeutic, and to engage in the physical sensations of holding, moving, pushing, pulling, smearing, and splattering materials incorporates a sensory experience. This process grounds the individual while expending energy and inviting e emotional regulation.

Art therapy is conducted both individually as well as in a group setting. Within the space of group art therapy, a piece of art acts as a transitional and translational object for relating to others (Soonja et al., 2014). The creative, visual representation of experience allows for the creator to be witnessed by others; their experience made known before they have even begun to verbally describe it. Additionally, art therapy in group settings allows for both individual and group work simultaneously: the creator can reflect on their own creations in self-reflection, introspection and awareness individually while simultaneously relating and communicating with the group as a whole, improving social relationships (Soonja et al., 2014).

Research supports and reflects art therapy principles of interventions inviting dynamic depth, self-reflection, and community engagement in themes foundational to adolescent mental health treatment. Van Katwyk and Yukari Seko discuss the contextual definition of resilience with youth. An art-based research study was conducted on the foundation of youth's interpretation and definition of resilience with the goal of meaningfully representing and capturing their perceptions, capacities and lived experiences (Van Katwyk & Seko, 2018). The purpose of this study was to identify gaps between institutional definitions of resilience and youth people's own understandings of the skillset and subject (Van Katwyk & Seko, 2018).

This study was inspired by principles of participatory research (PAR) that call for equitable research relations that influence societal change (Van Katwyk & Seko, 2018). These themes were combined with an arts-based research method, chosen because of the way the creative process highlights the subjective experience of research participants. The research project was conducted in Ontario, Canada within a local community space as part of an ongoing relationship between Van Katwyk and local youth by two Youth Research Teams (Van Katwyk & Seko, 2018). A total of 23 participants ages 16-29 years were selected using a snowball sampling method (Van Katwyk & Seko, 2018). Participants were divided into two groups and engaged in two 3-hour art-making workshops with the prompt to collaboratively explore what they thought is essential to understand the concept of resilience (Van Katwyk & Seko, 2018). No

formal instructions were given so that participants could communicate openly and bring their ideas forward (Van Katwyk & Seko, 2018). Each group was given the freedom to collect their own chosen creative art-making materials to engage in the workshop and complete the research prompt (Van Katwyk & Seko, 2018).

Creative qualitative data was collected via thematic analysis: research memos kept by YRT members during the workshops, explanations participants offered about their created work, and conversations participants engaged in during the workshop itself (Van Katwyk & Seko, 2018). Themes that emerged about youth understanding and definitions about resilience were in regards to the importance of belonging and connectedness, harnessing personal strengths and uniqueness and identifying external forces and pressures (Van Katwyk & Seko, 2018).Connecting resilience principles in a meaningful way to adolescents and their experience of wellness is crucial to help them foster future orientation, hopefulness, and ability to implement care and learned coping skills to their outside world and applied healing process.

In their writing, Lovie Jackson Foster et al describe an arts-based research method exploring both positive and negative community factors affecting their emotional health and stress (Jackson et al, 2018). The study was specifically designed to help diverse young people access the unconscious meaning of their experiences in a single session format through the creation of a group community metaphor map (Jackson et al, 2018).

The study took place in Pittsburgh, Pennsylvania and included 99 youth ages 14-22 selected by multi-site sampling to ensure diverse representation (Jackson et al., 2018). Participants were divided into 21 focus groups of between 3 and 7 participants (Jackson et al., 2018). Two group facilitators were assigned to each group with at least one group leader being the same race as the participants (Jackson et al., 2018). Groups were led through a series of steps utilizing worksheets, post-it notes, stickers, poster board and drawing mediums to create their metaphorical community map drawing: first participants engaged in preparation for drawing by making individual lists of positive and negative factors affecting their emotional health from

their respective communities (Jackson et al., 2018). Second, the small groups were directed to make a collective metaphor map integrating personal drawings and their community attributes list (Jackson et al., 2018). Facilitators prompted discussion during the creative process to gain insight into visual context: meaning of images and narrative. Finally, once the maps were completed, facilitators asked participants to notice and identify what parts of the map were somehow related to each other and to illustrate a means of connection (Jackson et al., 2018).

Data collected included individual surveys, metaphor map drawing integrated with narrative interviews of participants, the linking of related images, adding data from individual surveys to maps and evaluating the individual ranking of images by youth's perception of its impact compared to other factors represented on the map (Jackson et al., 2018). The experience yielded several themes revealing important elements in health services for adolescents: overcoming negative past experiences with health services/providers, rapport building, establishing group cohesion, ability to connect environmental interactions with emotional mental health and functioning and how to make research activities appealing (Jackson et al., 2018).

Coholic et al (2020) details an arts-based mindfulness group program was facilitated with youth receiving short-term in-patient treatment at a hospital in Ontario, Canada. Mindfulness-based interventions (MBIs) have previously been implemented "to develop emotional regulation, reduce internalizing and externalizing behaviors, and foster optimism, social competence, self-concept and emotional regulation" (Coholic et al., 2020, pg 271). In this study, MBI practices were implemented through creative means to enhance mindfulness skills, improve self-awareness, develop self-compassion and empathy and identify personal strengths (Coholic et al., 2020).

All youths had been admitted to a small six-bed integrated crisis and tertiary in-patient treatment program that served youths with complex mental health problems such as anxiety, depression, and psychosis (Coholic et al., 2020). The MBI program was facilitated daily for 3

hours each morning Monday through Friday (Coholic et al., 2020). Participating youth could join at any point during the week. The study details two MBI attended by participants: the Me as a Tree and Thought Jar. During the Me as a Tree intervention, participants were directed to draw themselves as a tree. Program staff facilitators and graduate students engaged the group in a conversation about the difference of the trees and how this was a strength. The thought Jar Intervention symbolized the overwhelmed or distracted mind (Coholic et al., 2020). Beads were dropped into a jar partially filled with water, which was shaken to represent difficulty in identifying thoughts and feelings clearly when distressed. When the jar stilled, the beads sank to the bottom, representing the calm mind able to identify present thoughts and feelings more clearly (Coholic et al., 2020). There was a total of 60 participants in the study over a nine-month period (Coholic et al., 2020). Data analysis was conducted via semi-structured interviews lasting 10 to 45 minutes (Coholic et al., 2020). Sixty-eight interviews were analyzed via interpretive thematic analysis (ITA) (Coholic et al., 2020). Qualitative results revealed themes of community building, trust and safety, self-awareness, personal expression, greater insight and more flexible thinking correlating to the use of arts based MBI (Coholic et al., 2020).

Studies of the impact of arts based interventions with young adults and adolescents in hospitalization and group settings are beneficial to foster positive growth, change, healing and ownership of personal mental health processes while combating negative stigma and resistance to treatment.

Brief Therapy

Solutions-focused brief therapy offers a method of treatment that maintains a primary focus on collaboration of patient and clinician for wellness with the least pathologizing lens. Brief therapy maintains a theoretical framework of belief that each client can solve their own problem with a focus on stressors and conflict within the present moment (Riley, 1999). Through maintaining a wellness perspective and disregarding a search for pathology, external stressors and their impact are explored and the client and therapist co-construct answers to

developmental stressors in the present (Riley, 1999). Thus, problematic behaviors are viewed as separate from the essence of the client. Through this externalized lens, clients are empowered to collaborate with the clinician to find solutions to problems through simple, pointed interventions that are then integrated into the client's pattern of behavior (Riley, 1999).

Brief therapy is especially appropriate for the adolescent population as it incorporates simple interventions with a primary focus on what works, rather than what is not working (Riley, 1999). Client requests are taken seriously and given prompt attention. Problems experienced within adolescents behaviorally and emotionally are often dismissed as "just a phase" , delivering a message of invalidation and minimizing painful experiences and conflict (Riley, 1999). When validation and active listening is incorporated, collaboration between the client and clinician is well received (Riley, 1999). This collaboration creates a climate for change that is active, flexible, and focused. Adolescents are not interested in reconstructing their lifestyle or belief system, however, there remains an opening to small shifts in behavior if there is hope that it will result in the desired outcome (Riley, 1999). The creativity and adaptation of adolescents is a strength in these aspects and can be utilized within the therapy process to aid the client in achieving specific therapeutic goals and solution development. This solution-focused collaborative method places clients in a position of control and ownership of their experience, empowering them to implement changes needed for steps towards wellness (Riley, 1999).

Art therapy founded in brief therapy is an impactful method of treatment for the adolescent population. As brief therapy theoretically maintains a lens of externalizing, problem solving and resilience, art therapy assumes the client takes ownership for their own creative process and product and to explore the themes that emerge (Riley, 1999). Additionally, art therapy has demonstrated it provides the creative opportunity to integrate a positive, active, nonthreatening therapy within the intrinsic talents and abilities of the adolescent stage of development:

Short term, solution-focused therapy, framed to harmonize with the developmental needs

of the teenager, and implemented through the therapeutic, creative language of art

imagery, creates a successful therapeutic equilibrium leading to positive outcome(Riley,

1999).

In step with the theoretical framework of solution-focused brief therapy, art therapy incorporates

creative and visual externalization of a problem. The creativity of the adolescent is harnessed,

and through the process of viewing and discussing the image, multiple solutions to the problem

become available (Riley, 1999).

Erin Spier (2010) writes about the benefits of brief therapy in conjunction with the

creative process to address the specific transitional difficulties adolescents face within the

academic system. Spier (2010) states that "solution-focused brief therapy… is effective because

it is goal-oriented and draws on the strengths of the individual student". Spier (2010) goes on to

suggest that art therapy offers a fresh avenue of creativity and problem-solving strategies while

strengthening coping skills. A small-scale study was conducted with 2 girls and 4 boys ages 10

– 13 years old. Participants exhibited poor coping skills and/or disruptive behaviors and were

referred to the study by their teachers due to the significant impact these behaviors had on their

academic experience. This study was developed using a mixed-method, AB single-case

experimental design. Participants were asked to complete the Adolescent Coping Orientation for

Problem Experience (A-COPE), a 54- item self-inventory that measures coping behaviors based

on a 5-point Likert scale. Participants met twice-weekly for art therapy sessions for 4 weeks.

The first and last art therapy sessions were marked by the creative directive "draw yourself in

ninth grade" and parental interviews regarding perceived problem behaviors. The sessions in

between were marked by prompts of visual response to formal elements as an expression of

stressors, a dual stress drawing, a found-object mobile depicting stressors, and the creation of a

mask as an exploration of self, a stressful-situation storyboard and role-play. Quantitative and

qualitative data analysis reflected greater ability to navigate social belonging, identification of

personal strengths, decreased frustration and a decrease in destructive behaviors.

Discussion

This thesis explores the intersectionality of partial hospitalization programming as a method of treatment for adolescent mental health and art therapy practices to generate a collaborative method of treatment allowing adolescents greater ownership of wellness, individual expression of experience and successful treatment results.

The adolescent years are marked by a web of developmental changes. Biologically, adolescents are experiencing heightened growth and hormonal changes. Psychological changes are marked by examining lived and observed life experiences and attributing meaning to each (Weiz et al., 2002). Socially, adolescents are stepping into new academic, employment, and social dynamics with changing family systems and social norms and constructs (Weiz et al., 2002). These developments are not mutually exclusive, rather, they exist in bidirectional relationships - each influencing context of the experience of the other in a way that offers support or adds stress and complexity to the adolescent experience (Weiz et al., 2002). Pathology emerges as a web of depressive, anxiety, mood and conduct disorders accompanied by self-injurious behaviors (Weiz et al., 2002).

When considering mental health treatment for the adolescent population, needs unique to this population must be considered. Adolescents are within a stage of development where they are seeking autonomy, therefore a positive therapeutic alliance and a collaborative approach to wellness is important for adolescent engagement (Weiz et al., 2002). Special attention should be given to the framework of interventions, with the understanding that cognitively, adolescents are seeking to attribute meaning to their internal and external experiences. As adolescents are increasingly more aware of the thoughts and opinions of others, they are privy to the stigma surrounding mental health diagnosis as a sign of weakness or inferiority and wish to spend as little time as possible engaging in therapy or therapeutic interventions (Weiz et al., 2002). Cognitive defenses remain high and a barrier for adolescents

in treatment. While a search for meaning offers intrigue in the therapy process, the vulnerability associated with therapy itself is considered a lack of safety and a threat to adolescents seeking to preserve their autonomy and control over self-image and perceptions of others (Weiz et al., 2002).

Partial hospitalization programming offers a brief, collaborative approach to mental wellness for adolescents within the least restrictive environment (Durbin et al., 2017). Partial programming founded in milieu therapy offers containment and support, creating an element of safety, structure and predictability that allows adolescents the opportunity for inward exploration. The milieu promotes opportunities for patients to explore parts of the self and peer dynamics while providing opportunities to learn about and practice new coping skills learned through cognitive behavioral, acceptance and commitment and dialectical behavioral interventions (Durbin et al., 2017). This growth-oriented wellness model fosters hope, encourages resilience, and manifests ownership of experience while generating increased abilities in emotional regulation, self-acceptance, creative problem solving and reduction in anxiety and depressive symptoms (Durbin et al., 2017).

Art therapy is an evidence-based transformative method of healing grounded in psychoanalytic theory, assessment and treatment with art acting as the primary expressive and communicative channel (Rubin,2010; Van Lith, 2015). Creative practices activate perceptual and affective sensors, incorporating cognitive and symbolic understanding that deepens an individual's personal knowledge base and information processing (Van Lith, 2015). Art therapy practices promote improvement in cognitive functioning, emotional regulation, self-esteem, insight, and resilience along with fostering growth in problem solving and social skills (Rubin, 2010). Art therapy harnesses the creativity and curiosity of adolescents and propels them towards multidimensional healing. Through combining verbal and non-verbal expression and metaphorical representation, spoken language is transcended and defense mechanisms are

bypassed, allowing for externalization, exploration, re-integration, and change (Rubin, 2010) (Van Lith, 2015).

Art Therapy Within Partial Hospitalization Programs as Method of Treatment

When considering additional treatment methods to incorporate for adolescents within a partial hospitalization setting, art therapy is a formidable candidate. When comparing art therapy and partial programs, both contain intersecting foundational elements as they are brief interventions while promoting resilience, ownership of experience and peer engagement and social support.

Both art therapy and partial programing support a solutions-focused brief theoretical approach to treatment. As brief therapy is developmentally appropriate for adolescents in meaning making and problem-solving, it remains sensitive to social barriers of adolescent participation in therapy. As stigma surrounding mental health is often negative and associated with weakness or mental illness, adolescents desire to spend as little time in treatment as possible. Partial programming utilizes the integrated approach of milieu therapy with pointed CBT, DBT, and ACT interventions to achieve wellness as quickly as possible, and art therapy harnesses adolescent creativity to promote change via externalization, meaning making, and re-integration within a single session.

Art therapy and partial programing are resilience focused and empower the adolescent to take ownership over their experiences and wellness journey. Art must have an origin, a creator. Through actively creating a physical and visual representation to a therapeutic prompt, the patient takes creative ownership of their experience through authorship. Resilience is manifested in partial programing through empowering the patient to take ownership of their mental health to engage in the change process through implementing small changes of behavior at home following the day of treatment

Both partial programing and art therapy intervention offer elements of community and social connections as facilitators of treatment and the healing process. Through the therapeutic milieu, adolescents can engage in mutual support, imparting information, and shared experiences. This fosters the belief that they are not alone in their experiences. This setting allows for individuals to experience mutual validation through witnessing and being witnessed by peers. Art therapy echoes this theme visually. Through the creation of art, an individual's experience is observed non-verbally and visual themes depicted through art create a sense of nonverbal shared experience. Verbally investigating similar and different visual themes and elements reflected between the artworks of various program participants creates connections and group art directive challenges the growth of social relationships and communication. As adolescents are at a stage of development of increased awareness of individual and social identity, these methods of treatment remain appropriate. Adolescents can visually present and represent themselves to others while maintaining a sense of control over what is shared and what is not. Individual works created within a group setting also offer a metaphorical representation about self and relationship to and placement within a large group, offering insight to the question of identity of "who am I, and where do I fit?".

Art therapy remains uniquely appropriate for integration into current partial hospital program structure as it can deepen therapeutic elements already in existence. Creating art allows for broadening of awareness and introspection within a concentrated amount of time and visual symbols and metaphor offer a greater amount of information to the attending therapist and treatment team, enhancing the clinical narrative of the patient.

Art therapy offers a means of bypassing the psychological defenses of the adolescent population. Even within the milieu setting, adolescent patients can remain hesitant to share with staff, fear judgment of peers and associate participation with giving up a sense of autonomy. Creation of artwork allows for a metaphorical representation of self, acting as a protective barrier from the feelings of vulnerability for adolescent creators.

Art therapy practice also offers a unique opportunity within the group therapy space. Art therapy interventions create equal and simultaneous growth for individuals in addition to the group. Within group art therapy intervention, there is equal opportunity for individual growth regardless of verbal participation in the group. Each member of the group engaged in art-making is actively engaging in their own unique, internal process. Regardless of verbal contribution, an individual is provided an opportunity to externalize their experience, identify themes, engage in noticing, and re-integrate findings. This means of silent participation offers support for patients experiencing anxiety who might not otherwise engage in group psychotherapy due to heightened symptoms in large social settings.

Art psychotherapy practice has not yet found its way into the universally accepted traditional medical model as a form of psychiatric treatment. Art-based activities are often incorporated as a means of recreation or relaxation due to inherent catharsis, however this is different from art therapy interventions founded on theoretical principles. While art therapy with a wide variety of populations has been researched through qualitative, quantitative, and arts-based methods, art therapy as treatment within the diverse milieu of partial hospitalization programing establishes a need for further research.
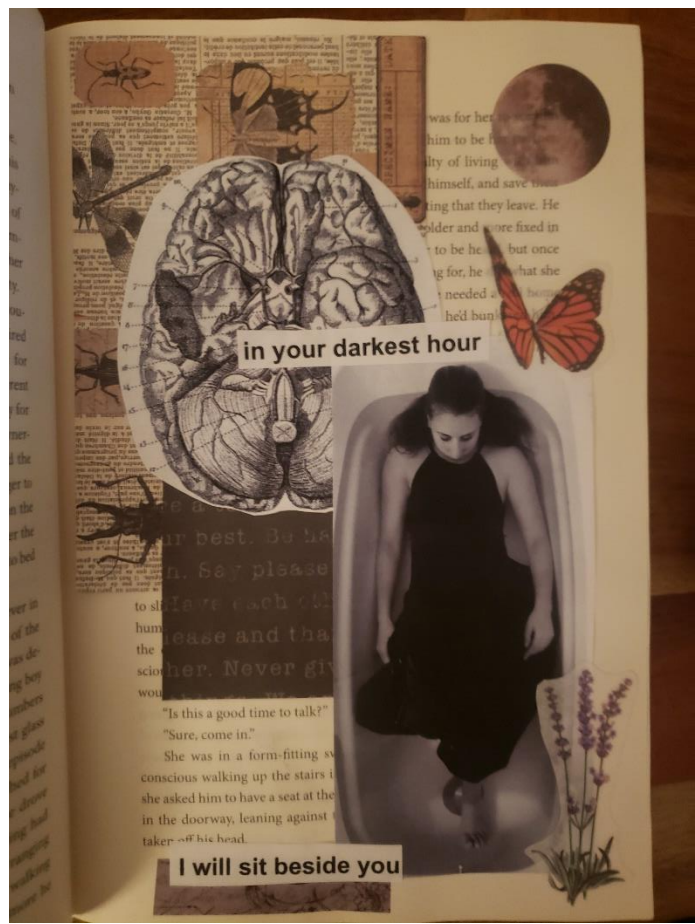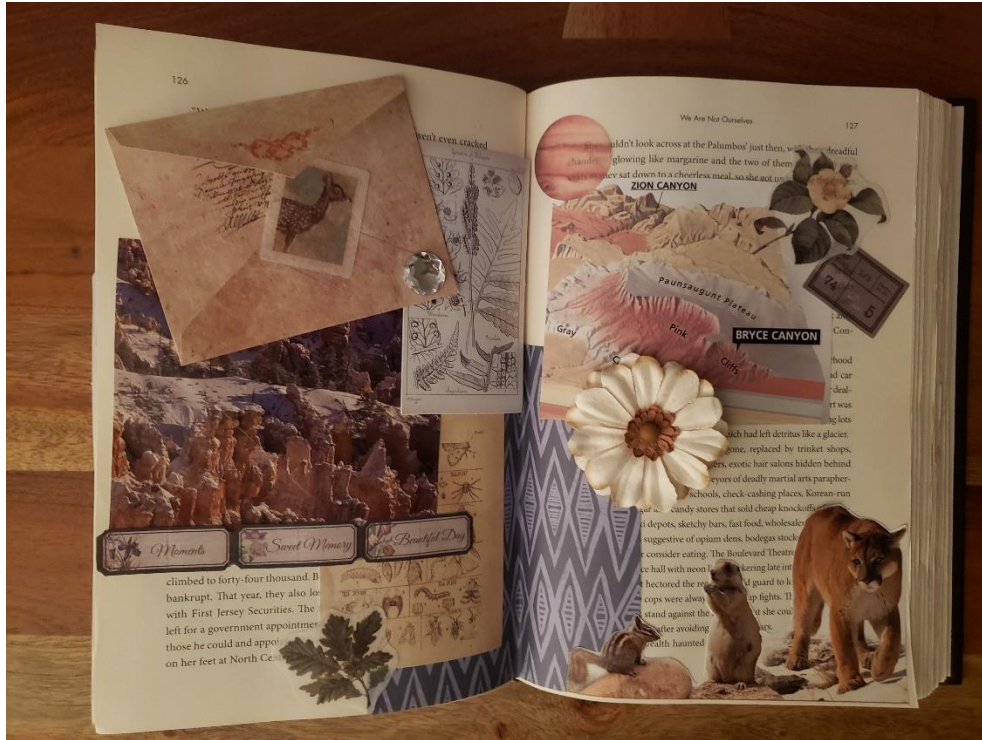
Creative Method of Content Exploration

Representation of art therapy within the partial hospital space was creatively represented through an altered book-making process. Symbolically, the book represents the structure of the medical mental health model and current evidence-based treatment methods that have already been developed and actively implemented in the clinical psychotherapeutic setting. The covers and binding of the book represent the medical institution, the external representation of healthcare to the surrounding environment and the structure that holds procedures, protocol, and methods of treatment. The pages within the book represent the

current methods of psychotherapeutic treatment taking place within the hospitals, directing the narrative of intervention and recovery.

The creative alterations made to the book represent how I seek to incorporate art therapy into the existing mental health treatment structure. Thus, the final product is a merging of what is already existing with something new, expressive, and creative, adding depth and additional narrative: a representation of the meeting of clinical rigidity and art therapy - both elements modifying themselves to work together with the other.

Within my altered book, the pages represent my own experience as a graduate student finishing their final term, witnessing, experiencing, researching, contemplating, and reflecting. Materials used were magazine cut-outs, printed images of brain anatomy illustrations, scrapbook materials, printed photographs, self-portraits, decals, paper flowers, and written words and sayings. Creative collage imagery was made once a week, reflective of current research and personal reflections. Through the process of altered book making, there emerged a holding space of externalized reflection and reintegration of information and self-evaluation, resulting in a deeper sense of personal awareness. While the book itself represented the addition and integration of art therapy within medical mental health treatment, the process was also a testament to the validity of art therapy practices as a means of deepening experience, growth and self-awareness.

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