# Self-Care Through Art Therapy: A Group Intervention Design for Female Adolescents who Self-Harm

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This is to certify that the research paper prepared

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## Abstract

This research paper undertakes the beginning steps of an intervention model for use in residential facilities. The value of art therapy with adolescent girls who struggle with self-harming behaviors is addressed through a contemporary lens, and the suggested interventions were created within the frame of a solution-focused approach. The review and analysis of literature surrounding group art therapy with female adolescents, the specific issues encountered by female adolescents and those who self-injure, the role of mindfulness, and considerations regarding attachment needs, will provide support for the concept of a self-care themed art therapy group for female adolescents. A psychodynamic perspective will be used to understand the experience of adolescence and group session dynamics in art therapy. The structure of the art therapy group intervention will be described, including duration and session content, and sample art directives and group rituals are suggested through which the theme of self-care may be explored.

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## Chapter 1: Introduction

From a therapist's perspective, adolescent clients are often known to be some of the most challenging to engage in therapy and with whom to develop a therapeutic alliance (Riley, 1999). However, art therapy has been recognized as an effective treatment modality that can enable communication and self-expression with this population (Linesch, 1988; Miller, 2012; Riley, 1999). Adolescence is a developmental period riddled with many changes and choices, which are exacerbated by fluctuating psychological and physiological changes, emotional states, and an acute awareness of social pressures (Oster, 1999; Riley, 1999). For some individuals, adolescent experiences can be so overwhelming that maladaptive behaviors are utilized for coping, and according to recent literature, the overwhelming majority of adolescents who engage in self-harm are female, with non-suicidal self-cutting as a preferred method (Adler & Adler, 2011; Hawton, Saunders & O'Connor, 2012).

The aim of this research paper is to provide a frame and guidelines for running an adolescent art therapy group to serve as inspiration for those art therapists who work with adolescent females who self-harm. Through theoretical research and my own art therapy internship experience in working with this clientele, I will explore and describe what I believe would be helpful in the planning and implementation of a self-care art therapy group. The proposed theme of "self-care" for the art therapy group is chosen as a response to the history of self-harming behaviors in female residents of a residential facility. The purpose of this group intervention is for adolescent girls to come together and, through artwork and group discussion, learn positive and adaptive behaviors for coping with the stress caused by their individual struggles. Considering the often

temporary and transitional nature of residential facilities, attendance is often unpredictable, so a focus on short-term treatment such as a program designed for 6-8 weeks would seem appropriate. A sample of art directives, brief mindfulness exercises and rituals will be detailed as suggested interventions, as well as recommendations based on impressions from personal experience.

A predominantly psychodynamic perspective will be utilized for understanding developmental needs and psychotherapeutic processes involved in treatment for adolescent females who self-harm. This approach is used to understand conflicts, reactions and experiences in the context of session dynamics, and transference and countertransference responses, all of which manifest through symbolism within artwork. That being said, a solution-focused approach is taken to provide a tangible frame for the group art therapy sessions.

## Chapter 2: Methodology

### Data Collection & Analysis

A broad search of the literature was conducted to examine theories of adolescence, female adolescent development, the phenomenology of self-harming behaviors in adolescence, as well as related therapeutic treatment. Data collection and analysis was conducted through the use of edited books, peer-reviewed journal articles and reports. These were accessed through online databases such as PsycInfo, ERIC, and PubMed at Concordia University Library in Montreal, Quebec. The keywords used throughout the data retrieval process included: adolescent, child development, art therapy, group art therapy, attachment theory, mindfulness, self-harm, self-injury, self-care, self-regulation, psychotherapy, psychodynamic, solution-focused, and intervention.

In addition to a thorough review of literature, a six-month art therapy internship in a residential setting provided me with relevant clinical experience in individual and group art therapy treatment with female adolescents at risk of self-harm. On-site child-care workers, social workers and program coordinators were also consulted as knowledgeable sources for guidance and resources within this setting.

**Intervention Design**

Creation of the current art therapy group will follow an intervention methodology, which, according to Fraser and Galinsky (2010), "is the systematic study of purposive change strategies," and "is characterized by both the design and development of interventions" (p. 459). Fraser and Galinsky describe the design process as "both evaluative and creative" because "it requires evaluating and blending existing research and theory with other knowledge (e.g. knowledge of the practice setting) and creating intervention principles and action strategies" (p. 460). The nature of the intervention design may be prescriptive and "be based on manuals that specify practice activities and guide the exchange between intervention agents and participants," while others are more flexible and in contrast, are "highly responsive to dialogue and the hermeneutics of exchange between intervention agents and participants" (p. 459). The current intervention design will be less prescriptive; although the "core content" (p. 463) will be consistent, the structure will remain adaptable to the setting and the participants' feedback will be considered throughout the process.

Fraser and Galinsky's (2010) suggest five-step design model, which includes (p. 463): 1) Develop problem and program theories; 2) Specify program structures and processes; 3) Refine and confirm in efficacy tests; 4) Test effectiveness in practice

settings 5) Disseminating program findings and materials. In the current paper, only the first two steps will be undertaken. I will begin by identifying a "problem theory" in order to determine a "program theory," in which "change strategies" will be suggested (Fraser & Galinsky, 2010 p. 460). Step one will be initiated with a review of literature, which will allow for the identification of "risk factors" and "malleable mediators" pertaining to issues encountered in adolescence, with a specific focus on self-injurious behaviors in females (p. 462). Step two will be partially provided as I will "specify essential program elements" including preparation and structure of a themed art therapy group, suggested treatment and outcome goals, duration, clientele, session content including a sampling of art directives and group activities (p. 462). Theory expanding on group art therapy processes for adolescents, mindfulness practice and solution-focused approaches will also inform the program theory for this clientele.

The current paper will exist as a starting point from which an official program manual may eventually be built. As Fraser and Galinsky (2010) state, subsequent "review and revision of the manual are continued until activities are developed for each element in the program theory and until comments from reviewers are fully addressed" (p. 464). Only after these adjustments are made would the program be ready for pilot testing. Steps three, four and five are not tackled within this paper, as this intervention model is not ready for efficacy testing (p. 464).

**Limitations**

Since I am only describing the first two phases of this intervention, there is no pilot group or measurement apparatus in place for verification of efficacy or any information regarding implementation fidelity (Fraser & Galinsky, 2010). This

intervention design is in a stage where it should continue to be modified and influenced by subsequent research and review. The proposed model is based on key concepts from relevant literature surrounding the current needs of female adolescents who are art risk for self-harm. Considering the specificity of this clientele, an extensive search of literature was necessary in order to situate the relevant issues and assess treatment needs. A legitimate effort was made to include essential and relevant research, with the goal of providing a specialized perspective for the creation of this art therapy intervention, but other informative angles may have been neglected given the constraints of this paper.

A major delimitation relevant to this research is that this program was designed for female adolescents who are at risk or are exposed to self-harming behaviors. The suggested interventions and activities may be applicable to other populations such as other groups such as males, adults, or other clinical populations who may benefit from a focus on self-care and group interaction. Furthermore, this research paper is presented from the point of view of an art therapy intern, which provides a perspective from one of the target intervention agents.

**Definition of Terms**

*Adolescence*: "The period of life from puberty to maturity terminating legally at the age of majority" (Merriam-Webster, n.d.). This broad definition is representative of the lack of an exact age-range for this stage in development; the variable and individually unique experience of adolescence will be further discussed in chapter three.

*Art Therapy*: The Canadian Art Therapy Association (CATA) defines art therapy as follows: "Art therapy combines the creative process and psychotherapy, facilitating self-exploration and understanding. Using imagery, colour and shape as part of this creative

therapeutic process, thoughts and feelings can be expressed that would otherwise be difficult to articulate" (CATA, n.d.).

*Mindfulness*: Defined by Kabat-Zinn (2003) as "the awareness that emerges through paying attention, on purpose, in the present moment, and nonjudgmentally to the unfolding of experience moment by moment" (p. 145). Mindfulness is increasingly becoming incorporated into medical and mental health treatments with many professionals observing its positive effects on wellbeing (Kabat-Zinn, 2003; Siegel, 2007). There are multiple definitions and uses of mindfulness and these will be described further, as necessary.

*Self-care*: Ellis (2000) defines self-care as "caring for yourself physically, mentally and spiritually to maximize your potential" (pp. 47-48). In this paper, I am referring to self-care in an adolescent population, as this is a period in which priorities may be blurred and neglecting basic wellness needs is common.

*Self-injury vs. self-harm*: "Non-suicidal self-injury" (NSSI), is the specific and current term, defined by Klonsky (2007) as "the intentional destruction of body tissue without suicidal intent and for purposes not socially sanctioned" (p. 1039). This definition excludes other self-harming acts like binging and purging or substance abuse "because the resulting tissue damage is ordinarily an unintentional side effect" (Klonsky, 2007, p. 1040). In the present paper, self-injury will refer to Klonsky's (2007) definition of NSSI, and self-harm will indicate a more global reference of harming oneself, regardless of intention, including neglecting oneself and putting oneself in dangerous situations (Turp, 2002).

## Chapter 3: Adolescent Development and Contemporary Issues

### Adolescence

*"Underneath is a young person who is attempting to make sense of identity and experiences, where and how to fit into the world, and a secret longing for attachment and structure"*

Miller, 2012, p. 242

Multiple theories have been proposed in contributing to our understanding of the experience of adolescence. From Erikson's (1963) developmental perspective, adolescence involves finding his/her way towards adulthood by navigating through moral and social encounters, which, when successful, lead to ego integration (Erikson, 1963). Miller (2012) underlines that "coping with the many confusing transitional, emotional, physical, cognitive, and social changes, as well as issues related to identity, separates the adolescent experience from other developmental stages" (p. 241). These issues may be overwhelming and in some cases, and especially without proper support, some adolescents can turn to maladaptive behaviors in order to appease the intensity of unpleasant emotions. According to Case and Dalley (2006), "these feelings are often expressed by acting out through alcohol and substance misuse, violent mood swings, cutting and other self-harming behaviors including eating disorders" (p. 8).

Prior to entering into adolescence, development mainly depended on the actions and decisions of adults and caregivers. Peer relationships become increasingly significant in the adolescent process of separation, and skills acquired in childhood are put into practice as new attachments are attempted outside of the family unit (Erikson, 1963). Linesch (1988) emphasizes that "emotionally and profoundly separated from their

families, as yet having found no substitutional attachment, and confused about their sexual feelings, adolescents typically feel self-absorbed and isolated" (p. 5). This separation can create interruptions to relationships with significant adults and caregivers as communication and understanding becomes challenging.

Riley (1999) suggests a contemporary and adaptive view of adolescence, where classic developmental theories are acknowledged, while the current cultural and societal contexts also contribute to each adolescent client's individual experiences and subsequent developmental path. To define adolescence, the age range is approximate, somewhere between childhood and adulthood, as each individual entering into this period, experiences changes at a rate determined by "their own personal scale of development" (Riley, 1999, p. 32).

**Attachment & Self-Regulation**

The adolescent client, as any other, comes to therapy with attachment patterns and expectations from previous relationships, which will influence the process of building a therapeutic relationship. Interpersonal encounters throughout childhood, especially the relationship with the primary caregiver, will influence an individual's attachment styles (Fonagy & Target, 1997). Identifying individual tendencies towards specific unhealthy attachment behaviors could help the therapist to adapt treatment and potentially provide reparative effects.

Since early relationships are important to set expectancies for future attachments, patterns of disorganized and insecure attachments will likely reoccur throughout adolescence and continue into adulthood (Cook et al., 2005; Harris, 2004). According to Holmes' (1997) analysis of attachment styles, insecure attachments can be categorized as

"avoidant" or "ambivalent." Avoidant attachment exists when the child keeps away from attachment opportunities with potential caregivers due to a lack of responsiveness from early caregivers (Holmes, 1997, p.167). For a child who appears to display avoidant patterns of attachment, "holding is perhaps the key ingredient in successful therapy" (p.167). An ambivalent type of attachment is described when a child fears change and expects abandonment to follow, which is a style that is developed following inconsistence in caregiver responses (Holmes, 1997, p.167). A child who has an ambivalent attachment style has a confused self-narrative and is in need of structure and consistency in order to feel safe and for anger to be safely experienced and contained. Although two types of anxious attachments are described, it is also possible to display "mixed ambivalent/avoidant patterns" (Holmes, 1997, p. 167).

Early attachments and the experience of safety in the presence of adult caregivers throughout development will also influence the client's ability for expression and self-regulation (Schore, 2012). Throughout development, children must feel a sense of trust and belonging from primary caregivers in order to bare the challenges of each stage, and eventually develop a reliable sense of self (Erikson, 1963). In early childhood, appropriate mirroring from primary caregivers and healthy social and environmental interactions are necessary to begin emotional self-regulation and lay the foundation for establishing a sense of self (Fonagy, Gergely, & Target, 2007). Also in early childhood, "regulation occurs in the context of coregulation" (Blaustein & Kinninburgh, 2010, p. 12). It is from experiencing the caregiver's appropriate soothing responses "that infants and toddlers learn how to flow through emotional states and develop primitive self-soothing techniques" (Blaustein & Kinninburgh, 2010, p.12). The child learns that the

intensity of "arousal" states can be modified and are only temporary.

Harris (2004) explains that early relationships help children "develop expectations about future relationships, or internal working models of relationships" (p. 147). These expectations would subsequently affect behavior in relationships with others, "often causing others to treat them in a particular way" (Harris, 2004, p. 147). The child's approach to new social experiences and relationships may continually reconfirm these internal working models, unless "an alternative key caregiver" challenges these expectations (p. 147).

If the adolescent client has not yet experienced sufficient or effective self-soothing techniques, these could become the focus of therapeutic goals. In current views of attachment theory, a biopsychosocial model is suggested, which can link relational experiences to neural development and affect regulation (Schore, 2012). In this view, the therapeutic process has potential to help clients modify "internal regulatory capacities," (Schore, 2012, p. 45). The client must experience containment and reoccurring experiences of successful moments of self-regulation in order to eventually trust in their own potential to self-sooth.

**Female Adolescents & Identity**

Certain ideals are specific to girls during adolescence, including issues of identity and self-image, as these are often highlighted by the increasingly complex demands from society, which come across in many forms of media such as television and magazines (Heilman, 1998; Hoskins, 2002). According to Hoskins (2002), "girls constantly have to negotiate their way through mixed messages and contradictions that on the one hand suggest independence and strength, and, on the other, convey compliance and

vulnerability" (p. 235). These perceived expectations can be extremely confusing and overwhelming and can negatively affect development. Hoskins (2002) states that in today's interconnected world, theories of self have not necessarily followed the pace of human evolution and socialization. Heilman (1998) also shares this perspective and adds that classic identity formation theories, such as Erikson's, are omitting the essential element of community in development. In this sociocultural model, Hoskins (2002) explains that:

> Given this kind of focus on girls' interactions with self and others, it makes sense that *relational spaces* (how girls relate to self and other) need to be the focus of the work, not self-contained individuals consisting of internal drives and compilations of traits and factors. (p. 239)

Through this approach, meaning can be explored by mapping the adolescent girl's social relationships and other surrounding influences (Hoskins, 2002). This can be addressed metaphorically or literally, and has potential to enhance a themed art therapy group with adolescent girls. Although Hoskins' (2002) research was meant specifically to consider postmodern alternatives to the modern psychoanalytic theories of self in researching eating disorders, the complex underlying processes in identity development generally affects all female adolescents in today's society.

**Self-harm**

The way in which self-harm and self-injury have been defined in the literature is often specific and limited in behavioral patterns and intention. However, Turp (2002) suggests a 'continuum' approach as an alternative model. The continuum includes a range from healthy adaptive self-care at one end, to severe self-harming behaviors on the

other end of the scale. Turp (2002) emphasizes the diversity of functions, causes and meanings for self-harm and suggests that 'hidden' self-harm tendencies such as negative self-talk, unprotected sex or passively neglecting dietary needs, do not fall into any clinical definitions or specific self-harm category, but can still be thoroughly destructive. Regardless of intent, repeat self-inflicted harm is a significant sign of distress, and habituation to such dangerous behavior increases risk of permanent injury and accidental death (Muehlenkamp & Kerr, 2010, p. 9).

Adolescents who are referred to therapy may come with histories of abuse and/or neglect, may have experienced various forms of family disintegration and unhealthy home environments and are therefore exposed to increased risk factors and vulnerabilities for self-injurious behaviors (Klonsky, 2009; Riley, 1999). Some reasons adolescents engage in self-injurious behaviors include: tension relief, emotional regulation or expression, taking control, relief from depersonalization and dissociative states, and influencing or communicating with others (Klonsky, 2009; Nock, 2009). According to Nock (2009), "some people develop intra- or interpersonal vulnerabilities that predispose them to respond to challenging or stressful events with affective or social dysregulation, creating a need to use NSSI or some other extreme behavior to modulate their experience" (pp. 79-80). In this view, vulnerabilities come from risk factors stemming from genetic predispositions and/or childhood abuse, and this theory also narrows down hypotheses regarding the choice of self-injury over other regulators (e.g. alcohol, drugs, exercise, etc.).

The underlying processes for choosing self-injury as a coping strategy over noninjurious ways are varying, and include: using self-injury as a cry for help,

developing identification with self-injurious rituals, pain-relief, self-punishment and the impact of peer influence (Nock, 2009, pp. 80-81). Richardson, Surmitis, & Hyldahl (2012) also highlight *social contagion* as one of the motivational factors for self-injury. Although the influence of others is normal in this developmental period, social contagion is a powerful phenomenon, which can be very dangerous among adolescents because of their intense drive to belong and to gain approval from peers (Linesch, 1988). Peer influence is especially prevalent when the youth involved are in a vulnerable state and experience acceptance among the self-injurious community (Whitlock, Lader, & Gonterio, 2007). This should be taken into consideration, especially when working in residential, community or group settings (Linesch, 1988; Richardson et al., 2012).

## Chapter 4: Art Therapy with Adolescents

*"...when creativity is introduced into problem solving, the art can provide fresh viewpoints and excitement"*

Riley 1999, p. 38

### The 'Adolescent' Art Therapist

According to Riley (1999) "uncertainty and flexibility are positive traits for the 'adolescent' therapist," which may be reassuring to know when considering working with this population for the first time (p. 18). Riley also mentions that the best-suited helpers are genuinely interested in teenagers and must be able to demonstrate empathy despite the inevitable and unpredictable challenges that arise in working with this clientele (p. 27). In addition to remaining flexible, a clinician's informed approach to adolescent treatment would incorporate an understanding of known theories of development, current

societal concerns, generational discrepancies, and the acknowledgement of individual differences (Oster, 1999; Riley, 1999).

When faced with the idea of therapy, adolescents can become defensive and perceive the therapist as "yet another adult attempting to interrogate their private lives" (Oster, p. 7, 1999). The individual adolescent client's perception will affect the way in which art therapy is received, and boundaries may be tested from the very beginning:

> Adolescent engagement in art therapy can initially be met with apathy, opposition, resistance, quickly changing mood swings, or power struggles with authority. An adolescent's communication can include intense and exaggerated messages to shock or impulsively express strong emotions. In addition to these behaviors and expression, this population struggles to leave childhood behind and hesitantly move toward adulthood in today's complex world. (Miller, 2012, pp. 241-242)

In Riley's (1999) contemporary approach:

> the adolescent client is viewed in the context of his/her environment and is actively included in the co-construction of the treatment goals. The teenager is encouraged to illustrate perceptions through art tasks, and their narrative is respected. (p. 18)

This is important to keep in mind, as adolescents will rarely show genuine interest in following a prescriptive way of functioning, especially if a therapeutic relationship has not yet formed. Riley's inclusive approach allows clients to start off at the same level as the therapist, as the adult/therapist is not making any assumptions regarding what the client needs or wants during their time together. This provides an opportunity to begin

building a trusting relationship between the adolescent client and therapist. This also applies to adolescents in group therapy, as "group members grapple with the reality of their relationships with adults and their projections of adult motivation in the focus of many sessions" (Riley, 1999, p. 93).

Despite all the understanding and flexibility that the therapist may offer, some clients may still initially respond to therapy with uncooperative behaviour, due to a sense of insufficient control or possible fear of judgment by peers (Miller, 2012, p. 242). Miller suggests that, "understanding this response as a need for protection from perceived abandonment related to this new relationship is critical for the beginning steps of creating the therapeutic relationship with the adolescent" (pp. 242-243). Making boundaries and expectations clear from the very beginning while remaining accepting of each individual can help build a safe therapeutic space for the adolescent client (Miller, 2012; Riley 1999). By remaining consistent in this approach, the client's internal working models of relationships can be challenged, and previous expectancies may be modified through the therapeutic relationship (Harris, 2004, p. 147).

Amini and Burke (1979) describe "acting out" as, "an organized activity – repeating variations of significant themes from the past" (p. 250). When the adolescent client appears to be acting out in the presence of the therapist, these behaviors could be understood as the client's protection against re-experiencing being hurt or abandoned again, based on expectations from past relationships (Amini & Burke, 1979; Miller, 2012). This is a form of transference as the client is placing the therapist into a role, which is part of their familiar internal working model (Harris, 2004). The therapist must constantly examine his/her own personal reactions and responses in order to avoid getting

caught up in projective identification and "reliving (acting out) with them" (Harris, 2004, p. 253). Amini and Burke (1979) compare this to the ancient sirens' myth where the sailors cannot resist the pull of the siren songs: "The challenge is to hear the song their behavior presents without being drawn onto the rocks of punishing and rejecting them" (p.253). It is helpful for the therapist to adopt a view of the "client through the lens of a 'development skewed by circumstances', and not as a pathological symptom" (p. 20). For clients who have more difficulty with attendance and committing to group sessions, Riley (1999) states that, "trust is established by being attentive to the young client's resistance as a clue, and not dismissing the reasons they offer to avoid attending group and exposing themselves to additional trauma" (p. 76).

The therapeutic relationship within a group session is necessarily changed by the group dynamics. Yalom (1995) describes this phenomena as: "the group therapy analogue of the patient-therapist relationship in individual therapy must be a broader concept: it must encompass the patient's relationship not only to the group leader but to the other group members and group as a whole" (p. 48). Riley (1999) explains that although this perspective is ideal, it may not be realistic with an adolescent population, especially in short-term treatment. Group cohesion is progressive, and perhaps more challenging with adolescents, as Riley reminds us, "the client in adolescent group is focused on himself/herself above all other considerations" (p. 80), which is appropriate in this developmental stage. Moreover, group cohesion may be difficult to identify in an adolescent group, where it "is covert" and "is verified by behaviors not words" (p. 81).

**The Role of Art in Therapy with Adolescents**

*"…When I allowed myself to get beyond my own 'visual knowing' and move into the drawing as the client described it, I often was rewarded with valuable information,"*

Riley, 1999, p. 52

While the adolescent client is negotiating all the aspects of entering into therapy, art materials may be provided to ease the pressure of this new situation, and the therapist might start by suggesting an art activity to help facilitate connection and gradually build trust in the beginning phase of therapy (Miller, 2012; Riley, 1999). The artwork created at this stage of treatment can help the therapist evaluate the client's "attitude around self-exposure, and initial interest level in utilizing art for self-expression of thoughts, feelings, and experiences" (Miller, 2012, p. 244). The ongoing process of art making in therapy can help increase the adolescent's sense of safety and promotes resilience and self-efficacy through exercising skills such as problem solving and social interactions (Malchiodi, Steele, & Kuban, 2008; Riley, 1999). Furthermore, artistic expression is especially appropriate for adolescents, as this is considered to be an especially creative developmental period (Linesch, 1988; Miller, 2011). Miller (2011) also contends that:

> Creative expression becomes a natural choice for the adolescent, stimulated by tendencies toward magical thinking and narcissism, while trying to balance the challenging necessity for communicating strong emotions, thoughts, and experiences often fueled by isolation, withdrawn behavior, and unresolved confusion about the self, others, and the surrounding environment. (p. 247)

The image can be as explicit or subtle as the client wishes, and this will allow the adolescent to keep certain things private. Being able to express personal issues and

emotions at their own discretion, contributes to the adolescent often choosing art therapy over the traditional verbal methods of psychotherapy (Riley, 1999). Art making adds depth to the verbal psychotherapeutic process because "the image is of great significance in the symbolic representation of inner experience" (Case & Dalley, 2006, p. 4). According to Sims and Whynot, remaining on a metaphorical level for communication can aid the client's exploration of their personal narrative, allowing a broader range of expression than verbal language can provide, through an ongoing process (as cited in Riley, 1999, p. 43). Metaphors can be expressed through art making and communicated through imagery, and it is not necessary for the client and therapist to ever fully decipher their roots in reality. Meaningful discoveries and dialogues, sometimes inspired by experienced events and emotions, can emerge within the safety of the metaphor, but the risk of personal harm and exposure for the client is lowered, as he/she remains in control of the creative process.

The art created in a group setting needs to be treated with particular care, and the role of the art therapist is to reinforce mutual respect among members, and to monitor the risky situations as underlined by Riley (1999):

> Materials must never be thrown, artwork must never be ridiculed as not 'well done', interpretations of another person's art must be subject to their confirmation. Using another person's art upon which to project personal material is acceptable if so identified. Drawing over or destroying another member's art is not permissible, copying a member's product is framed as a compliment. Some of these behaviors are done in 'fun', this kind of fun is off limits. (p. 78)

The therapist treats the art products and materials with respect, which helps model this behavior for group members. When the group members are able to establish trust and understand each other's limits, artwork made in group settings can have meaning beyond individual purposes, as "drawings by peers are tangible evidence of group interest and support" (Riley, 1999, p. 94). Group members can also offer different perspectives through artwork, which can initiate a dialogue and lead to members sharing "alternate solutions" to individual problems.

## Chapter 5: Group Process and Structure

### Group Art Therapy with Adolescents

In Waller's (2012) description of interactive group therapy "the individual learns how his or her conscious or unconscious assumptions determine patterns of interactions and may have led to problems in relating" (p. 354). While remaining respectful of differences, each member exercises freedom of choice and is responsible for what they contribute to the group. In an art therapy group, this is an ongoing process, which occurs throughout discussions and communication through images (Riley, 1999). Feedback from the therapist and other members offer an immediate "here and now" response to behaviors, which may help provide awareness regarding individual styles of interaction (Waller, 2012, p. 354). Group members may

> fall into habitual patterns: being the one to suggest projects, withdrawing, moving away from the group to an isolated corner, disagreeing with whatever is suggested, quietly or not so quietly sabotaging the work, or being the peacemaker. (p. 356)

These characteristic tendencies inform the therapist as to what type of roles each member

may take in other social or interpersonal situations, and reflections may be gently made during the session, as long as highlighting these patterns could be therapeutically beneficial to the individual or group to as a whole.

When considering treatment in residential and community settings, group therapy is usually preferred as it is most cost-effective, and groups usually focus on skill building, often following a solution-focused approach (Richardson et al., 2012). This type of group can encourage the members to help each other, which could increase individual ability to find meaning as helpers, and increase self-esteem. If feelings of isolation are reduced and the group focuses on strengths, group members might also reduce their need for self-injury, especially if an adolescent was inclined to this behavior as a method of communicating distress and as reinforcement of outside criticism (Nock, 2009). Group art therapy has been specifically recognized as an appropriate approach for adolescents, as the group experience can offer opportunities for personal growth and identity development (Linesch, 1988; Richardson et al., 2012). Making art in the context of group therapy could facilitate the therapeutic process, as the members have the option to safely explore and communicate using nonverbal expression (Linesch, 1988, p. 135). According to Riley (1999), "group therapy takes advantage of one of the developmental needs of adolescence, peer grouping" (p. 66). Such a group could satisfy needs for belonging and support, and simultaneously implement art as an alternative way of coping.

**Group Structure**

When initiating an art therapy group, the frame and structure must be very clear, and members need to understand the purpose of this group. Case and Dalley (2006) refer to Schaverien's contention that, "by placing boundaries around the sessions in terms of

time and place, a sense of safety, confidentiality and trust is created, allowing the therapeutic relationship to develop" (p. 4). Waller (2012) suggests general guidelines for organizing the therapeutic space for an art therapy group, starting with referring to the institution for available times and duration sessions. Waller recommends up to two hours for an adolescent art therapy group, and Riley (1999) indicates that an hour and a half is usually sufficient since dialogue tends to happen naturally throughout the art making process. Ideally, an art therapy group should last longer than a talk therapy group because the allotted time must accommodate the art making process, use of materials, group processing of art products and termination of the session (Waller, 2012, p. 356). Waller emphasizes the implementation of "simple rules, such as coming on time, staying for the period of the group, engaging in the process, and not damaging self, others, or others' artwork" (p. 356). Although setting rules is imperative, Riley underlines the importance of including the adolescent group members to establish these: "the fewer the rules the therapist demands, and the more she takes the group into the decision-making process of the group structure, the more open the adolescent is to accepting these restrictions" (p.78). The group can also decide together whether they would like the art making time to be silent (Liebmann, 2012).

Predictability and a sense of order in the therapeutic environment will also influence the clients' engagement and trust in the therapeutic process, as the art therapy sessions may be one of the only places in which they find the comfort of consistency (Riley, 1999, p. 57). Having the same set of materials to look forward to every session is a detail that is noticeable to the adolescent client. Riley has provided a limited list of materials which are typically preferred by adolescents, including "a basket of broad

tipped felt pens, a basket of oil pastels, a basket of collage pictures (cut out) and accompanied by glue stick and scissors," (p. 58). She also adds that plasticine is often another favorite, and that drawing paper should be available in a large roll, so it can be cut into the desired size. The group members must be made aware that their art is kept in a safe place and a storage place reserved for the artwork and materials (Case & Dalley, 2006; Waller, 2012). Keeping artwork safe is part of maintaining confidentiality, and Riley (1999) suggests that, "to avoid difficulties with reporting and issues of risk, the limits of confidentiality must be clarified from the beginning of group" (p. 77). If any artwork or session content is to be shared with outside sources, the adolescent client's permission is required, and the only exception for a confidentiality breech is when it is justified for the client's protection. Respecting and enforcing group guidelines helps provide a feeling of safety for all members, which will enable the members to begin to feel comfortable in this context and make way for self-expression and to focus on group goals.

## Chapter 6: Therapeutic Framework

### Solution-focused Approach

Being that adolescents might feel pressured or forced into therapy, a solution-focused approach can be effective as a short-term intervention, in which the adolescent client may assume more responsibility for change (Riley, 1999). It is an approach that encourages clients to assess their present situation, acknowledge the past, but ultimately engages them to take control of their future. Techniques include finding "exceptions to the rule of the problem", where the client is encouraged to identify moments in the past, when their situation was better, or at the very least, not as bad (Riley, 1999, p. 244). This

allows the client to see a glimpse of potential for things to be better, and the client can be encouraged to remember what their resources and solutions were in those moments. The client can determine whether these can be used in the present, and increase the client's belief that change is possible in the future. The immediacy of the solution-focused approach lends itself well to unstable settings where clients come and go, as each intervention/session can stand alone, even though the focus may be a small objective of a longer-term goal (Riley, 1999).

The solution-focused approach can be used in a group context, as each member can contribute answers and solutions can be shared and created, which enhances the repertoire of possibilities for all members. Matto, Corcoran and Fassler (2003) highlight the compatibility of a solution-focused approach with art therapy, in the context of substance abuse treatment programs. The artwork and metaphors contained in the image helps safely externalize the problem, and the solution-focused approach is integrated through the use of verbal processing methods, including reframing, which the therapist can use to point out strengths, that otherwise may not be perceived by the client (Matto, et al., 2003; Riley, 1999). This combined therapeutic practice encourages clients to modify artwork, which facilitates tangible reworking of problems.

**Themes**

There are varying opinions regarding the use of a set theme in an art therapy group (Liebmann, 2012, p. 368). Liebmann (2012) highlights the circumstances in which a theme may be appropriate, explaining that "the choice of approach may depend on the client group, the purpose of the group, the time available, and the preferred style of the therapist" (p. 370). A theme may benefit group process by increasing group cohesion, and

it is especially appropriate for short-term treatment as a theme may help members focus on goals (pp. 369-370). The group members may speak in terms of common issues or observed problems that may need solving, rather than specific self-disclosures (Riley, 1999). Experiencing a safe distance from the issues discussed may alleviate fears of judgment by others. This process can be beneficial for fostering a sense of expertise in the clients involved, as they come together to explore and discuss topics from a "once removed" perspective (Riley, 1999, p. 44). Instead of focusing on each member's personal complaints or issues, which may be intimidating to share in a group, the members are encouraged to contribute coping strategies and strive towards an overall increase in their quality of life. The theme and art directives must be offered as a suggestion, which can be helpful for members who feel anxiety regarding what to make, but the theme should be open enough for members not to feel as though they are completing an assignment or being told what to do (Riley, 1999). The therapist needs to be tolerant of clients who choose to wander outside of the designated theme, as long as the content of their artwork is not disrespecting the group guidelines, which, for the safety of the group, were established at the beginning of treatment (Liebmann, 2012; Riley, 1999).

> However themes are chosen, whether by therapists or clients or both, it is important to choose a theme that has enough breadth to be worked with on many levels, allowing group members to disclose as much or as little of themselves as they wish, and allowing a wide variety of painting and drawing styles, including figurative, abstract, painted, drawn, three-dimensional, and so on. (Liebmann, 2012, p. 372)

**Self-care theme**

The theme of self-care implies the ability to take care of one's own basic needs such as hygiene, shelter and feeding oneself. Although these basics are fundamental to one's survival and can be included in group discussions, the particular focus here is towards gaining an awareness of and nurturing more complex emotional and individual needs, while taking into consideration the interference of peer pressures, societal and family expectations. The overarching goal is gaining an awareness of when and how these needs may manifest in the body and mind. Healthy ways of coping and self-expression will be explored with the aim of increasing overall wellbeing, both individually and as a group. Self-care is a term which is very often used in referring to professionals such as nurses, doctors, therapists or caretakers who spend their days looking after other people and may become neglectful of their own needs (Ellis, 2000; Kottler, 1999; Skovholt, 2001; Williams & Sommer, 1995). There is a growing awareness regarding this lack of self-care, which explains the growing body of literature and available programs oriented towards increasing self-care practices.

During adolescence, while searching for individuality and identity, the adolescent's society roles can seem ambiguous or confusing. Impulsive behaviors are more common and actions are often driven by peer influence. It is a natural tendency to push away the nurturing caregivers, which can easily leave one to care for his/her self, sometimes for the first time. This is why I am borrowing the term self-care and applying it to an adolescent population who might be having difficulty remaining attuned to their own fundamental needs as environmental and societal pressures can become overwhelming. Furthermore, I am employing self-care in the context of Turp's (2002)

continuum, which is a way of looking at progressively improving self-care, as opposed to expecting a complete and abrupt elimination of self-harming behavior.

**Mindfulness**

> *"Instead of being on automatic and mindless, mindfulness helps us awaken, and by reflecting on the mind, we are enabled to make choices and thus change becomes possible."*
>
> Siegel, 2007, p. 5

Siegel (2007) introduces the universal need for mindfulness as we are currently living "in a world where human beings are ever more distant from human interactions that our brains have evolved to require—yet are no longer part of our inherent educational and social systems" (p. xv). We are in a rapidly evolving culture in which human connection is increasingly lacking and adolescents are growing up in a fast-paced society driven by technology, which will have consequences:

> The adaptations to such a way of life often leaves youth accustomed to high levels of stimulus-bound attention, flitting from one activity to another, with little time for self-reflection or interpersonal connection of the direct, face-to-face sort that the brain needs for proper development. (Siegel, 2007, p. 4)

This can be alarming if we consider that human connection is fundamental to development due to "the self-regulatory functions of focused attention" (p. xiv). Siegel describes mindful awareness as more than acquiring the skill of purposeful attention. He suggests an understanding of mindfulness, which involves "interpersonal attunement" to another's inner world, such as when developing child learns to self-sooth through caregiver responses and mirroring (p. xiii-xiv). Siegel summarizes the neurological

underpinnings of this process and the involvement of mirror neurons in social interaction: "At a neural level, we embed in our brains not just what we physically see, but the mental intention we imagine is going on in someone else's mind," (p. 166). Exercising the synchronous connections required for 'tuning in' to someone else's mind enables us to become more aware of our own internal states. This implies important advances in explaining the processes of empathy. When attunement with another is successful, then "emotional resonance" can be experienced, which "allows us to feel felt by another person" (p.167). Just as parental attunement in childhood development has been related to individual attachment tendencies (Siegel, 2007), these mechanisms may be exploited in group therapy, by including elements of mindful awareness.

> Siegel (2007) underlines the benefits that have been correlated mindfulness: Studies have shown that specific applications of mindful awareness improve the capacity to regulate emotion, to combat emotional dysfunction, to improve patterns of thinking, and to reduce negative mindsets. (p. 6)

There are many different uses and various applications of mindfulness. For example, it is used in contemplative practices such as meditation techniques and religious teachings (Siegel, 2007). Other applications of a mindful approach include its contribution to methods of teaching in education and in therapeutic practices, and each may have a particular way of applying and defining mindfulness (Shapiro, 2009; Siegel, 2007).

Siegel (2007) described the neurological processes and the neuroplasticity involved in increasing mindful awareness, as with practice, it can go from "effortful and in awareness to effortless," as though starting off as a "state" and turning into a "trait" (p. 118). This means that the benefits of being more mindful may become easier to attain

over time, if mindfulness becomes a habit.

## Chapter 7: Considerations for Group Implementation

Establishing trust with teenage girls is no easy task, but keeping an open mind and being transparent helps the therapist navigate through the group members' often unpredictable moods (Riley, 1999). To run a group with this population, the art therapist must become familiar with the trend of self-harming behaviors, and to learn about related issues such as suicidal ideation and past abuse. Being mindful of the surroundings in order to become familiar with the setting and the prevalent problematic behaviors will help prepare the therapist for the implementation of a group. Following Washburn et al. (2012) compilation of treatment recommendations derived from current experts in the field of self-injury, it has been strongly suggested for groups to include skills training related to communication, problem solving, emotional regulation, interpersonal skills, and self-care (focused on body image) (p. 5). These recommendations are suitable to integrate into an art therapy group, with the art making element serving to enhance and initiate opportunities for communication and expression (Riley, 1999). When running a group in a setting where occurrences of self-injurious behavior is highly prevalent, limits need to be placed on what is appropriate information to share in the group. Stories and images can act as triggers for fellow group members, therefore it is counterproductive to encourage members to share explicit details regarding issues such as their self-injury routines (Richardson et al., 2012). It is important to clearly define these boundaries, as this intervention is designed to be a healing group where healthy coping and communication strategies are shared and created.

Paying attention to materials is also a fundamental safety consideration, especially

when beginning work with new clients, as we may never know them as well as we assume, and it is much safer to be too careful. It may be useful to verify with residential staff about any restrictions regarding materials, especially regarding sharp items like scissors, sharpeners and staplers. Regardless of specific restrictions, all materials must be counted before and after sessions to make sure nothing goes missing. If clients have questions regarding what is available to them, such as if materials are restricted due to high risk of self-harm, it is possible to approach these issues with honesty and tact, and remain consistent with the institutional guidelines. It is natural for adolescents to test boundaries, while the therapist's job is to maintain consistency and safety in the therapeutic space. In her practice with adolescents, Riley's (1999) experiences these challenging encounters as feeling "worthy of being tested" by her adolescent clients (p. 52). Ultimately, it is whether we interpret these situations as opportunities that will determine the tone of the group.

Having a short-term, solution-focused approach is useful, as clients don't always know how long they will attend a group and decisions outside of their control can affect their ability to attend without prior warning (Riley & Malchiodi, 2012). Using a short-term solution-focused approach is ideal in a setting where new members may join at any point, as each planned session can potentially stand alone as a one-time intervention. While the activities consistently revolve around the common theme of self-care, and a new directive is suggested each week, a new member or one who missed a few sessions would not be left to feel as if they missed out. I believe that the repetition and consistency in the schedule, which includes rituals, art making and discussion periods can help provide a safe and protected space for all members.

## Chapter 8: Self-care Art Therapy Group

*"Through drawings and other media, teenagers have the opportunity to use a different, yet natural vehicle of communication that can become a catalyst for change"*

Oster, 1999, p. 7

The suggested art therapy intervention is a six-week program, which would consist of one session per week, each lasting an hour and a half. The sessions are structured with time allotted for activities and group discussion periods although these are flexible, and often modified by collective agreement during sessions. The first fifteen minutes can be taken for settling in, and the therapist may choose to introduce a check-in ritual and members can optionally share journal entries. In the first session, the group must be introduced to the theme of self-care and creative expression as a modality for exploring related themes. In each session, the main art activity will take up the majority of the time, although this may vary depending on how much time is needed for clean-up, and whether the group is making art in relative silence or if they engage in discussions throughout the process. If the group is having discussions throughout art making, they may not need as much time for a discussion period to share their thoughts and artwork. These times can also be adjusted with suggestions from the group, as long as the schedule remains consistent throughout treatment. Following the main art activity and discussion period, a short ending ritual can help provide closure and facilitate transition out of the therapeutic space.

In the first session, group members can be provided with notebooks which are presented as journals, which they can use to record situations during the week, when they have intentionally taken a "self-care" moment (examples: took a bath, made some art,

took a breathing break). The concept of journaling is suitable for adolescents, as it is consistent with their tendency to seek privacy and separation from adult authority figures (Riley, 1999). Each member is given a small notebook with the choice of blank or lined pages, and some may be more interested in using it as a sketchbook rather than using words. Each week, after the opening ritual, members can be encouraged to share something that they noted in their journal, and have the opportunity to take notes or sketch from other members' self-care ideas. The journals can help members focus on some of the following objectives: increase awareness regarding daily self-care needs and finding creative ways to fulfill them; identifying and recording moments when self-care would be beneficial (feeling stressed, coping with difficult life events, overall adjusting to challenging group home life); overall integration of self-care practice and creating new habits in everyday routine.

The directives suggested for this group are designed in support of self-care related objectives, which can include: finding positive ways to self-regulate emotions in order to gain a sense of control and mastery; incorporating self-care into daily life, exploring personal preferences and sharing positive experiences; artistic self-expression and creative exploration; and an overall increased sense of belonging within the peer group. The theme of each session can also be adapted to issues that come up in session, and the art therapist may modify the focus of discussions and activities depending on the current needs of the group. The sampling of art activities and rituals offered here are by no means prescriptive, so they can be modified at the discretion of the therapist and may be adapted to different situations and clientele. Providing activities that cover a range of techniques and a variety of materials, while keeping the tasks achievable, would enable the clients to

discover their personal preferences.

**Rituals and Mindfulness Exercises**

Group members come into the session with individual stressors and daily occurrences that directly affect their mood. A grounding activity could help bring members together to create a distinct shift from their life outside of therapy, and into the present therapeutic space. Rituals are known to improve social connection, which is especially crucial in the context of Siegel's (2007) concern for today's adolescent's lack of connection due to over-stimulation and technology, which "leaves people constantly *doing*, with no space to breathe and just *be*" (p. 4). The ritual is a very simple, mindful task which promotes a focus on the *here and now*. Opening and closing the sessions with a ritual can also be a simple way to provide consistency and predictability in the group therapy environment, and to facilitate a transition into and out of the space. The ritual may be modified slightly every time to keep the interest of the group members, but the concept remains the same, so that the members still know what to expect.

**Examples of Mindfulness Exercises and Rituals**

**Grounding centerpiece.**

***Objectives.*** Transition into therapeutic space; connection with other group members.

***Description.*** A centerpiece is placed in the middle of the shared table, which consists of a container holding the weekly objects. The objects for clients to select from can be inspired by the grounding metaphor and include items found in nature like feathers, rocks, seashells, acorns, blowing bubbles, dried lavender or flowers. These objects can be different every week, and they may be relevant to each session's planned

activity. For example, using a tray filled with a small collection of rocks, briefly point out that the rocks are all unique, so each person chooses the one that attracts them. Each adolescent chooses a rock and holds it while taking turns sharing one thing that they wanted to leave outside of the room, for the duration of the session. Worries or negative thoughts can be suggested as things that they may want to metaphorically rid themselves of for the full hour and a half of session time. Mindfulness is involved, as each member must come into the present and check into their current state. The centerpiece items can also promote a focused attention, such as the container filled with feathers, which will fly out if the tray if passed around too quickly. New members can be taught how to participate by returning members, and the activity must be simple enough for everyone to understand. The closing ritual may be similar, for example, the group members can be asked to take turns to share something positive that they wanted to keep with them from the session, like a good feeling or something learned. As the weeks progress, the rituals become a natural part of the process and some members responses may become increasingly thoughtful and creative. The group can also initiate some rituals together as the members exercise their roles as partners in the planning of future sessions.

**Blooming tea.**

***Objectives.*** Collective attunement to a new experience; Mindful awareness.

***Description.*** The group members are invited to sit around the table and focus on a glass teapot, as a tea bundle is dropped into the empty kettle. The members are asked to attune to this event and let go of any other passing thoughts. The freshly boiled water is poured into the glass teapot, and the tea flower slowly blooms in front of their eyes. This is done in silence and is meant to be calming experience, although the therapist should be

a quiet observer and remain aware of individual reactions. Blooming tea can serve as a concrete introduction to mindful awareness, and can easily embody a metaphor for change and growth. Once the tea has bloomed, discussions surrounding the rich metaphors that can arise from this shared experience can be encouraged as members sip the tea (make sure to get authorization from the institution, especially for younger age-groups). Depending on the setting and population, the members may have never seen anything like this process, which can appear quite magical.

**Hidden objects.**

***Objective.*** Self-regulation; focused sensory attention; Getting in touch with the body.

***Description.*** This is a simple exercise involving mindfulness through the sense of touch. Paper bags are filled with random items with varying textures such as feathers, cotton balls, and any interesting shaped small object such as animal figurines. The members are invited to choose a paper bag, each containing 2 items that preferably have contrasting textures. This can be a great opening for an art activity as the art therapist may suggest drawing from touch, either guessing what the chosen item looks like or something inspired by the sensation and visual deprivation. According to Hinz (2009), the healing functions associated with a sensory exploration of objects through touch can "enhance awareness of other senses" and can "increase depth and dimension to experiences" (p. 77). This type of activity may be well suited for individuals who are "so caught up with cognition that he or she has lost the ability to feel sensations and emotions" (p. 68). For these reasons, Steele emphasizes that sensory activities should be

monitored by the therapist, so that clients are empowered and not "retraumatized" (as cited in Hinz, 2009, p. 68).

Being deprived of sight might be frustrating for some members, so giving a short timeframe for this activity can help turn this task into a fun challenge. For example, ask the members if they think they can resist not looking in the bag for one minute, but it is up to them what they choose to do. Since all the items are different, the surprise is not ruined for other members who don't want to look right away. Discussions surrounding the frustration of not being able to see in the bag and the self-control required should be encouraged, and members who had less difficulty without seeing can share their perspectives as well. Since the discussion is only relating to the current activity, members are discussing their emotions without needing to relate specifically to personal issues. During the continuation of this session, it may be interesting to offer tactile materials to work with (e.g clays, plasticine, play-doh, sand and sculpting materials), and more drawing materials, as the touch exercise may inspire some to continue working with any of these media.

**Art Activities**

**Self-box.**

***Objectives.*** Exploring identity; Representing the individual in the group environment; Preserving the self in a group of peers

***Materials.*** Blank boxes of different sizes or recycled boxes, basic art supplies including paints, pencils, markers, and pre-cut collage images

Description: Each member creates a self-box, and the suggestion is to symbolically represent the inside and outside of the self, or simply decorate the box as they please.

Although this is a group experience, the self-box activity is meant to encourage individual expression and provide containment for the personal process. The box can be used throughout the sessions, to collect words, images and objects that they would like to keep, such as the object gathered during the opening ritual. Keeping this box can provide a consistent safe space and optional art project to continue as an alternative to the weekly activity. The materials provided should offer enough of a variety without being too overwhelming. When working with adolescents, especially at the very beginning, Miller (2012) suggests offering pre-cut images among the basic provision of materials: "The collection of collage material reflects a diverse representation of images that adolescents relate to and utilize as metaphor," (p. 243). Pre-existing images ease the pressure to perform artistically in a group of peers, and having the images pre-cut makes them a lot more accessible, while the distraction of hunting though magazines is avoided. The self-box is a type of self-portrait, perhaps more intentionally abstract. According to Hinz (2009), the self-portrait can encourage clients to explore "hidden parts of the self" and can lead to the "integration of all parts of self," resulting in resolution of inner conflicts (p. 168). In this perspective, modifying the self-box over time can be a way of symbolizing growth and evolution within the group, as well as gathering skills and memories from the group experience.

**Painting to music.**

***Objectives.*** Self-regulation and labeling of emotions; Gaining a sense of control and mastery; Music matching inner rhythm as a healing function (Hinz, 2009, p. 57)

***Materials.*** Watered down gouache or acrylic paints—pre-portioned, different sizes of watercolor paper, paintbrushes, string and feathers

***Description.*** This exercise is a creative exploration through the senses, through an activity involving painting to music. The music can vary but classical/ballet music may be best suited for this activity due to its continuous flow and harmony, which can promote relaxation (Hinz 2009, p. 57). It would be best to stay away from popular music or anything with lyrics to avoid distractions regarding preference and to avoid disagreements. Providing alternatives to paintbrushes can make this a playful but challenging experience as string and feathers are more difficult to control than a paintbrush. Discussions can focus on the experience of having music and rhythm as a guide and emotions that may be evoked throughout this experience (Hinz, 2009, p. 121).

If clients used string or feathers as a painting tool, they may want to share their experience with the group, as it can take a fair amount of self-control to get the hang of it without giving in to frustration, as the strokes are more random than with a paintbrush. That said, getting into the rhythm of the music and the results of giving-in to unpredictability can be exciting to see in the final image. Using the string or feathers also helps the client remain in an abstract expression, which may provide "reflective distance" as emotions can be safely embedded in the image and only discussed at the discretion of each client, from a once removed perspective (Hinz, 2009, p. 121). This activity can also become very kinesthetic as some clients may flick the liquid paint and having a larger paper allows for bigger motions as the rhythm is felt. The paint is very fluid but the chosen painting tool can be hard to manipulate and create a resistance, which enhances the kinesthetic experience and "increases the release of energy" (Hinz, 2009, p. 43). This release of energy can have different effects depending on the client, as some may feel a relief of tension, and others may feel agitated by this kinesthetic activity (Hinz, 2009).

The art therapist is an observer and is available to respond if ever clients are feeling uncomfortable or overwhelmed during this session. If strong reactions are triggered, the art therapist must evaluate whether to continue or end the activity, and decide whether to process the experience as a group.

**Dream-catcher.**

***Objectives.*** Exploring the role of symbolism and meaning-making related to self-care; Gaining a sense of mastery and problem solving skills through a more directive art making task

***Materials.*** Basic dream-catcher kits from a crafts store, extra feathers and beads

***Description.*** The purpose of this activity is to learn about the meanings that can be symbolized in artwork, with the dream-catcher as an example of an art object that can hold symbolic healing powers. The circle is prevalent in American Indian cultures, often "representing wholeness, enhancing communication, promoting equality, mirroring the roundness and symmetry of our spirits, and reflecting the natural cycle" (Robbins, 2001, p. 52). The story of the dream-catcher has a few different versions, and its origin may or may not be genuinely from native cultures (Robbins, 2001). Regardless, the main message and significance is it's function of symbolically warding off bad dreams, and harnessing good dreams to enable a good night's sleep (Jenkins, 2004; Robbins, 2001). A version of the dream-catcher's story can be read to the group as an introduction to this activity, and members can be encouraged to share other versions if they know them. This task may be more difficult for those who have difficulty with reading and following instructions, but if the group is supportive, these members can benefit from following through and exercising cognitive skills such as working memory and executive functions

involved in following multiple steps (Hinz, 2009, p. 143). As all art directives in this group, members can also choose to make something else, and in this case, could keep the kit to take home. The group members can be encouraged to help each other throughout the session, making this a perfect opportunity group problem-solving strategies and foster a supportive community. Discussions can relate to logistics as some may have had difficulty following instructions, and members who were helped and their helpers can describe the experience. The group can also be asked to share any new meanings they've given to specific elements, for example, reasons for choosing specific beads and feathers. Although artwork is usually kept safely in the art room until the end of treatment, this piece may be an exception as members may want to try them out as soon as possible, which could be consistent with self-care goals. The group can also feel privileged to receive such an exception to the rule, and this exception must be clarified so as to avoid members requesting to bring everything home right away.

**Spa day.**

***Objectives.*** Increase sense of belonging within the peer group; Incorporating self-care into daily life; Exploring personal preferences and sharing positive experiences

***Description.*** Self-care is explored in a more literal sense, taking care of the body and indulging in soothing sensation. Activity options are provided at the beginning, and the group members will share the available products, which can include, nail polish, scented hand creams, and facial masks. Girls are encouraged to help each other and get into pairs if they want to. Depending on the comfort level of the group, this activity may or may not be suitable, which is why it is recommended to use only when a level of trust has developed within the group. Art activities can be included, such as DIY lip-gloss or

bath salts from simple online recipes, and creating unique decorative packaging. Prior to the spa day, the group members may be encouraged to come up with simple recipes for DIY beauty products and the art therapist can help assess the feasibility of each suggestion.

## Conclusion

Being mindful of the potential consequences of self-injurious acts and the dangers of social contagion is essential for the development of appropriate services for adolescent girls who are at risk of self-harm. The present self-care themed art therapy group intervention created for this clientele could be integrated into residential settings, providing a therapeutic space where positive coping strategies are explored and created, with the aim of counteracting the effects of peer influence, and therefore reducing the risk of self-injury. Since this group intervention focuses on increasing wellbeing and sharing potential solutions among participants, the theme of self-care can be adapted to many other populations and settings in need of reconnection with the self-care needs and finding a supportive community. Areas for future research can focus on self-care through art therapy with, populations such as, teen mothers, adolescent boys, various age groups suffering from depression and any groups suffering from burnout regardless of cause. Since only a sample of art activities were suggested here, more art activities and related themes could be developed and adjusted for the target clientele. Further research is needed to complete step two of this art therapy intervention, which would include efficacy studies that are required in order to verify the feasibility of this model in practice. Following Fraser and Galinsky's (2010) five-step model, the last three steps to follow would be to: refine and confirm through efficacy tests, test the effectiveness of

intervention in practice settings and then to finally disseminate the program findings and materials (p. 463). It is my hope that this paper serves to inspire other art therapists to use the theme of self-care in art therapy with adolescent girls who self-harm, and to contribute to the development of this group intervention model.

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