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**Art Therapy and Internal Family Systems for Adolescents at a Therapeutic School:
A Qualitative, Arts-Based Study**

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Abstract

Adolescence is an important developmental period marked by a search for identity and an increase in impulsive behaviors and intense emotions. The current study explored how a combined art therapy and Internal Family Systems (IFS) model is beneficial and appropriate for adolescents in a school setting. A brief art therapy group was facilitated with students at a therapeutic high school. The intervention integrated IFS approaches, including externalization and guided visualizations, with the goal of understanding parts and increasing self-compassion. Three main themes emerged based on observations of the sessions: 1) the concept of parts encouraged self-understanding and reduced shame; 2) visualizations promoted unblending and increased access to Self; and 3) externalizing parts through artmaking supported reflective distance. Participants also benefited from the group therapy experience and connected through witnessing and peer support. Findings suggest that integrating art therapy and IFS is a valuable and developmentally appropriate approach for working with adolescents.

Keywords: Art therapy, internal family systems, adolescents, self-compassion, externalization, parts work, group therapy, guided visualization, reflective distance

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**Art Therapy and Internal Family Systems for Adolescents at a Therapeutic School:
A Qualitative, Arts-based Study**

During my graduate internship at a therapeutic high school, I noticed that the students had many different “parts.” These parts would yell, say shocking things, cry, dissociate, and make them sleep. However, when they were making art, I observed them access a state of inner focus and confidence promoted by the creative process. I also heard some students discuss the parts of them that caused suffering, e.g., anxiety, depression, substance use, or loneliness; yet they were the witness of their parts. Internal Family Systems (IFS), a parts work therapy, is an intuitive framework that aligns with the internal experiences of clients. The IFS model helped me conceptualize students’ behaviors and symptoms as separate from their true selves, which increased my compassion and understanding. IFS therapy can be used in combination with art therapy to provide a powerfully valuable model, especially for adolescents.

The current study used qualitative methods to explore if a combined art therapy and IFS therapy approach is appropriate and beneficial for adolescents at a therapeutic high school. I facilitated an art therapy group with three students that integrated IFS therapy approaches. I explored how IFS therapy can be supported by art therapy interventions and adapted for adolescents in a school setting. The intervention focused on the process of externalizing parts through artmaking and increasing self-compassion by accessing Self. Specific research questions included: 1) did the students understand the language of parts and find it useful? 2) are adolescents able to fully access Self? and 3) was externalization of parts through artmaking beneficial?

Literature Review

Art Therapy for Adolescents

Art therapy is an effective, developmentally appropriate intervention for adolescents. Art therapy is typically considered less confrontative and less vulnerable than traditional talk therapy, which reduces adolescent resistance (Riley, 1999). Creative expression can also support identity formation, an important and defining task of adolescence in our culture (Barbot & Heuser, 2017). Linesch (2016) emphasized identity, engagement and empowerment as important constructs of art therapy that are particularly valuable for adolescents.

Art therapy is uniquely responsive to the developmental strengths of adolescent clients. Adolescence corresponds to the most developmentally sophisticated level of the Expressive Therapies Continuum (ETC), a framework used to categorize interactions between human development, information processing, and creative functioning (Hinz, 2019). Adolescence is typically characterized by greater complexity of cognitive and symbolic thought. This complexity allows them to use symbols to represent their thoughts, feelings, and experiences. Symbolic thinking is beneficial because it helps individuals process information that is not fully conscious or understood. Creativity also tends to be at its highest level in adolescence (Riley, 1999). Adolescents can use their heightened creativity and symbolic thinking to make sense of the complicated and uncertain adult world, including sociopolitical challenges (Linesch, 2016).

Art therapy is also considered a non-threatening method for adolescents to express emotion (Riley, 2001). Adolescents are still learning how to process and regulate their emotions. Artmaking can provide a safe and acceptable release for intense emotional experiences. Creating art offers a less direct way to communicate difficult or “scary” emotions. When adolescent

clients are at a loss for words, visual art can sometimes encourage the expression of emotion. According to the ETC, emotions are conveyed in artwork through vivid colors, distortion of forms, and unconventional use of color (Hinz, 2019). Additionally, an emphasis on form, such as line and shape, and the structured qualities of the materials function to therapeutically contain emotion. The use of boundaries and limits can increase reflective distance, which supports containment and separation from emotions that threaten to overwhelm the person.

Internal Family Systems

IFS is a therapeutic model developed by Richard Schwartz in the 1980s (Schwartz, 1995). It is a non-pathologizing framework of therapy that views symptoms as protective adaptations to traumatic life experiences. IFS is mainly used in individual therapy; though, some IFS therapists adapt the model for group work (Schwartz & Sweezy, 2019). The basic assumptions of IFS suggest that every person has an inner system of parts. These parts include exiles and protector parts. Exiles are young, wounded parts that hold painful memories, emotions, and beliefs. Exiles are isolated from the rest of the internal system by protector parts to shield the person from becoming overwhelmed by painful feelings. Protector parts take on the roles of managers and firefighters. Managers proactively protect the person from experiencing pain and manage their daily lives. Their job is to ensure the person is functioning by controlling the environment to keep exiles away. Common behaviors of managers include intellectualizing, people pleasing, avoidance, or perfectionism. Firefighters also function to keep exiles away but in a more extreme and impulsive way. Firefighters leap into action when an exile is triggered to extinguish the associated feelings, sensations, or memories (e.g., substance use, self-harm, dissociation, or binge eating). Parts take on these “burdens” in response to difficult or traumatic experiences.

IFS therapy posits that every person is born with a “Self.” The Self is our inner witness and active leader of our parts. When we are accessing Self or “Self-energy,” we possess positive qualities described by the eight Cs of Self-Leadership: compassion, clarity, courage, creativity, calm, confidence, connectedness, and curiosity (Schwartz, 2021). IFS therapists help clients differentiate their parts from their Self and recognize when a part is “blended.” The term blended is used to describe the phenomenon in which a part merges with the person. When blended, the part is in control and the person takes on its perspective, emotions, beliefs, and impulses. “Unblending” from a part can be supported by an IFS therapist using mindfulness, guided visualizations, and the IFS approaches known as insight, direct access, and externalization (Schwartz & Sweezy, 2019). Once unblended, the client can access Self and facilitate an inner dialogue between the Self and different parts. This process increases awareness and understanding of the roles that certain parts play in their lives. There are no bad parts. Clients learn that each part has an adaptive and positive intention, even if the associated behavior is negative or harmful (Schwartz, 2013). The goal of IFS therapy is not to eliminate parts but to “unburden” them using Self-energy and restore balance to the internal system.

IFS therapy may be especially valuable at increasing self-compassion in clients. When a client unblends from a part, they not only have a clearer and greater perspective, but they also have more compassion for the part (Schwartz, 2021). Self-compassion is typically considered an important aspect of mental wellness. Many spiritual and mindfulness practices stress the importance of loving and having compassion for oneself. For example, Kristen Neff and Christopher Germer founded an impactful model called “mindfulness self-compassion,” based on Buddhist practices (Germer & Neff, 2013). Schwartz (2021) explained that IFS therapy expands on these important practices by helping clients extend care and compassion to specific

parts of them that are suffering. Furthermore, some therapeutic models teach that self-compassion must be strengthened over time. In IFS therapy, however, compassion merely needs to be released. Because the Self is inherently compassionate, individuals automatically have access to self-compassion by unblending and embodying Self-energy. This is supported by clinical observations, as Schwartz and Sweezy (2019) found that even very traumatized individuals and children can access qualities of Self in early sessions. Thus, IFS therapy can increase clients' capacity for self-compassion and help them work towards acceptance and transformation (Schwartz, 2013).

Integrating Art Therapy and IFS Therapy

Many art therapists integrate IFS concepts into their practice. However, there are currently few peer-reviewed sources on the combination of art therapy and IFS, nor are there any books or manuals formalizing the approach. Lavergne (2004) and Turns et al. (2020) are among the few art therapists to publish peer-reviewed articles on their approaches. Most of the recent models that integrate art therapy and IFS are described in webinars and online courses. Despite the lack of peer-reviewed sources, several art therapists have produced valuable online content that describe their approach of integrating IFS and art therapy with their clients.

The IFS model compliments art therapy for several reasons. First, creativity is one of the eight Cs of Self-Leadership (Dabney, 2022). Therefore, when a client is engaged in a creative process, they have greater access to Self. Furthermore, both IFS therapy and art therapy emphasize the concept of externalization. In IFS, externalizing involves representing parts concretely using a variety of approaches and materials (Schwartz, 2021). "Mapping your parts" is one approach that involves writing or drawing parts on paper and considering how they relate to each other. Externalizing is beneficial because it helps parts unblend which facilitates greater

access to Self and increased insight. Artmaking provides clients a means to externalize parts visually, which promotes reflective distance (Lavergne, 2004). Externalizing parts through artmaking allows the part to be expressed and contained in the artwork. Once externalized, the client has more space to access Self-energy and engage with the part in a way that increases understanding and supports unburdening.

Art Therapy and IFS for Adolescents

Both art therapy and IFS therapy are effective models for working with adolescents. Schwartz and Sweezy (2019) stated that once connection and trust are established, adolescents are often receptive to IFS therapy. Children and adolescents tend to be less socialized away from the concept of multiplicity and more open to the notion of parts. However, Krause (2013) explained that adolescent clients are often more challenging because they produce strong firefighters, the protector parts that react in extreme and impulsive ways to numb pain. It is important that therapists are Self-led and remain curious and appreciative toward the adolescent's parts. Despite the challenges, IFS therapy can support adolescents' developmental need to differentiate and understand themselves. Furthermore, adolescents can benefit from identifying with the Self and its positive qualities, which increases self-compassion (Lavergne, 2004). When combined, art therapy and IFS may provide a powerful approach for working with adolescents. While IFS therapy supports self-awareness and self-understanding, art therapy creates a safe environment for expression and transformation.

Lavergne (2004) developed an integrative treatment model combining art therapy and IFS for adolescents who experienced trauma. The treatment model had three phases: 1) foster safety, develop internal resources, and introduce parts; 2) trauma processing; and 3) integration and containment. To test the model, Lavergne (2004) facilitated a seven-week

treatment group with two adolescent girls. The study focused on one participant who met the criteria for posttraumatic stress disorder (PTSD) based on a screening assessment. At the end of the group, the participant's post-test scores revealed a 41% reduction in PTSD symptoms, suggesting that the treatment model was effective. Based on Lavergne's observations, both participants responded positively to the art directives and the concept of parts. One participant reported that the group helped her better understand her feelings and process unwanted emotions in a healthy way rather than continuing to suppress them. Therefore, Lavergne's (2004) integrative art therapy and IFS therapy model appeared to be a beneficial approach for adolescents.

Method

Participants

Three adolescents who attended a therapeutic high school participated in a brief art therapy group consisting of four sessions. Participants were mixed genders (i.e., two female and one non-binary) and aged 16-18 years old. Inclusion criteria were an interest in artmaking and an understanding of the value of art therapy. According to school records, participants' main presenting problems included anxiety, depression, and school avoidance. All names were changed to pseudonyms.

Procedures

The three students were invited to volunteer to participate in this study due to their interest in artmaking. I was a graduate-level clinical intern at their high school and had an existing relationship with the students. In addition, the students had existing relationships with each other as classmates but were not close friends. This project was described to the students as

a small art therapy group with the goal of using art activities as creative tools to help them be more accepting and kinder to themselves.

I facilitated four group art therapy sessions over the course of four weeks. Sessions occurred during 50-min class periods in a clinician's office. The importance of regular attendance was stressed since interventions built upon each other. However, since school avoidance was a significant challenge, sessions occurred as the students were available and were dependent on when the students were in school. One student missed Session 2 and participated in an individual makeup session. The remaining sessions were postponed until all three were in attendance.

Intervention

The intervention was inspired by Lavergne's (2004) integrative model of art therapy and IFS therapy, and specifically her directives to help clients access Self. The concept of Self is abstract, and art therapy directives should help adolescents understand and access Self in a concrete way. The sessions were also designed using a trauma-informed lens by prioritizing safety and choice. Due to the school setting and limited time, it was not appropriate to engage in the deeper, trauma processing described in Lavergne's (2004) case study. It was important that directives did not activate the students beyond their ability to self-regulate and return to class. Thus, the intended goal of the group was to increase self-compassion using a combined art therapy and IFS approach. Table 1 includes a descriptive outline of the goals, warm-ups and directives used in each session.

Materials

Materials provided in all sessions included pencils, colored pencils, and sharpies. Participants each received a clip board with paper at the beginning of each session. I started by

introducing more structured materials for increased control and therapeutic containment (Hinz, 2019). In Session 4, participants were offered the addition of watercolor paint to promote the expression of positive emotions. The size of the paper was limited in all sessions to provide additional containment and account for time constraints.

Table 1

Summary of the goals, warm-up, and art therapy directives in each session.

	Goals	Warm-Up	Directives
Session 1	-Informed consent -Introduce the concept of parts	Engage in a discussion about parts.	Create a drawing to represent the feelings of calm and/or confidence.
Session 2	-Develop internal resources -Foster safety -Access Self	Make a list in response to the question, “What helps me feel comforted and supported?” Use the 5 senses to organize responses.	Guided visualization to safe space and invite in a “helper.” Draw your helper in your safe space. Add a message from your helper.
Session 3	-Externalize parts -Promote internal dialogue with Self using the “helper”	Review safe space and helper drawings. Explore comfort using the sensory objects.	Draw a part of you that needs support. Add your helper and safe space to the image to comfort the part.
Session 4	-Integrate group concepts into practice -Encourage connection and compassion	Look through deck of affirmation cards for inspiration.	Create positive affirmation cards for yourself and others in the group.

Data Collection and Analysis

Data included my written observations and reflections. I wrote detailed notes after facilitating each session. The notes documented my observations of the students, including facial expressions and body language, verbalizations during and after the interventions, written descriptions of the art they created, use of materials, and any meanings or interpretations they offered in response to the directives. I also met weekly with an art therapy supervisor and clinician to review and discuss each session, process clinical content, and receive feedback on future sessions. In general, analysis involved an iterative process of reviewing my observations, discussing my reflections with my supervisor, and making interpretations based on the existing literature.

Results

Visual Check-In

At the beginning of each session, participants were asked to “check in” by making a mark on a shared piece of paper. The same piece of paper was used throughout all four sessions. The purpose of this ritual was to help create the therapeutic container and promote group cohesiveness (Lavergne, 2004). Over time, participants’ marks became increasingly larger and bolder, which I interpreted as signs of increased safety and comfort within group. Starting in the third session, I asked participants to include a word or sound with their mark to express how they were feeling. At first, participants chose words that described the drawing rather than their internal feelings. For example, one student drew a scribble with sharp points and said, “jagged,” describing the mark. I interpreted this as a boundary regarding how much they wanted to share with each other about their internal state. However, in the final group, all participants used emotion words to accompany their mark and provided detailed accounts of their feelings that

day. Overall, participants appeared to enjoy the ritual. During the final group, the three of them launched into a discussion about the collaborative piece and contemplated hanging it up on the wall.

Session 1: Introduction to Parts

The first session began with a summary of the group theme and goals. To increase safety, empowerment, and engagement, I emphasized participants' choice. I stressed that the group was voluntary, disclosure was not required, and that their artwork was their own. Although they would be reflecting on their artwork as a group, they could decide how much they wanted to share. Participants were given a folder to decorate while I reviewed goals and expectations. All artwork created in the group was stored in their folders and kept in the office until the end of the group. Afterwards, participants could decide what to do with their art.

After the check-in, I lead the group in a discussion about parts. I briefly described the idea that we each have different inner parts of ourselves. These parts develop throughout our lives and take on different roles to help us survive and get through the day. I gave an example of an angry part and an anxious part that want to keep us safe in different ways. I explained that parts are part of us but not all of who we are. Parts can take over and take control of us, but they are not our true selves.

One participant, Sarah, intuitively connected with the idea of parts and shared that this language matched their experiences. Another student, Ashley, asked if parts were emotions. Sarah chimed in to answer and suggested that parts are subjective and have their own feelings, desires, and behaviors. Both Ashley and Sarah resonated with the idea that parts can blend or "take over." Sarah described being aware when a part takes control and knowing deep down that the behaviors are "not me." They described this phenomenon as not feeling like yourself. Sarah

also mentioned feeling shame around the parts of themselves that do not align with who they are. The concept of parts appeared to induce a sense of relief and validation for Sarah.

Ashley used a personal example to concretize her understanding of parts. She described a rage that comes out when she conflicts with her parents and other authority figures. When she feels this rage, she wants to hurt others and cause them as much pain as she feels. With my support, we identified the rage as a protector part that becomes activated when she feels hurt. Using parts language, I helped Ashley reframe her statement about wanting to hurt others as a part of her that wants to hurt others as a protective reaction to pain.

Participants were particularly engaged in learning about protector parts. I mentioned Schwartz's (2021) quote, "there are no bad parts," and asked the group what they think it means. Ashley responded and said it is because parts are serving a purpose and the purpose is to protect you. The third student in the group, Courtney, did not contribute much during the discussion. Though, when asked for direct input, she shared that parts language made sense to her, and the idea of protector parts was interesting. Courtney's lack of participation indicated a level of discomfort likely due to early group dynamics.

Calm and Confident Drawings

After the discussion, I invited the group to create one or more drawings to visually represent the feeling of calm or confidence. Calm and confidence are two qualities of Self-leadership in IFS (Schwartz, 2021). The goal of this directive was to encourage participants to begin accessing qualities of Self by visually depicting these internal states. All three participants chose to draw the feeling of calm. Only Courtney chose to represent both feelings on separate paper. Everyone appeared engaged in the directive. However, due to the depth of the discussion

about parts, I did not allow enough time for artmaking and sharing. Participants drew until the end of the time, and we reflected on their drawings in the next session together.

Courtney and Sarah both depicted the feeling of calm as abstract images with blue colors and described their drawings as “flowing.” Sarah also drew a green eye in the center of their paper to symbolize increased insight during a calm state. Courtney represented confidence as yellow “spikes” pointing towards the center of the page. Ashley did not complete her drawing and chose to simply describe her idea. She envisioned the feeling of calm as an imaginary scene with a rocking chair on a front porch surrounded by flowers and nature. Ashley attempted her drawing twice and asked for additional paper. Both incomplete drawings featured a realistic and detailed rocking chair, one drawn in pencil and another in black sharpie. Ashley also requested a new folder to redecorate, stating that she made a mistake on the first one. Thus, Ashley appeared to struggle with self-criticism and perfectionism related to her artmaking.

Session 2: Safe Space Visualization and “Helper” Drawings

The second session was facilitated as a dyad with Ashley and Courtney due to attendance. Sarah participated in an individual make-up session the following day. After sharing drawings from the previous session, participants completed a writing warm-up exercise. I instructed participants to create a list in response to the question, “what helps me feel comforted and supported?” I asked them to add the question to the top of the paper and then write down the five senses and list responses for each. Participants then shared their responses and noted similarities and differences.

After the warm-up, I led participants into a safe space guided visualization. First, I asked participants if they felt comfortable with guided meditations and received consent to move forward. From a trauma-informed lens, the stillness and internal focus required by meditation

exercises can sometimes be too distressing for some individuals who experienced trauma (Zhu, Wekerle, Lanius, & Frewen, 2019). All participants were open and willing to participate in the visualization. I invited participants to imagine themselves in a special place where they felt completely comfortable and safe. Then, I used Lavergne's (2004) concept of the "helper" to assist participants in accessing Self in a concrete way. I guided them to imagine inviting a positive, supportive helper into their safe places. The helper could be anything including a real person in their life, imaginary person, a symbol, an object, or an abstract image. I described the helper as a wise, compassionate, and supportive "force" to be trusted (Lavergne, 2004, p. 26). Once they envisioned their helper, I guided them to infer if their helper had any positive messages for them.

After the visualization, participants were invited to draw their helper in their safe spaces using any materials. Ashley began drawing immediately but Courtney hesitated, stating it would be difficult to draw what she saw. I offered her the option to write instead. Courtney began writing bulleted notes with pencil and then transitioned to drawing her visualization with colored pencils. After about twenty minutes, participants were ready to share.

Ashley described her drawing as herself and her future adventure cat (i.e., her helper) traveling the world. She drew a colorful nature scene featuring herself and the cat sitting side by side overlooking blue mountain ranges and a pink sky. There were colorful berry bushes next to the figures and yellow light beams shined down from the top-right corner of the paper. She drew herself with long pink and purple hair that flowed to the side as if blowing in the wind. Ashley shared that she hopes to adopt a cat after she graduates high school and register it as an emotional support animal. Of note, I was impressed that Ashley was able to complete her

drawing and fill the page entirely with color. She did not appear to be bogged down by criticism or perfectionism during this session. I interpreted this as an indication that her Self was present.

Courtney shared that she first imagined herself walking in a city before entering a candy store. She described the store as colorful with light shining through a large window. She said she wondered if perhaps she worked there. She then walked over to a gum ball machine (i.e., her helper), which began feeding her gum balls with affirmations and positive words written on them. These words included “kindness” and “I love you.” Courtney shared her drawing of the room which featured blue walls, wooden floors, two large windows, a door, and several display cases. She drew a red gumball machine in front of a large corner display case with colorful gum balls inside.

Ashley shared that she was impressed by Courtney’s ability to “let go” during the guided visualization and allow imagery to appear. Ashley stated that when she meditates, she feels that she controls the imagery and needs to have something in mind beforehand. Courtney stated that she enjoys guided visualizations and sometimes practices meditating. To close the session, I asked participants if their helper had any messages for them. Ashley stated that her message was to “keep going” and Courtney’s message was “you got this.” At my suggestion, they both added the message to their drawings.

Individual Make-up Session

The following day an individual make-up session was facilitated with Sarah. Upon entering the room, Sarah appeared upset and displayed a slumped posture and tearful eyes. They had not attended any classes and spent the day crying in their clinician’s office. Before proceeding with the session, I checked in with Sarah to ask what they needed. I gave them the

option to rest or simply make art if they were not feeling up for the session. Sarah stated they wanted to proceed the session.

Sarah reported that they were familiar with safe space imagery and knew exactly what to visualize. During the guided visualization, they imagined a log cabin in the woods. They began by visualizing themselves sitting in a chair in the backyard. Next, they entered the cabin from the back door, walked through the cabin and out the front door. There was an apple pie sitting on the front windowsill and they could smell the pie vividly. Their cat then entered the visualization (i.e., their helper) and gave them the message, “it’s not that deep.” The helper was their real cat. When I asked what the message meant to them, they explained it meant to “let it go” and “go with the flow.”

Sarah and I engaged in a discussion directly after the visualization. This was different than the dyad with Ashley and Courtney, in which I asked them to go straight into artmaking and used their drawings to inform the discussion. After sharing details from the visualization, Sarah created a drawing of the cabin’s window. Their black cat was drawn sitting on the windowsill next to an apple pie, and its message was added underneath.

At the end of this session, Sarah was laughing and making jokes, and their affect improved significantly. They also appeared more energized and socially engaged. They attended their next class and the teacher mentioned that the session must have helped because they were very engaged in class.

Session 3: Visual Dialogue with a Part and Helper

At the start of the third session, the group spontaneously engaged in their own discussion about recent mental health challenges. Participants disclosed personal experiences and provided emotional support and reassurance to each other. At one point, all participants disclosed

that they had cried the previous night. This discovery led to increased feelings of connection through shared experience. Participants then discussed their desires to own pets to help with their mental health. I let the conversation continue as it appeared to be beneficial and contribute to group cohesion.

After about twenty minutes, we transitioned to the intervention. The goal of this session was to utilize the internal resources from the previous session (i.e., safe space imagery and helper) to engage in a visual dialogue between Self and a part. First, we reviewed what parts were and I reminded the group about the discussion we had in the first session.

Since there was potential for negative emotions to surface during this intervention, I prepared strategies to prevent overwhelm. First, participants were asked to revisit their safe space and helper drawings and place the drawings in front of them for inspiration. Second, I came prepared with blankets, pillows, essential oils, and other sensory items inspired by their lists of comfort from the previous session. I explained that if they started to feel emotionally overwhelmed, to take a break and return to feelings of comfort. After briefly explaining the intervention, I asked the group for consent to move forward. Lavergne (2004) stressed the importance of asking for consent to proceed into the next stage of therapy.

I described the intervention as having two steps. The first step was to draw a part that needs support. For the purposes of this intervention, I explained that the part could be an emotion, an inner voice, a thought, or a body sensation. I invited them to take a few moments to tune in and imagine their identified part. Then, for about five minutes, draw the part on paper, leaving room on the page for the next step. The second step was to add their helpers to their drawings. Participants were invited to visualize bringing the part into their safe spaces. I

instructed them to draw their helper and fill the space around the part to give it comfort and support. The helper could be the same from last session or new imagery.

Each participant chose separate materials and engaged in the process differently. Both Courtney and Ashley immediately proceeded to the next step, while Sarah paused and visualized their safe space before adding their helper. Sarah used colored pencils and careful shading to surround the part with realistic imagery of their safe space. Courtney used sharpies and Ashley drew with pencil. Instead of adding the helper to the same image as the part, Ashley decided to flip her paper and create a new drawing with the helper on the other side. Ashley's drawing process was a stark contrast from the others. She drew very quickly and completed her drawings in almost half the time it took for the others to finish.

After Ashley completed her drawings, it was apparent that she was experiencing distress. Her facial expression was fearful and alert with wide eyes. She wrapped herself in a blanket and began fidgeting and bouncing her legs. While the other two were still engaged in the artmaking, I quietly walked over to Ashley to check in. I brought her items to fidget with and asked if she was ok and if she needed anything. I offered the option to create another drawing that was positive. She stated that she was ok and already completed both drawings and was finished. It was clear that she just needed a break. Ashley fidgeted in her chair and occasionally looked at her phone but was able to stay mostly present despite her discomfort.

Courtney and Sarah completed their drawings at the same time. I asked if anyone was ready to share and paused. The emotional energy in the room had shifted from playful discussion to a quiet, tense stillness. I made the decision to share first using an example I made to model the sharing process, since this would be the most vulnerable sharing experience so far. I

shared an example of supporting my inner critic by giving it hugs and surrounding the part with nature and warmth.

Ashley volunteered to share next. She stated that she chose a similar part to an inner critic. She described the part as feelings of worthlessness, self-harm and wanting to punish herself. As she described this part, I interpreted it as deep internal shame about herself and her body. She showed us her first drawing. In the corner of the paper, she drew a faint sketch of herself in a mirror using her arms to hide her body. She drew only part of the mirror as if the rest was cut off by the page. In the center of the paper, she drew legs hanging down with no feet. At the ankles, she drew a single squiggly line that resembled a wave or water. A few horizontal lines were drawn on the thighs that I interpreted as self-harm marks. The image was hauntingly disjointed and fragmented.

On the opposite side of the paper, Ashley drew a second image to symbolize her helper supporting the part. In the center of that page, she drew the same image of herself in the mirror and added her boyfriend hugging her from behind. None of the figures had facial features or hands. Above the mirror, she wrote in tiny letters, “love is more powerful than beauty.” As Ashley shared the written message, she became tearful and started to cry. In that moment, I felt an abundance of compassion for her and this part, and I believe the other group members did too. I thanked her for sharing and reflected that the feelings she described sounded so painful. I asked the group if anyone else could relate to what Ashley had shared. Sarah looked at Ashley and nodded understandingly. It was a powerful moment as we collectively held space for Ashley’s exiled part.

Sarah volunteered to share their drawing next. Sarah stated that they drew their anxiety as a cluster of yellow and orange “bubbles” to represent the physical feeling of an upset

stomach that they experience while anxious. They drew the anxiety part on the left side of the page and added their safe space imagery around the part. The part appeared to be floating and suspended in air, surrounded by pine trees and a blue sky. A chair was drawn directly underneath the part, resting on grassy ground. The log cabin was drawn on the right side of the page with an open window. Sarah drew their helper, a black cat, sitting in the window looking out at the part. Sarah described her helper as an observer of the anxiety. I noted that the part looked very large in comparison to the rest of the imagery. It appeared almost ominous yet contained by the peaceful nature imagery, which matched the description of their safe space visualization exactly.

Courtney shared last and stated that she focused on anger. On the right side of the paper, she depicted the angry part as a gray stick figure with black hair. The stick figure was drawn with a frown, furrowed brows, blue tears raining down its face, and gray steam shooting out from the ears. The figure was drawn sitting in a chair and appeared immobilized and helpless. She labeled the part with the word “anger” above the figure. She also shared that she felt anxious about feeling angry and added the words “anxious feeling” above the label. I interpreted this as a cluster of two separate but connected parts. On the left side of the paper, she drew her helper, the red gumball machine. She added its message, “you got this.” Courtney also drew what resembled a purple puddle on the ground between the two figures. She labeled the puddle as “opportunities” and described feeling anxious about new experiences. I observed that the puddle almost looked like a barrier that inhibited the part from reaching the helper. I also noted an incongruence between the positive word choice of “opportunities” and Courtney’s negative description of it. There appeared to be a cluster of several parts with different, possibly conflicting feelings that came up during this experience.

After thanking the participants for sharing, I decided to lead the group in a guided meditation to ground them after the vulnerable and emotionally charged session. I wanted to ensure that they were emotionally regulated before returning to class. I invited participants to get comfortable and cover themselves with blankets and pillows. With eyes closed, I guided them into a healing light visualization and repeated positive affirmations. I then lead the group to “shake it out” and we shook our arms to release the energy. All participants left the room smiling and in good spirits.

Session 4: Positive Affirmations and Closing

The final session occurred two weeks after the previous session and was delayed due to absences. Since this was the last time this group would meet formally, it was important for all members to be present. The goal of the fourth session was to create positive affirmation cards for themselves and others in group, integrating self-compassion practices into physical gifts and reminders.

Although Ashley volunteered to attend the group that day, she unfortunately did not participate in the main directive. She presented as sullen and sleepy and politely stated that she did not have the energy to make art. After the check-in, she rested with eyes closed for the remainder of the group. I do not believe that her decision to decline participation was reflective of her feelings towards the group, myself, or other group members. Ashley had just returned to school after a brief suspension and was navigating stressful dynamics with school staff. It was also common for her to want to sleep throughout the day as lethargy was a major mental health symptom. While a part of me was disappointed, I felt appreciative that Ashley participated in the check-in and remained physically present. The other two group members did not seem to mind

that Ashley did not participate in the artmaking. They accepted her decision and allowed her to rest during the group.

Before explaining the directive, I passed around a deck of affirmation cards to serve as inspiration and offered participants to keep ones they liked. Sarah and Courtney each kept about three cards that were meaningful to them. Then, I instructed participants to create their own affirmation cards, one for themselves and two for the others in the group. I suggested participants begin affirmation statements with “you are...” for others and “I am...” for themselves. Sarah and Courtney appeared excited about this directive and started decorating their cards immediately. They sketched their design with pencil and added watercolor paint. Courtney drew different colored flowers in the center of her affirmation cards. Sarah drew a sketch of each person and added the affirmation at the top of the card.

At the end of group, participants shared their affirmation cards with each other, starting with Ashley. Courtney’s card for Ashley featured purple flowers and stated, “You are the best.” Sarah drew Ashley in a confidence stance and wrote, “You are beautiful inside and out.” Ashley smiled and expressed appreciation before leaving the room to attend lunch. Sarah shared her affirmation for Courtney next. She drew Courtney in a yoga pose with crossed legs and wrote, “You are a powerful force.” Lastly, Courtney shared her card for Sarah which stated, “You are worth loving.” To close, Sarah and Courtney shared the cards they made for themselves. Sarah drew a self-portrait in an empowering stance with their arms in the air and wrote, “I am perfect as is.” Courtney drew a bouquet of flowers and wrote, “I trust my inner wisdom.” Thus, Sarah and Courtney appeared to express authentic compassion for themselves and others in the group. They both stayed after the allotted time to continue sharing feelings of appreciation for each other and positive feedback on the group.

Discussion

Using qualitative methods, I explored how a combined art therapy and IFS therapy intervention could be appropriate and beneficial for adolescents in a school setting. Three adolescents who attend a therapeutic high school participated in a brief art therapy group consisting of four sessions. Art therapy directives were inspired by Lavergne's (2004) integrative model of art therapy and IFS therapy. The intervention was also designed using a trauma-informed lens by prioritizing safety and choice. The intended goal of the group was to explore parts and increase self-compassion. Through an analysis of my observations of the sessions, three main themes emerged: 1) the concept of parts encouraged self-understanding and reduced shame; 2) visualizations promoted unblending and increased access to Self; and 3) externalizing parts through artmaking supported reflective distance. I discuss these findings below and summarize the benefits of group therapy for adolescents.

The Concept of Parts Encouraged Self-Understanding and Reduced Shame

Overall, participants reported that they understood the concept of parts. The idea that we each have an internal system of parts appeared to make sense to them. This was evidenced by their ability to provide personal examples and connect the concepts of parts to their own experiences. Through discussions in the first and third sessions, participants came to an understanding that parts are a part of us but not who we truly are, parts can take over, and some parts are trying to protect us. At first, participants found it easier to consider parts as emotions. Though, they began to identify that parts have their own feelings, behaviors, and agendas.

Participants particularly connected to the idea that parts blend or "take over," resulting in unwanted feelings or behaviors. They were also most interested in protector parts. The notion that parts believe their purpose is to protect you, even through extreme or harmful

means, appeared to challenge and shift their thinking. Schwartz (2021) noted that parts are often mistaken for their behaviors and as a result, the individual ends up fighting or disparaging them. To discover that behind an angry part is a hurt part, for example, fosters self-awareness and leads to valuable insights, especially for adolescents (Lavergne, 2004). The discussions about parts seemed to deepen participants' awareness and curiosity about their relationship to certain emotions and behaviors.

One participant, Sarah, immediately and intuitively resonated with the idea of parts. They felt validated by the notion that parts can blend but are ultimately separate from our true selves or Self. Sarah described being aware when a part is blended by knowing deep down that the feelings or behaviors are "not me." Sarah seemed to gain a sense of relief from the concept of parts as they often felt shame about having parts that do not align with who they are. Schwartz (2021) noted how people often feel relief and comfort from the understanding that they are not bad or defective, but merely have a part playing an extreme role. Furthermore, the search for identity and self-understanding that defines adolescence can be supported by a parts model such as IFS (Lavergne, 2004). Identifying with the Self and its positive qualities can be a profound shift for adolescents who have formed an identity around their parts. Perhaps the part of Sarah that shamed their undesired parts could relax and unblend knowing it does not need to defend Sarah's identity. This created more space for Sarah to identify with qualities of Self. Thus, the IFS model appears to reduce shame and help adolescents reframe their understanding of their identities.

Visualizations Promoted Unblending and Increased Access to Self

Based on my observations, it appeared that participants were able to unblend and access Self using guided visualizations. In the second session, participants were guided into a

safe space visualization in which they imagined a “helper.” The helper was a concept designed by Lavergne (2004) to help adolescents access Self in a more concrete way. The helper could be anything real or imagined, including a person, object, or abstract concept, that embodied the qualities of Self. After the visualization, participants created a drawing of their helpers in their safe space. All participants appeared to benefit from this intervention, which resulted in positive feelings and increased insight.

The Self was apparent due to the presence of qualities of Self-leadership, i.e., compassion, curiosity, clarity, confidence, creativity, calm, courage, and connectedness. In the first session, Ashley appeared bogged down by self-criticism and perfectionism and was unable to complete the first directive, starting over twice. In the second session, after the visualization, Ashley finished her drawing and filled the entire image with bright colors. She expressed hope for the future while describing her image, which featured the encouraging message to “keep going.” Ashley appeared more creative and confident during this experience, indicating that Self-energy was present. Courtney’s visualization experience appeared to help bring her into a calm state. Her description of her visualization indicated a state of curiosity towards the unfolding imagery. She also exhibited compassion as evidenced by her helper showing her positive words of affirmation such as “kindness” and “I love you.”

Sarah appeared to benefit the most from the session, evidenced by a drastic shift in their mood and demeanor. The sudden positive shift was likely because the guided visualization helped them unblend. After the visualization, Sarah appeared to have space from the intense feelings and a new perspective that was evidenced by their helper’s message of “it’s not that deep.” I interpreted this message as signs that Self-energy was present, and they had unblended from the painful emotions that they had been feeling that day. When Sarah unblended from the

part that was upset, their Self emerged to offer increased insight. Shwartz (2021) noted that once parts separate, the person may notice a more embodied and spacious sense of who they are, a sense of well-being and completeness, and that everything is all right.

The guided visualization appeared to be the most useful in unblending and accessing Self, supported by the artmaking. Shwartz (2021) explained that most meditation and mindfulness practices can be seen as unblending approaches. By mindfully separating from thoughts and emotions by noticing them from a place of calm acceptance, the person is accessing Self-energy. This session provided valuable insight into each participant's natural ability to access Self. Schwartz (2021) stated that the Self is already there behind parts, like the sun behind clouds, and most people can access its energy in early sessions without practice. The Self is always there, it just merely needs to be released. These observations provide additional evidence that adolescents have the innate capability to access Self.

Sarah later reported using the safe space visualization as a coping strategy outside of the group. They described feeling lonely at home one day and visualized bringing the loneliness into their safe space. They imagined their loneliness as a dark cloud and observed it turn into mist as the feeling passed. The visualization helped them stay present with the emotion without becoming overwhelmed by it. They were able to emotionally distance themselves from the feeling and compassionately witness it instead of ignoring it or pushing it away. Sarah also accepted the loneliness as a part. During the visualization, their self-talk was, "this is just a part, it's not all of me." As the part unblended, Sarah observed it shift and pass. Sarah's experience demonstrated the powerful value of visualization practices, as well as their impressive connection to Self.

Externalizing Parts Through Artmaking Supported Reflective Distance

The externalization of parts through artmaking resulted in valuable experiences that deepened group connections. In Session 3, participants focused on a part that needed support and externalized the part through drawing. They then added their helper to the drawing to comfort the part visually and symbolically. Participants could choose to focus on any part they wanted. It appeared that Sarah and Courtney chose protector parts, while Ashley chose an exiled part. The session was impactful, though, the intervention also increased emotional activation for at least one participant.

Sarah chose anxiety and focused on the physical symptoms (i.e., “bubbles in stomach”) they experience while anxious. Courtney chose to focus on a cluster of two parts, anger and anxiety, that were connected to mixed feelings about new experiences or opportunities. Ashley chose to focus on shame, an exiled part that she described as feelings of worthlessness and wanting to hurt herself. This part was externalized on the page as a fragmented and detached self-portrait. The drawing depicted floating legs and an image of herself in a partially hidden mirror, as if this part could only reveal itself in pieces. Interestingly, Ashley mentioned a protector part in Session 1, which she described as rage and wanting to hurt others. It appeared these two parts were connected. Ashley’s rage came out when the exile’s shame feelings were triggered, leading her to attempt to make others feel as bad as she does. It is likely that the rage part wanted to protect Ashley from the intense feelings of shame. This observation aligns with Lewis’s (1971) shame-rage theory that posits anger as a defensive response to shame.

There was a drastic contrast between Ashley’s drawing in Session 2, when qualities of Self were present, and her drawing of the exiled part. Ashley’s safe space and helper drawing

displayed an abundance of bright colors that filled the page. Her colorful image exuded hopefulness and confidence. According to the ETC, use of color indicates increased emotional expression (Hinz, 2019). In contrast, Ashley used pencil to create lightly drawn sketches of her exiled part in Session 3. Pencil is a highly structured material that functions to contain emotion. The part is also depicted through a rectangle mirror that may act as a boundary to further contain the emotion. This contrast likely reflects her level of comfort immersing in the emotional experience and her need for reflective distance. Instead of adding the helper to the drawing, she turned the paper over and created a new image on the opposite side, thus, creating more distance from the part.

After the intervention, Ashley appeared blended with the part and showed signs of emotional distress. Although blended, externalizing the part through artmaking still provided enough reflective distance to express and contain some of the painful feelings of the exiled part. Schwartz (2021) explained that the simple act of externalizing parts often creates enough separation that the person can have a different perspective on the parts and see them more clearly. Ashley used a different helper, her boyfriend, to give the part compassion. In her second image, she drew her boyfriend hugging her and wrote, “love is stronger than beauty.” While Ashley could not access compassion directly from her own Self, she could identify it from an external source. Furthermore, Ashley’s protector parts were able to give enough space to allow the shame feelings to be expressed to the group, demonstrating powerful vulnerability. The closing guided meditation and connections with other group members helped Ashley ground herself and access Self before leaving the group. As the group leader, I used my Self-energy to give Ashley’s part compassion and encouraged others to provide support through shared experiences.

Benefits of Group Therapy for Adolescents

Overall, participants reported that they enjoyed the group and found it beneficial. After Session 3, Ashley spontaneously shared that she wished the group could continue weekly. She stated that she particularly enjoyed that the group was small. This is congruent with the feedback on Lavergne's (2004) dyad, in which the adolescents stated they liked the fact that the group was so small and enjoyed receiving special attention. Lavergne (2004) concluded that the high level of cohesion early on was mainly because the group was small and participants liked each other. Comparably, this group consisted of three adolescents who liked each other, and the small number allowed more time for individual attention.

Additional feedback from participants revealed the value of the group format. Sarah reported that the sharing piece was the most valuable part of each session compared to individual artmaking. Sarah described the significance of being vulnerable with others who have similar experiences. Overall, the positive, supportive connections with other group members and the group leader were the most beneficial elements of the experience. Similarly, Courtney particularly appreciated the connections with other group members. She described connecting through the art, both the making and sharing, and enjoyed the guided visualizations. Courtney stated that this was her favorite group at the school so far. This feedback supports Riley's (2001) assertion that art therapy groups are perfectly suited for adolescents, as they address the developmental need for peer support.

Furthermore, adapting IFS for groups has several advantages. Schwartz and Sweezy (2019) explained that members sense the Self-energy of the group, which advances the work and helps their parts feel highly witnessed. Furthermore, the vulnerability of one group member often inspires similar internal work for the witnesses. This was demonstrated in Session 3 when

participants held space for Ashley's exiled part and connected to her inner experience. The witnessing of parts and connecting through shared experiences proved valuable for this group. While the group had many benefits, there were limits on the work that could be done with participants' parts. The individual make-up session with Sarah allowed more time and personal attention to explore their internal experiences in greater depth.

Limitations

Results of this observational study are not generalizable to all adolescent groups for several reasons. First, participants were handpicked based on who would benefit and enjoy the art therapy directives, and knowledge of peer dynamics. Art therapists are often not able to choose who attends their groups. Second, the group was voluntary and participants were given the choice to join. In many circumstances, adolescents' participation in therapy is mandated, either by their parents or a court official (Riley, 1999). I believe this was a major contributor to the success of the group, as there was no resistance present. Third, all participants had existing relationships with each other and with me. This was likely the reason why group cohesion was able to form in less than four sessions. Groups with individuals who do not know each other would need additional time to build trust and safety. In addition, it is important to note that I am not certified in IFS therapy. My understanding of IFS stems from personal and academic inquiry.

Implications

Findings suggest that combining art therapy and IFS therapy is a valuable model for adolescents. Therapists may benefit from using IFS approaches with adolescents in group settings. Integrating the concept of parts into one's therapeutic practice offers a bridge into the adolescent's conflicting and ever-changing internal world. The IFS model provides therapists a means to connect with adolescents and understand the reasons behind their extreme behaviors

and intense emotions. Recognizing and labeling these behaviors as parts of them may increase compassion for both the therapist and client.

Adolescents may also benefit from unblending approaches such as guided visualizations and externalizing through artmaking. Using visualizations and other mindfulness practices during therapy sessions may help some adolescents access and feel their own Self-energy. In addition, visual art offers a safe container to release and express parts that threaten their self-concept. Adolescents are considered a challenging group to work with for many reasons (e.g, Krause, 2013). The combination of art therapy and IFS therapy may provide an alternative, non-traditional approach that engages adolescents and meets them where they are at.

Conclusion

This study supports the value of integrating art therapy and IFS therapy for adolescent clients. The concept of parts and use of guided visualizations in IFS appeared to reduce shame and increase compassion and self-understanding. Interventions that assist adolescents in accessing Self in a concrete way appear to be particularly beneficial. Participants were able to use Lavergne's (2004) concept of the "helper" to embody qualities of Self-Leadership. In addition, visual art directives that focused on externalizing parts helped promote reflective distance from painful emotions. Overall, participants benefited from the group and formed connections with each other based on witnessing and peer support. This study highlights the need for effective, non-traditional therapy alternatives to engage adolescents in therapy.

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

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