

Art Therapy and CBT-based clinical workshops to enhance resilience in children, families, and caregivers



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Abstract

Background: This article examines the development of clinical interventions in the form of Art Therapy and Cognitive-behavior Therapy-based workshops for children, families, and caregivers.

Objectives: To enhance resilience in the subject population and professional staff via the administration of psychoeducational and practical, skill-based creative activities, and subsequent surveys.

Method: Clinical supervision of CBT-based psychoeducational and art therapy-based activities with professional caregivers and data collection. The project is structured on three main phases: a) Development of the theoretical framework and the practical application of concepts and skills in the workshop series; b) Conduction of two Workshops with caregiver staff at the selected Family Room with focus on provided education, support, and connection for parents and promoted physical, social, emotional and linguistic development in children; c) Examination of the results of staff-administered surveys and questionnaires pre- and post- sessions to monitor perceived experiential changes in theoretical background, learning perspectives, and practical application of the concepts discussed during each workshop.

Results: The examination of the data collected suggested a strong support for the implementation of Art and CBT-based intervention in the given population, and the need for further education in the areas of Art Therapy and CBT-informed Psychotherapy for both professionals, children, and families.

Keywords: Psychology, Psychiatry, Psychotherapy, Child Development, Human Growth, Art Therapy

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Introduction

The scientific literature on the importance of implementing multiple therapeutic modalities in the effort to better understand, support, nurture, and motivate children in their bio-psycho-social development is clear on the need of utilizing skills drawn upon standard psychotherapy frameworks such as cognitive behavior therapy in conjunction with a more inclusive, diversified, and holistic perspective on integrative clinical modalities (Dionigi & Gremigni, 2017; Porada, Sammut, & Milburn, 2018; Tomasi, 2020a; Coholic, Schinke, Oghene, Dano, Jago, MMcAlister, & Grynspar, 2020). In this context, the authors of this article, in conjunction with the Vermont Center for Children, Youth and Families (VCCYF) at the University of Vermont Larner College of Medicine (LCOM), worked on the development of Art Therapy and CBT-based clinical workshops to enhance resilience in children, families, and caregivers. The “Building Resilience Workshop” project was thus introduced as part of VCCYF presentations and subsequent clinical meetings between October 2021 and April 2021. The focus of this project was clinical supervision of CBT-based psychoeducational and art therapy-based activities with professional caregivers, including therapist, physicians, social workers, teacher, counselors, and other child caregiving staff, in conjunction with survey-based data collection. The project was structured on three main phases: a) Development of the theoretical framework and the practical application of concepts and skills in the workshop series; b) Conduction of two Workshops with caregiver staff at the selected Family Room with focus on provided education, support,

and connection for parents and promoted physical, social, emotional and linguistic development in children; c) Examination of the results of staff-administered surveys and questionnaires pre- and post- sessions to monitor perceived experiential changes in theoretical background, learning perspectives, and practical application of the concepts discussed during each workshop.

Methods and Structure

As part of the workshop and clinical intervention- development, two separate research target groups were identified. In the first group (Group 1), subjects were professional caregivers and family members operating and interacting in the “Janet S. Munt Family Room” in Burlington, VT (USA). This is a “parent child center providing programs that are accessible to all and flexible enough to meet the needs of our changing community (to) support connection for parents and families, provide education, promote physical, social, emotional, and linguistic development in children, and nurture a vibrant and diverse community” (J.S. Munt Family Room, 2022). The second group (Group 2) was structured on clinical referrals, and was created to provide the theoretical framework to develop the workshop to better target the subject population, both from a strictly psychotherapeutic and bio-psycho-social-development perspective, and from the perspective of inclusive integration in the community. More specifically, the research team members were looking for kids who are (at the time of future clinical intervention on the basis of the experiential values and the data collected in this research project) already have a therapist and that are not

high acuity. The target population is represented by an initial cohort of 10 subjects per rotation, more specifically middle-school-age kids through 12-17-year-old individuals. In the clinical workshops thus developed and planned for future interventions (possibly starting in the Fall of 2022), children' parents should expect to be present for the first and last session. They will be provided with syllabus for the curriculum and will participate in the final activity as participants share some of what they learn. The commitment is for 6 weekly sessions that will take place in-person at the University of Vermont Medical Center UHC from 6:00 PM through 7:30 PM. All art materials are free (provided by the research team) and participants will end the workshop with their own personalized coping kit.

This article discusses both the theoretical aspects and the considerations around the study design behind the development of the Art Therapy and CBT-based interventions with children and families (Group 2) and the direct observation of the experience, over the course of two workshops, with the caregiver staff and families at the Janet S. Munt Family Room, held in March and April 2022. The questionnaires developed for the project are shown in Fig. 1 and 2, respectively.

Fig. 1. Group 2 (Children and Families) Art/CBT Therapy Survey - Participant

Fig. 2. Group 1 (Caregivers and Families) Art/CBT Therapy Survey - Caregiver

More specifically, these initial surveys focused primarily on the theoretical understanding of the philosophical and practical frameworks of cognitive behavior therapy (CBT) and Art Therapy, with an added reference to the perceived usefulness and helpful application of the above in the context of therapeutic interventions. Among the questions listed in the questionnaires, the researchers included:

1. *What is therapy?*
2. *What are coping skills?*
3. *What is a behavior?*
4. *What is a thought?*
5. *What is an emotion?*
- 6a. *(Group 2) What do you feel you need to work on? VS. 6b (Group 1) What do you feel your child needs to work on?*

These open-ended questions were accompanied by two more questions on a 1-5 Likert scale with the values “Strongly Disagree, Disagree, Neither agree nor disagree, Agree, and Strongly Agree” to answer:

- 7a. *(Group 2) Therapy has helped me VS. 7b (Group 1) Therapy has helped my child,*
- and 8a *(Group 2) I can use coping skills to feel calm VS 8b (Group 1) My child can use coping skills to feel calm.*

These Two surveys were constructed as an integrative part to the therapeutic 6 weekly sessions program to be implemented in Fall 2022. Another survey was created and administered as part of the research discussed in this article, during the April workshops at the Janet Munt Family Room. This survey and the analysis of the results will be discussed in the section “Family Room Workshops and Survey Results.”

Study Design and Outcome Measures in Art Therapy for Children

To better understand the research presented in this article, and the parameters utilized by the researchers to develop both the theoretical framework behind the project proposal, the delivery of psychoeducational and experiential workshops to the caregiver staff and the Family room, and the implementation of the learned skills via shared discussion and surveys, it is important to review the basic of the current research in art therapy in the context of psychotherapeutic and medical interventions for children and adolescents. Art therapy has been used with success with children and adolescents for a variety of physical, behavioral, and mental health conditions. Art therapy may be particularly useful for children and adolescents with mental health disorders or for whom it may be difficult to communicate as it provides a means to explore difficult topics, thoughts, and/or feelings without having to verbalize (Braito et al., 2021). The types of mediums (e.g., self-directed drawing, mandala creation, dramatic play, creation of sock puppets) and primary outcomes vary (e.g., decreased perceptions of pain, reduced anxiety and depressive symptoms, or improvements in self-resilience or hope) but all seek to ease suffering in vulnerable populations through self-expression. A cursory review of the literature on the use of art therapy for children with clinical problems revealed a variety of study designs and outcome measures. Three studies performed in hospital settings

executed randomized controlled trials (Abdulah & Abdulla, 2018; Chapman et al., 2001; Stinley et al., 2015). The most frequently utilized study design found in this review was a quasi-experimental repeated measures design. Some of these studies included a control or wait-listed control group (Amjad & Jami, 2020; D. Coholic et al., 2020; Siegel et al., 2016) while the majority did not (Dionigi & Gremigni, 2017; Hartz & Thick, 2005; Lock et al., 2018; Ness et al., 2021). These studies relied heavily on self or parent-reported questionnaires and/or observational checklists for outcome measures. Only one study measured objective biophysical data in the form of blood saturation levels (Stinley et al., 2015) in addition to a self-report questionnaire. Qualitative or mixed methods studies add another important type of data that cannot be extracted through numbers alone to understand the child’s experience in art therapy. A cluster of studies in this review carried out qualitative or mixed methods studies to meet this need. Qualitative data analysis strategies included grounded theory (Lee, 2013), interpretative thematic analysis coupled with a “composite vignette” (D. A. Coholic & Eys, 2016), and an unnamed theory developed by Morse & Field (1996) that relied heavily on the clinician’s interpretation and cultural understand to analyze the artwork produced (Wikström, 2005). In another study by Coholic (2020), interpretative thematic analysis was used in addition to self-report questionnaires of resiliency (i.e., Piers-Harris Children’s Self-Concept Scale and the Resiliency Scales for Children and Adolescents) in a mixed methods design. Gatta et al. (2014) utilized the clinician-rated Group Climate Questionnaire to take pre-post measures in a single group design in addition to narrative analysis of individual works of art created in the therapy group. A closer search into Jungian-specific approaches with children yielded five studies; although, it can be inferred that many of the aforementioned studies are grounded in Jungian thought. Three studies employed a case-study design (Addison,

1999; Green et al., 2013; Walsh, D., & Allan, J., 1994). Green et al. (2013) created a clinical vignette based on the author's interpretations of the client's art and verbal statements about their mandala. Walsh & Allan (1994) followed a similar approach in describing the artwork produced by each client in the study. Addison (1999) administered the Culture Free Self-Esteem Inventory, Revised Manifest Anxiety scale, and the Communication Attitudes Scale to assess the psychosocial and communication impacts of Jungian sandplay therapy in adolescents who stutter for pre-post- measures. The primary investigator also took a subjective measure of the percentage of syllables stuttered before and after the course of treatment.

Family Room Workshops: General Overview

The two-workshop series at the center of this project was structured as follows:

- Workshop #1 (Group 1)
- Welcome: VCCYF + introductions – Dr. Bailey
- Set the agenda for the meeting + Survey / Syllabus – Dr. Tomasi
- Mindfulness Exercise – Dr. Shah
- Cognitive Triangle examples/theory – Dr. Mehta
- Experience: Glitter timer - together
- Art Therapy examples/theory - together
- Wrap-up / clean-up - together

Workshop #2 (Group 1)

- Welcome: Reflection + Survey – Drs. Bailey, Mehta, Tomasi
- Set the agenda for the meeting + Syllabus – Dr. Tomasi
- Mindful noticing of an object in pairs - Dr. Mehta
- Brainstorming - interested in moving forward with some ideas? - together
- Another art activity? Gradient emotion scale - together

- Wrap-up / clean-up - together

In each workshop a specific amount of time has been dedicated to the understanding, practical experience, and reflection upon the skills practiced together. More specifically, subjects had the chance to learn how to utilize mindfulness via body scan exercises, meditation (freeze/melt practice) and the creation of artistic media items such as the glitter jar and the coping kit box. For the latter, a general overview was incorporated in the workshop, with the intent to best inform the participant on the nature, scope, and structure of the box, to guide children in future therapeutic experiences, in order to build and manage their own box. Each participant, caregiver, and parent received an information package with General Syllabus, Weekly Schedule, and Parents' Guide, as outlined below:

Syllabus

Welcome to the Building Resilience workshop series where you will be developing your own customized coping kit! A coping kit is a box that is full of tools you can use when you are feeling sad, upset, overwhelmed, or even just bored. It is meant to help you build your skills around getting in touch with your emotions and learning how to manage them. We call this emotional regulation. Emotions are difficult, we all have them and yet we don't have a class on them in school. This series is meant to give you the opportunity to explore your emotions, how they work and strategies to help you manage them instead of letting them use you. The exercises we do together are meant to be fun, interesting, encourage discussion and inspire further exploration. To get the most out of this series we encourage attendance at all of the sessions. If you can't make a couple of sessions that's totally OK but we do ask that you try and commit to completing the entire workshop as it builds on itself as we go along. Please feel free to ask questions or

give feedback as we go along. This workshop is for you, and we want to know what you think so that we can improve for next time!

An important note on self-disclosure: While we do ask that you participate in a way that is comfortable, no one is required to disclose information that they do not feel comfortable sharing. If you feel comfortable sharing, that is great! For those comfortable sharing, we ask that you remain general when talking about challenges you have faced and stay away from too many specifics to keep things relevant to everybody. All of you should have a therapist where you can discuss specifics. If you do not have a therapist at this time and feel that it would be helpful, we can talk to your clinician about making a referral.

Weekly Schedule

Week 1:

This week everyone will be getting their box for the coping kit. We will discuss what mental health means to you and how you can measure it. How do you know that you “have” mental health? What are you already doing to help your mental health? We will show a model coping kit and some of the things we will be creating to put in it. We will discuss how to use a coping kit. For example, when to use a coping kit and where you might keep it. What coping skills do you already have? We will introduce the CBT triangle.

Week 2:

This week we will begin to discuss how to start thinking more about your emotions. Why do we have emotions in the first place? Why are emotions helpful? When emotions can be unhelpful? We will start to learn more about decoding what our bodies and brains are trying to tell us when we have emotions. To begin we will start with trying to understand the intensity of an emotion. For example, when you feel sad is it always the same? When you feel excited is it

always the same? We will create a gradient using paint which we can use to help us measure our emotions. Can you experience more than one emotion at the same time? How many emotions can you name? What are the emotions you are most used to feeling? What emotions are you least familiar with? Do you feel your emotions in a certain place in your body? Everyone will create their own wheel of emotions. Take home! Check in using your wheel of emotions every day. If you start getting good at identifying what you are feeling, see if you can go back to your scale and identify how intensely you are feeling it. Keep a record! What body sensations clue you in to certain emotions?

Week 3: (Feelings)

This week we will be making a glitter timer. A glitter timer is a tool that reminds us to slow down when we are upset and take time to collect ourselves before acting. We will learn that feelings are valid, and feelings are not facts. Why does time seem to move differently when we are upset? What is emotional hijacking and why does it exist? How can it become problematic? Do our thoughts change based on our emotions? What is the “truth” of a situation? These are the questions we will be delving into as we spend some time getting messy and making a glitter timer. Homework! Find an object from home that brings up a calm memory. Hopefully it can fit into your coping kit but if not that’s OK too. Spend time writing a short narrative about the memory that includes all 5 senses if possible. We will be sharing these during the last session with our parents.

Week 4: (Thoughts)

This week we will continue our discussion from last week about emotional hijacking. We will spend some time talking about the difference between a feeling and a thought and think about how they relate to each other. We will talk about how thoughts can become distorted and how to recognize distorted thoughts and challenge them. We

will make our own charts where we can write our thoughts down and then challenge them with a counter thought.

Week 5: (Behaviors)

This week we will learn about the pillars of health or wellness domains that we all need to be aware of in order to be mentally and physically healthy. We will discuss the body-mind connection; how the body affects the mind and vice versa. What gets in the way of doing the things that are good for us?

Week 6: (Conclusion)

This week we will share our calm-memory narratives and do show and tell with parents.

Parents' Guide

Welcome to the Series on developing coping kits. This Workshop series is meant to help your adolescent develop their emotional skills through a series of exercises and discussions. The coping kit that they will be making is a box where your adolescent will put all of tools they create. Hopefully this will become a reference when they are struggling with difficult emotions as they continue to work on building their emotional skills. This guide is meant for you to follow along with the curriculum. We will be encouraging them to share what they learn with you and encourage you to have discussions about the material as part of our family-based approach here at the VCCYF. The goal is to help develop vocabulary for both you and for them around emotions and get a better understanding of what happens when our emotions get the better of us.

As part of the workshop structure, a second version of the therapeutic outline was developed, in order to provide caregivers and families with the option of extending the therapeutic experience to 8 or more weeks, in a sequential structure, as outlined below

and in the Poster utilized for the First Series (Fig. 3):

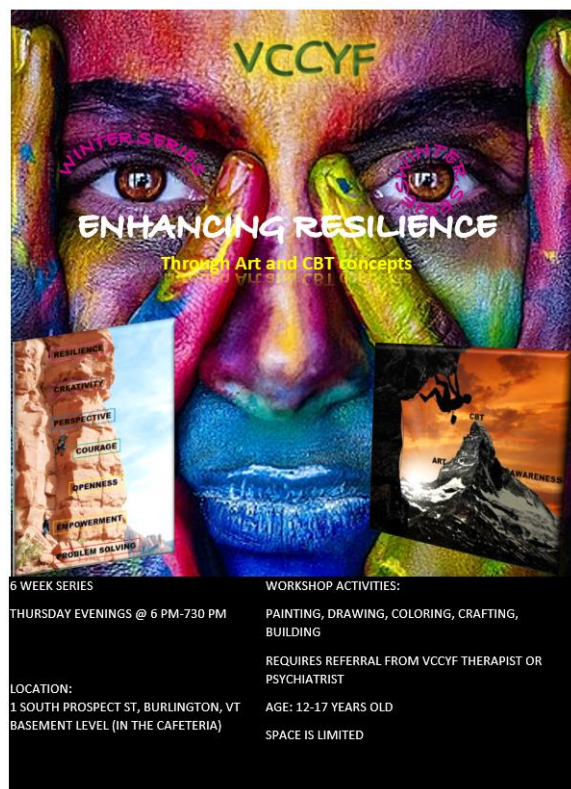


Fig. 3. VCCYF Winter Series Poster for the Enhancing Resilience Workshops

Extended Therapeutic Series - Outline of activities each session

Syllabus:

Welcome to the workshop series on developing your own coping kit! During this series we will be working on helping you develop a customized box that is full of tools that you can use when you are feeling sad, upset, or overwhelmed. It is meant to help you build your skills around getting in touch with your emotions and learning how to manage them. Emotions are difficult, we all have them and yet we don't have a class on them in school. This series is meant to give you the opportunity to explore your emotions, how they work and strategies to

help you use them for good instead of letting them use you. The techniques and exercises we are using in the series are by no means the only techniques out there. They are meant to serve as introductions which you can then modify or change according to what works for you. Maybe you find something else that works better. That is the point! Most of all the exercises are meant to be fun, interesting and encourage discussion! In order to get the most out of this series we encourage attendance at all of the sessions. If you can't make a couple of sessions that's totally OK but we do ask that you try and commit to completing the entire workshop as it builds on itself as we go along. The following syllabus is a guide to the series. Please feel free to ask questions or give feedback as we go along. This workshop is for you, and we want to know what you think so that we can improve for next time! We encourage you to bring your coping kit to each session that way if you finish early, you can always do more work on it. An important note on self-disclosure: While we do ask that you participate in a way that is comfortable, no one is required to disclose information that they do not feel comfortable sharing. If you feel comfortable sharing, that is great! For those comfortable sharing personal stories, we ask that you try to remain general when talking about challenges you have faced and stay away from too many specifics, in order to keep things relevant to everybody. We hope that all of you have a place where you can discuss specifics with someone in a safe space such as a therapist. If you do not have a therapist at this time and feel it like it would be helpful, we can talk to your clinician about making a referral.

Week 1:

This week everyone will be getting their box for the coping kit. We will discuss what mental health means to you and how you can measure it. How do you know that you “have” mental health or mental illness? What are you already doing to help your mental health? We will show a model

copying kit and some of the things we will be creating to put in it. We will discuss how to use a coping kit. For example, when to use a coping kit and where you might keep it. Homework: writing activity

Week 2:

This week we will begin to discuss how to start thinking more specifically about your emotions. Why do we have emotions in the first place? We will talk about when emotions can be helpful and when they can be unhelpful and start to learn more about decoding what our bodies and brains are trying to tell us when we have emotions. To begin we will start with trying to understand the intensity of an emotion. For example, when you feel sad is it always the same? When you feel excited is it always the same? We will create a gradient using paint which we can use to help us measure our emotions. Can you experience more than one emotion at the same time? Discussion points: On an typical day where on your gradient would you like to be. Have you ever been at one extreme of the gradient or another? What was that like? Do you tend you stay in one place or move around a lot? Take home: Check in everyday using your gradient. Keep a record! If you want, try checking in twice a day.

Week 3:

This week we will continue to build our skills around emotional identification. How many emotions can you name? What are the emotions you are most used to feeling? What emotions are you least familiar with? Do you feel your emotions in a certain place in your body? Everyone will create their own wheel of emotions. Take home! Check in using your wheel of emotions every day. If you start getting good at identifying what you are feeling, see if you can go back to your scale and identify how intensely you are feeling it. Keep a record! What body sensations clue you in to certain emotions?

Week 4: (Feelings)

This week we will be making a glitter timer. Why does time seem to move differently when we are upset? What is emotional hijacking and why does it exist? How can it become problematic? Do our thoughts change based on our emotions? What is the “truth” of a situation? These are the questions we will be delving into as we spend some time getting messy and making a glitter timer. A glitter timer is a tool that reminds us to slow down when we are upset and take time to collect ourselves before acting. We will learn that feelings are valid and feelings are not facts. Take home! Share your glitter timer with your parents!

Week 5: (Thoughts)

This week we will continue our discussion from last week about emotional hijacking. We will spend some time talking about the difference between a feeling and a thought and think about how they relate to each other. We will talk about how thoughts can become distorted and how to recognize distorted thoughts and challenge them. We will make our own charts where we can write our thoughts down and then challenge them with a counter thought.

Week 6: (Behaviors)

This week we will learn about the pillars of health or wellness domains that we all need to be aware of in order to be mentally and physically healthy. We will discuss the body-mind connection and how the body affects the mind and vice versa. We will spend time creating personalized dials that will serve as reminders of the things we need to do to stay feeling well. How do we know if something is helping? How long does it take to build healthy routines? What gets in the way of doing the things that are good for us?

Take it home! Choose a wellness domain/pillar of health and try practicing it for a week.

Take it one step further and see if there is any correlation between how you feel and what you do.

Week 7:

This week we will talk about social media and mental health. How and when do you use social media. We will talk about scrolling vs mindfulness. Are they the same? What do you do to relax and recharge? What is the difference between doing something mind-Fully versus doing something mindless-y? We will talk about how we can build this skill.

Homework!!: Find an object from home that brings up a good memory. Hopefully it can fit into your coping kit but if not that's OK too. Spend time writing a short narrative about the memory that includes all 5 senses if possible. We will be sharing these during the next session if you are comfortable.

Week 8:

This week we will share our happy-memory narratives. What made it such a good memory? Everyone will get a chance (if they want!) to guide others in their 5-senses memory.

Week 9: This week we will talk about communication. We will talk about how we communicate our feelings with others. Why is good communication so hard? What do we need from others when we are feeling a certain way? How do we support others when they are feeling down? We will talk about non-verbal communication how do we know what others are feeling and how do other We will talk about how we can help others support us when we are not feeling well. Homework: Writing prompt

Week 10:

For our final session we will be having you share what you learned with the group.

What were your wins, learns and insights? Parents are invited to this session, and it is a chance for you to share what you learned and teach others.

General Discussion

As part of the two-series workshops at the Family Room, several art therapy modalities, techniques, and skills were explored, with an emphasis on free expression, creativity, and open, non-judgmental, inclusive, and supportive dialogue. In this context, the following suggestions have been made during the pre- and post- discussion with all participants, as a list of items in an open order (i.e., based on spontaneous interaction, not on clinical and/or diagnostic sequences):

A) Mindful emotional awareness - introduce wise mind.

- *Activity - coloring the wheel of emotions. Act out an emotion physically - identify where you feel a particular emotion.*
- *Psychoeducation - location of emotions/feeling on an individual sense, and relating this to sympathetic and parasympathetic/ neurobiology*
- *Learning point: Learning to develop out emotional awareness*
- *Discussion points: recognizing emotions and intensity, and the variability, compare and contrast to intensity pre/post intervention.*

B) Sand timer or glitter timer / re-evaluate impulse or idea /take a break from your problems

- *Learning point: emotional hijacking and CBT triad that feelings affect thoughts, you are not always your feelings*

C) Making a box for the coping kit (ongoing throughout sessions)/Body Scan

- *Learning point: Activities - get your coping kit - body scan. Freeze and melt (progressive muscle relaxation) body scan technique, physical drawing of the body during emotions or where you feel it.*

D) Bring kit home. Use glitter/timer visuospatial cues - group one that is premade so that they can look forward to it.

- *Hand out syllabus. Prompt / measurement through the week, language of emotions.*

E) Color scale of intensity (CBT)

- *Learning point: Learning to develop emotional awareness*
- *Gradient/linear - consideration of introducing concepts like the middle way = discussion around emotions being adaptive*
- *Activities - paint of a gradient, black and white. Structured mixing techniques and ratios*

F) Wheel of emotions (CBT)

- *Leftovers from the last session - review labeled emotions wheel from last time, and where they feel it*
- *Activity - making the glitter timer, glycerin based*

G) Wheel of health- fortune wheel (Coping skills)

- *Learning point: effective coping skills--What is a healthy skill, Wellness domain*
- *Mind body connection - wellness domains heavy VFBA session.*
- *Homework: Tracking categories of wellness or a single wellness domain*
- *Activity - creating a dice, possible cootie catcher, practice skills together,*

H) Mandala drawing - very large and impossible to finish at once (Mindfulness)

- *Learning point: We can do constructive things even if we don't feel good. All parts of us are valid*
- *Homework: Follow up on tracking wellness goals and domains, bring in object*

- *Activity - time to color together, and reflect on mindfulness activity, before and after emotional check in using the greyscale tool to check in with levels of emotions*

I) Objects from home--Narrative / mindfulness practice based on an object that they bring in from home- small enough to fit in box.

- *5 senses /happy place*
- *Learning point: Mind-body, -Learning point: We can direct our minds, our minds don't always have to be in charge. Imagery- mindfulness skill based on the object from home, distress tolerance - start practicing when in a relaxed state so they can use it when in a heightened state - use grey scales to review how it makes an impact - add in tactile/steps to bring them to a state of mind.*
- *Open ended - share the emotion and experience, and everyone creates their own guided meditation and everyone else gets to experience it - teen driven. Homework: Teach someone else, parent/friend/etc. Amplify the emotion identity piece from wheel of emotions and label intensity*

J) Drawing the breath, breath exercises

- *Learning point: psychoeducation and mindfulness. Start with experience and talking and educating about the breath. Item - laminated card with the forms of breath - using a erasable marker. Could this be in earlier mandala or mindfulness activity - amplify mandala drawing with plate drawing.*
- *Activity - Tactile - draw in sand - sinusoidal, infinity - square, maybe a sealable aesthetically pleasing sand box/plate.*
- *Homework: Practice breath bring a story about it*

K) Mindfulness in the sand - sand vs. glass - finger in the sand box, Zen/garden play Thought/counter-thought (CBT)

- *Learning point: how feelings influence behavior, making choices, cognitive distortions.*
- *Homework: Any other things you want in your box? - also share our items from home that can be relaxing."*

Of note, multiple elements from previous theoretical discussion have thus been incorporated into the final version of the Workshop and therapeutic proposal.

Results and Conclusion

The two-series workshops at the Janet S. Munt Family Room started with a general introduction of the theme and scope of the activity, followed by a general conversation, which incorporate the aforementioned surveys pre- and post-session, which contained the following questions:

1. Was learning the cognitive triad new information?
2. Was learning about the cognitive triad helpful to you? If YES, then how? If NO, why not?
3. Was learning about the cognitive triad helpful for your work? YES=10 NO=0 If YES, then how? If NO, why not?
4. Did you feel there was a connection between the cognitive triad and the glitter jar that we made? If so (yes), can you try and describe the connection?
5. Describe as best a situation in the past week where you thought back to the cognitive triad.
6. Do you feel like you used your glitter jar in the past week in a way that was helpful?
7. Do you feel like you could teach the cognitive behavior triad?
8. How can a feeling influence a thought?
9. Was learning about mindfulness new to you?

10. Do you feel like you could teach mindfulness? Do you feel like there is any applicability in this tool as it relates to the work that you do?

The selected cohort of subjects' answers are presented in Fig. 4 and 5, below.

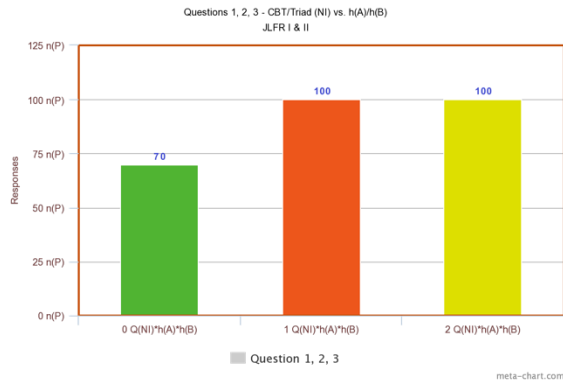


Fig. 4. Statistical analysis of the subjects' responses to Questions 1, 2, and 3.

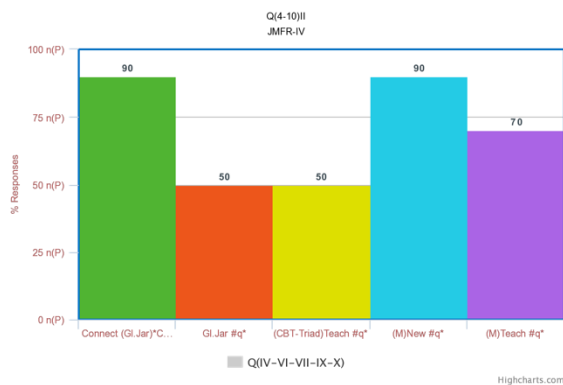


Fig. 5 Statistical analysis of the subjects' responses to Questions 4, 6, 7, 9, and 10.

An important consideration in this context is the nature and structure of the subjects who responded to the survey. Despite of the relatively small number of the responses collected (N:10), the subjects were representative of a very diverse background, both in terms of biographical data and academic background vs. training.

Some of them were both professionals and parents themselves, some had both official and experiential training in parenting skills, counseling, multiple therapeutic modalities, social work, and community work. A general overview of the full response data is visible in the pie chart below (Fig. 6).

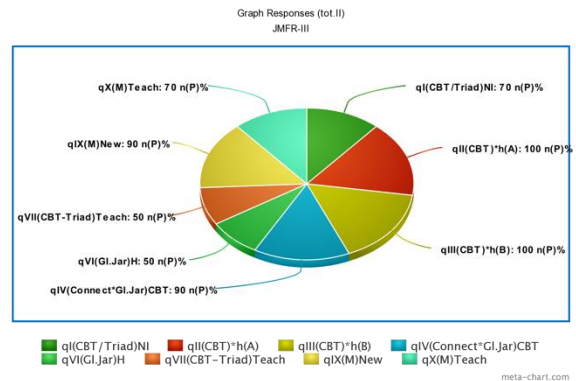


Fig. 6 Pie chart of Questions 1 through 10 in the survey, with exception of Question 5 and 8 (open-ended), discussed below.

While utilizing binary-modality questions is befitting of the needs of the principle of falsifiability in any scientific research, the researchers felt the need of incorporating open-ended questions besides the already administered yes/no questions. A sample of the subjects' responses is presented here:

Was learning about the cognitive triad helpful to you?

"Intuitive concept" "Helpful to understand what we are feeling and how it's affecting us – no need to act on it. This was a big takeaway message." "Personal application as well as parental. All information about human response is extremely helpful." "Helpful to understand the relationship between thoughts, emotions, and behavior." "I feel I need to learn more." "Learning new concepts, control thinking, feeling, behavior, and feeling calm." "I had never seen it drawn out in the pyramid, and since I am a very visual learner, it relay helped the information stick."

Was learning about the cognitive triad helpful for your work?

“Reflecting on what parents are dealing with and known that behavior is changeable.” “It helped me self-reflect, which always helps me improve my work and how I approach people and situations, especially more challenging ones.”

Did you feel there was a connection between the cognitive triad and the glitter jar that we made? “Using sensory tools as a way to bring focus on the being – this moment / slowing down” “I liked working with colors” “Both the creation of the glitter jar and the use of the jar. How I thought about the jar as well as my response to the jar when completed and how I felt about it and why I felt the way that I did.” “I feel it gives a focus when you are dealing with feelings.” “Yes. Curiosity, wondering, questioning, and satisfying.” “Yes, shaking the glitter jar felt calming.” “Yes. The glitter colors represented thoughts and feelings, and they were very intertwined with one another. A thought always produced a feeling, as the feeling always created a thought (visualized by all the glitter moving)

Describe as best a situation in the past week where you thought back to the cognitive triad. “Working with a child who was feeling upset.” “Children’s desire for snack food and sweets and how we negotiate why they can or cannot indulge.” “While playing cards.” “I was feeling anxious in my body (stomach) and realized I was having a very negative thought about myself.”

Do you feel like you used your glitter jar in the past week in a way that was helpful? “Helpful to practice to explain to children” “It put me in connection with my response and expectations about it and other wants.” “Very relaxing. I visualized the triad when shaking the jar.”

Do you feel like you could teach the cognitive behavior triad?

“Kids need simple and direct explanations.” “I could teach it perhaps, maybe with support.” “With some brush-up training and review.”

How can a feeling influence a thought?

“The brain connects the sensation.” “Overwhelming feelings can overpower thorough cognition.” “Depending on the intensity it could absolutely influence the thought.” “All connected, and our minds and bodies are one.”

Do you feel like there is any applicability in this tool as it relates to the work that you do?

“Help children with co-regulation and self-care.” “Helpful to take care of ourselves and others” “To learn to be more effective and model behavior” “Knowing and using mindfulness at work helps me get through the day.” “Breathing, awareness, calming, relaxing.” “When I am feeling frustrated, I can use my glitter jar.” “Doing simple things like taking body movement stretch breaks with the adults I work with in group settings have been so helpful and I always weave in notions of being present in the body.”

It is impossible to summarize all the effective modalities for the implementation of integrative therapeutic modalities to support children and families in their path toward recovery, wellbeing, and healing. The data examined in this analysis, both from the observation of the responses provided by the subjects examined, as well as by via the conversation and workshop-based discussions presented as part of this project is a clear indication of the needs for such an implementation, at the level of the families supporting their children, as well as of the professionals assisting them in this context. Among the interesting numbers evidenced by the surveys’ results, we could think of the necessary distinction which ought to be made between previous exposure and/or training in a certain therapeutic areas such as mindfulness, art therapy, or CBT, and the ability to replicate such knowledge as part of a therapeutic

intervention or more generally for the support of everyday activities with children and families (100% vs. 70% in the first case, and an even 50% / 50% in the latter, i.e., in the very ability to continue practicing the experience outside of a guided activity such as the one created for this research project). This indicative of the need for further and more profound and attentive training in all these areas. Furthermore, the high percentages of responses (90%) regarding the connection between the artistic experience (glitter jar) and the theoretical framework presented (cognitive triad) is in itself a good indication of the benefits of a) a visual, experiential learning modality, and b) the immediate understanding, on cognitive, emotional, and behavioral/perceptive levels of the content mastered as part of the experience. Finally, the totality of positive responses (100%) in regard to the perceived usefulness of the skills developed as part of the workshops is a good indication of the way the structure, scope, focus, and delivery of the workshop proposal has been received by all subjects and is therefore providing more evidence of the expected positive outcome of implementing such workshops in future therapeutic offerings.

Limitations

The primary limitation of this study is the nature and structure of this analysis, which constitutes an empirical and experiential review of therapeutic suggestions and the development of new clinical interventions on the basis of scientific literature review in conjunction with shared experiential workshops, the content of which is not intended to be a substitute for professional medical advice, diagnosis, or treatment, and does not constitute medical or other professional advice.

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