Art Therapy, Stress, and Mental Health

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ABSTRACT

This research study investigated the benefits of a one-time art therapy workshop with mental health care providers who worked with children that had experienced trauma. The research took place at a behavioral health clinic in Ohio under the supervision of a facilitating counselor and art therapist employed there, with a total of 13 participants. The researcher evaluated the efficacy of the group art therapy workshop. An analysis of the data indicated three overarching themes. These included reduced feelings of stress, recommending art therapy to others, and apprehension with art materials.
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CHAPTER I

Introduction

This research study investigated the effectiveness of art therapy intervention as a way to reduce stress-related responses and encourage enhancement of self-care methods in mental health providers counseling children who had experienced trauma. Due to the potential impact vicarious trauma could have on mental health professionals, it was important that the researcher not only studied what these effects were, but also developed an understanding of how children exposed to trauma were affected, in order to understand how it played a role in vicarious trauma and stress. In addition to this, this study worked to further encourage the exposure and awareness of art therapy practices within team counseling settings, and address stress-management among mental health providers.

Problem Statement

Although there have been further advances in the understanding of trauma and stress related disorders and its impact on trauma workers (Cohen & Collens, 2013), limited research had been conducted regarding the efficacy of treatment interventions, specifically concerning art therapy (Keller-Dupree & Perryman, 2013). Workplaces that did not address increased levels of stress among staff members had been shown to exhibit high turnover, poor productivity and a decline in the quality of care for those they treat (Nainis, 2005). Nainis (2005) found that art therapy could be utilized as a self-care and team-building exercise to maintain a supportive work environment that focused careful attention on staff issues. The utilization of art therapy techniques in this study will offered care-providers a safe outlet to engage in emotional release while addressing and processing secondary trauma experienced in the workplace.
**Research Questions**

This study sought to answer the question, *what are the effects of art therapy on mental healthcare providers working in mental health with children who have experienced trauma?*

**Basic Assumptions**

Further research supported the benefits of art therapy practices with care-providers. In a study conducted by Keller-Dupree and Perryman (2013) group art therapy sessions were put into place for female counselors-in-training. Participants who engaged in the various expressive arts activities, introduced over a 13-week span, offered insight to the benefits of art therapy with care-providers. Keller-Dupree and Perryman (2013) found that the counselors-in-training were effectively able to discuss intrapersonal and interpersonal difficulties and share their journey of self-exploration. The benefits of peer interaction offered a platform for increased self-awareness, emotional release, catharsis, and the development of inner strength to confront and resolve barriers (Keller-Dupree & Perryman, 2013). Additionally, this study was found to be an effective approach to personal and professional development, as well. It was found by Keller-Dupree and Perryman (2013) that counselors might not have known what to expect in terms of client behavior, had they not engaged in the artistic tasks offered, themselves.

Corey and Corey (2008) also found that group settings allowed individuals the ability to achieve higher levels of personal awareness, while encouraging interrelatedness throughout the group. Upon careful consideration of the research, it was assumed that the integration of art therapy in mental health settings among mental health providers had a positive impact on individual’s stress-reduction, increased self-awareness, emotional release, catharsis, and a development of inner-strength (Curl, 2008; Keller-Dupree & Perryman, 2013). Individuals who took part in art therapy themselves in order to use similar techniques with clients, took part in
what Mullen, Luke, & Drewes (2007) referred to as experiential education, in which participants were, “learning by doing or learning from experience,” (p.75). Not only did art therapy offer hands-on experiential methods, as an approach to introspective work, but creative practices also offered no boundaries within culture, ethnicity, gender, age, etc. These confines often categorized people into subgroups, but through the use of informed art therapy, a universal language may have been achieved by any participant (Gladding, 2005). In addition, the researcher believed that participating in an art therapy group would reduce stress in counselors who worked with traumatized clients, and provide a boost in team morale, as evidenced in Nainis’ (2005) study of work with an oncology care team.

**Statement of Purpose**

Stress-related burnout and compassion fatigue have been recognized as associated with the traits that also make counselors effective with their clients, such as empathy, compassion, and caring (Lawson, Venart, Hazler, & Kottler, 2007). When mental health professionals consistently engaged with clients in this way, their psyches may have responded in the form of emotional exhaustion, depersonalization, and feelings of ineffectiveness (Maslach, 2003). In a study done by Lent and Schwartz (2012) mental health counselors working in an outpatient facility reported a significantly higher experience of burnout than those in private practice or inpatient facilities. Mental health counselors working in outpatient community settings scored lower on personal accomplishment, and higher on depersonalization, when compared to those in private practice. Additionally, they scored higher in emotional exhaustion than counselors who worked in inpatient settings.

Findings of another study conducted by Thompson, Amatea, and Thompson (2014) suggested that a focus on compassion satisfaction, self-care and mindfulness contributed to lower
levels of burnout. The results of this study were used to develop an art therapy group that focused on self-care and mindfulness to reduce stress-related burnout, and increase self-care. This may help to positively impact the mental health professionals and increase effectiveness in the work environment as they cater to the therapeutic needs of victims of trauma in an outpatient managed care facility.

**Definition of Terms**

**Burnout.** Dyrbye et al. (2006) described burnout as a measure of professional distress, including three domains: emotional exhaustion, depersonalization, and a low sense of accomplishment. Burnout in this study was focused on an increased amount of stress in the work environment, due to exposure to secondary and vicarious trauma, which led to the exhibition of these symptoms.

**Compassion fatigue.** Compassion fatigue can be defined as the reduction in a caregiver’s capacity or interest in being empathetic. This can be deemed a behavioral and emotional state as a result of listening to traumatizing events experienced by another individual (Boscarino, Adams, & Figley, 2010).

**Cumulative trauma.** Cumulative trauma can be defined as an individual’s collective influence of multiple traumatic events, which was often relevant to dual diagnoses (Naff, 2014).

**Meditation.** Meditation was described by Coogan and Davis (2016) as a practice to achieve greater awareness, or mental focus to an individual’s mind or that of a higher power.

**Mindfulness.** Coogan and Davis (2016) defined mindfulness as giving active attention to the present moment, by bringing awareness to, and observing, thoughts and feelings the individual is currently experiencing.
Secondary trauma. Figley (1998) described secondary traumatic stress as, “the experience of tension and distress directly related to the demands of living with and caring for someone who displays the symptoms of posttraumatic stress disorder” (p. 7). Secondary traumatic stress can also result from indirect exposure to traumatic events, with at least one instance of exposure in which the individual learns about a first-hand traumatic experience or event from someone else (O’Halloran & O’Halloran, 2001).

Self-care. The practice of self-care was defined as engaging in behaviors that support and maintain physical and emotional well-being. Factors that have been considered important to self-care include sleep, exercise, social engagement, emotional regulation, and practicing mindfulness (Myers et al., 2012).

Stress. Lazarus (1966) defined stress as the understanding that the demands of external situations are outside of one’s perceived ability to cope, causing emotional or physical duress.

Trauma. Trauma can be described as stressful events that present unexpected challenges to one’s coping and adaptation (Agaibi & Wilson, 2005).

Vicarious Trauma. Vicarious trauma has been considered a consequence of trauma work involving cumulative stress that often develops through empathetic engagement when working directly with clients who have experience trauma. Bearing witness to the stories of trauma has the potential to affect the professional mental health provider’s feelings, thoughts, memories, self-esteem, or sense of safety and security (Hernández, Gangsei, & Engstrom, 2007).

Justification of the Study

Art therapy can offer individuals who have been exposed to trauma and secondary trauma, a platform to begin addressing the connection between dissociated memories and retrieval into consciousness (Malchiodi, 2012). Malchiodi (2012) felt that if severe trauma was
not addressed, these harmful experiences could continue to trigger similar traumatic states, leading to conditioned responses of arousal and avoidance. Not only was it important for counselors to have the safety of their clients in their best interest, it was important that they practice self-care by way of awareness, balance among wellness and lifestyle approaches, and maintaining connection through support groups, or professional associations (Stebnicki, 2007). This study introduced mental health professionals to the therapeutic benefits of art therapy as a way to address self-care and enhance their overall well-being.

The researcher believed that although art therapy was slowly becoming more accessible in the local community, there was still a lack of understanding regarding what art therapy may offer individuals who have experienced stress and secondary trauma. Curl (2008) highlighted the importance of creativity in stress-reduction, mood management, and the psychological benefits of art-making. Anderson (2001) discussed the benefits of conducting research among the art therapy community, and highly regards this exposure as a way to “save” the profession of art therapy. Anderson found that to do so, one must strive to advance a collective understanding of the field, by improving client care, and increasing the quality and efficacy offered by art therapy in the workplace. Through this study, the researcher intended to break this barrier among mental healthcare professionals working in a managed care, outpatient facility. This research worked to inform participants of the benefits of art therapy with clients, as well as how it may benefit their lives as they engage with this form of therapy directly. This study will advance the field of art therapy by providing support for the use of art therapy in reducing stress, and exposing individuals to art therapy practices to further art therapy awareness among professionals in the field.
CHAPTER II

Literature Review

Children who have experienced a traumatic event often exhibit severe physical, cognitive, and emotional symptoms that have the potential to impair their development, adjustment, and ability to thrive (Perry & Szalivitz, 2017). Perry and Szalivitz (2017) observed symptoms such as a disruption in brain development, somatic symptoms, and emotional dysregulation in children exposed to trauma. When working with traumatized children, Pistorius, Feinauer, Harper, Stahmann, and Miller (2008) described the client-therapist relationship as a healing journey that assists children in emerging from victimization to survival.

Professional mental healthcare providers working with clients who have experienced trauma also have the potential to be exposed to the implications of second-hand, vicarious trauma as a direct result of their empathetic engagement and active listening to the details of a client’s traumatic experiences (Pistorius et al., 2008). As a response to this, counselors may experience pervasive symptoms that impair their well-being. Examples discussed included compassion fatigue, burnout, sleep disturbances, feelings of detachment, disturbed functioning and other emotional and somatic responses (Pistorius et al., 2008). This developing research emphasized how important it was for professionals working with children exposed to trauma to develop an understanding of how trauma affected their clients, in order to understand how it played a role in vicarious trauma. Buser, Flannery, Bentley, and Gladding (2005) noted that when counselors-in-training engaged in self-awareness through art expression, they were better equipped to understand their lives, and those of their future clients.
Children Who Have Experienced a Traumatic Event

According to the American Psychiatric Association (APA; 2018), a traumatic event was any event that threatened the physical integrity of self or others, injury, or death, and was accompanied by feelings of horror, terror, or helplessness as a response to the event. Finkelhor, Turner, Shattuck, and Hamby (2013) estimated that 26% of children will have witnessed or experienced a traumatic event by the age four. The researchers reported that in one year, 39% of children, aged 12 to 17 years had reported witnessing violence, 17% of those having been a victim of physical assault, and 8% percent have been a victim of sexual assault (Finkelhor et al., 2009). Additionally, it was found that exposure to traumatic experiences in childhood increased risky health behaviors during adulthood that often led to chronic health conditions, low life potential, and even early death (Center for Disease Control and Prevention [CDC], 2016). Children experiencing trauma have had difficulty thriving once exposure to severe trauma has occurred, which was why identification, intervention, and treatment was necessary for the child to overcome the trauma (Perry & Szalavitz, 2017).

According to Williamson et al. (2018), childhood exposure to traumatic events may lead to psychological adjustment difficulties, and often times poor contact with formal support services (e.g., police, emergency departments, judicial system, etc.). Williamson et al. also found that the inability to effectively manage post-trauma responses had the potential to hinder the family’s ability to thrive, which further interrupted their post-trauma adjustment and coping abilities, and increased the child’s perceived vulnerability to threat.

Prior to the publishing of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5; APA, 2013) there was a historical lack of child-oriented diagnostic material. At this time, a high flux of the under-diagnosis of posttraumatic stress disorder (PTSD) in children was
recognized, not only because of the lack of resources available, but because young children possessed limited ability to communicate subjective experiences. Scheeringa and Zeanah (2011) also found that these children exhibited limited cognitive and expressive language skills. This encouraged clinicians to focus more on behavioral markers of distress such as eating habits, sleep hygiene, changes in responsiveness, heightened irritability, fearfulness, or crying and blank expressions as a response to circumstances that do not usually evoke these feelings (Carpenter & Stacks, 2009).

According to Hoffman, Primack, Keusch, and Hrynkow (2005) children that came from low and middle-income countries were more likely to have been exposed to trauma due to factors of community violence, and extreme poverty. The American Psychological Association (2018) estimated that 39% to 85% of youth in the United States had witnessed community violence. Estimated rates of victimization go up to 66%, and 25% to 43% were estimated to have had exposure to sexually abusive trauma. Dalgleish et al. (2015) reported that despite evident clinical demand, most children who had experienced PTSD went untreated and there were several grey areas that needed more research. Topics of research that needed further development included the diverse types of trauma, the populations that it effected, children’s reactions to trauma, and increasing the repertoire of evidence-based treatment, and the dissemination of treatment (APA, 2018).

Yule et al. (2000) believed that if the impacts of trauma were left untreated, the distressing and debilitating condition had the potential to lead to chronic functional impairment. Leiberman and Knorr (2007) identified four steps to ensure that a child was protected from the destructive impacts of trauma (a) recognize possible traumatic origins of the child’s behavioral problems and history of trauma, (b) adopt an attitude of hope and support when working with
families, (c) provide appropriate referrals to mental health professionals and support systems, and (d) provide effective treatment, and therapy within the context of the child and family’s environment.

The developing mind and body of children has been seen as severely impacted by traumatic experiences on a developing mind and body. Effects may impact physical, cognitive, and affective functions:

**Physical effects.** Bremner (2005) found that trauma had an effect on alterations in brain structure and function, in the context of early stress responses. McEwen and Gianaros (2008) agreed and added that over time the buildup of traumatic stress may have overstimulated the allostatic systems, causing them to become dysregulated and overwhelming to an individual’s capacity to formulate adaptive responses. This overload has been reflected in behavior changes, in such areas as fatigue, intense distress, avoidance, physiological reactivity, lack of interest, detachment, irritability, hypervigilance, inability to experience the full range of emotions, or interrupted sleeping patterns (Jongsma, Peterson, McInnis, & Bruce, 2014).

Dopart (1983) noted that the potential disruptions of visual perception and the comprehension of visual-spacial patterns. This may have been evident in children who were chronically aroused, and due to this, they may have misinterpreted novel sensory information, making it difficult to differentiate the significance from the insignificant. These findings suggested that abstract concepts may become more difficult for children exposed to trauma to comprehend, potentially leading to cognitive issues in academia.

**Cognitive.** During times of extreme stress, children have difficulty coping, which can often lead to the development of new fears, a decline in schoolwork, reduced concentration, or loss of interest in activities (APA, 2018). Developmental trauma was proposed as a diagnosis to
exhibit unique cognitive symptoms that victims of traumas often experience. These included dissociation, negative self-perceptions, distortion of the perpetrator, difficulties in establishing personal meaning, and character pathology (Kress & Paylo, 2014; van der Kolk, Roth, Pelcovitz, Sunday, & Spinazzola, 2005).

Scaer (2005) observed that unresolved traumatic stress was often expressed via implicit memory that often caused unusual somatic and autonomic responses that were not relevant to the current event, but past trauma. Van der Kolk (2005) found that traumatized individuals often became fixated at the cognitive and emotional levels during which they were traumatized, creating severe learning difficulties in as a natural consequence. This interference of effective executive functioning may have been attributed to the brain’s sensory response to trauma, which triggered a habitual protective brain response (van der Kolk, 2006).

Affective. In a controlled study, it was found that the experience of trauma at a young age had the potential to disrupt developmental processes, further causing greater mood dysregulation, and behavioral issues, increasing coping difficulties (Lieberman & Knorr, 2007). Emotional consequences of trauma may have been present long after the resolution of physical effects of trauma; hence, the resolve of emotional difficulties may be crucial to an individual’s recovery (Mallay, 2002).

Emotional dysregulation, impaired social relationships, separation anxiety, and irritability were some of the affective reactions displayed by children who had been exposed to traumatic events (APA, 2018; Kress & Paylo, 2014). Malchiodi (2014) recognized that past traumatic experiences had the ability to manifest through hyperarousal and anxiety, further impeding on the child’s feeling of safety and security. Due to past, and potentially prolonged traumatization and its effects of neurobiological dysregulation, impaired self-regulation may have been evident,
and individuals may also have exhibited aggression against themselves and others (van der Kolk et al., 2005).

**Mental Healthcare Providers Working with Traumatized Clients**

Mental healthcare providers may have also been susceptible to a set of symptoms that paralleled those of their clients, specifically, acute stress disorder (ASD) and PTSD as defined in the *DSM-5* (APA, 2013). The *DSM-5* further expanded the definition of trauma to include vicarious exposure, as exhibited in those who have experienced repeated or extreme exposure to aversive details of a traumatic. The development of acute stress has been found to begin to build through empathetic engagement, and active listening of explicit details of traumatic events, and was associated with rapid onset of symptoms that can be considered pervasive.

Malchiodi (2012) considered it essential for mental health providers working with individuals who have experience trauma to protect traumatized children from the dangers of re-traumatization and out-of-control internalized reactions. *Over time exposure to clients who described traumatic experiences impacted the psychological functioning of the mental health professional, resulting in vicarious trauma.* According to Jordan (2010), it was considered imperative for the therapist to be able to engage in early recognition and awareness of vicarious trauma so that the appropriate steps would be made to assist the mental healthcare provider. Secondary traumatic stress (STS) has been linked to lower job satisfaction and occupational commitment. In a study done by Bride and Kintzle (2011), the researchers found that vicarious trauma adversely affected the retention of substance abuse counselors. Jordan (2010) also believed that therapists may have experienced previous trauma prior to their career, some of which may not have been previously addressed. Jordan (2010) found that it may have been difficult for mental health care providers to differentiate between their own trauma history, and
potential countertransference and vicarious trauma, which had the potential to become confusing and stir strong emotions.

Adversely, Brockhouse, Msetfi, Cohen, and Joseph (2011) found levels of positive changes regarding vicarious trauma among therapists through cumulative measurement. Those that exhibited greater empathy, and sense of coherence levels acted as direct predictors of personal growth; however, inconsistencies in previous research found that relative measures of secondary trauma did not predict growth, where cumulative measurement did (Lev-Wiesel, Goldblatt, Eisikovits, & Admi, 2008). Craig and Sprang (2009) similarly referred to optimal stress that elicits positive changes through exhilaration, mental alertness, and high motivation, whereas high levels of stress can become excessive and work to threaten and overwhelm professional self-efficacy.

In order to address the effects of vicarious trauma and the high levels of stress produced in response, mental health providers must be trained to recognize sights and symptoms of STS, and regularly engage in self-assessments, and self-care activities (Bride & Walls, 2008). In part of developing realistic expectations for working with traumatized clients, it was suggested by Bride and Walls (2008), that when possible, counselors should strive to balance their clinical caseload of traumatized clients with their non-traumatized caseloads. In addition, therapists with a personal history of trauma were suggested to take care in seeking professional assistance themselves, in order to work through their own trauma history in order to be an effective mental healthcare provider (Jordan, 2010).

Harrison and Westwood (2009) further suggested focusing on managing one’s workload by diversifying therapeutic work to include various roles in addition to one-on-one therapy, such as participation in teaching and supervision. Other potentially helpful coping recommendations,
include providing training and education detailing vicarious trauma, promoting a non-authoritative and inclusive style of working, incorporating peer and family support (Harrison & Westwood, 2009), and to combat feelings of isolation (Hunter & Schofield, 2006). Through organizing, managing, and mitigating the harmful effects of working with traumatized clients, individuals were given the opportunity to cope with overwhelming emotional experiences, somatic responses, and personal distress (Harrison & Westwood, 2009).

Mental healthcare providers also had the potential to be exposed to and impacted by trauma through the effects of vicarious trauma (Hernández et al., 2007). Effects included physical, cognitive, and affective:

**Physical.** The devastating impacts of listening to descriptions of traumatic events has been found to stick with mental healthcare providers, resulting in a counselor’s self-perceived duty to bear this immense burden of trauma for their clients (Pistorius et al., 2008). As a result of these interactions, counselor’s described experiences of compassion fatigue, and burnout, in which they felt tired in preparation to meet with or talk to clients and sometimes dreaded meeting with clients or felt the need to recuperate following sessions (Pistorius et al., 2008). Participants of studies that focused on the effects of vicarious trauma, sometimes reported other somatic responses including exhaustion, numbness, nausea, somatic anxiety, disturbances in physical intimacy or sex drive (Pistorius et al., 2008), and insomnia (Splevins, Cohen, Joseph, Murray, & Bowley, 2010). Counselors also indicated sleep disturbances due to nightmares associated with the graphic details of events described by traumatized clients (Pistorius et al, 2008).

**Cognitive.** Trauma workers have also reported feelings of detachment in response to these intense interactions (Clemans, 2004). In addition to this, somatic responses may have caused increasing irritability that created difficulties in the individual’s ability to function
normally in-regards-to performing therapeutic tasks (Cohen & Collens, 2013; Splevins et al., 2010). In Cohen and Collen’s (2013) review of the impact of trauma on trauma workers, they noted a high prevalence of triggered responses in cognitive activity that resulted in the changes of internal schemas. The implications of shock were found to carry through to the client’s ability to cope and grow, which encouraged counselors to make sense of these vicarious interactions, reportedly causing many individuals to engage in existential meaning-making (Harrison & Westwood, 2009; Satkunanayagam, Tunariu, & Tribe, 2010; Splevins et al., 2010). Individuals questioned themselves, their lives, and identities and how these questions allowed for perceived changes to their beliefs, and attitudes regarding life perspective, personal values, and self-perception (Cohen & Collens, 2013; Goldblatt, Buchbinder, Eisikovits, & Arizon-Mesinger, 2009). Although, there were several negative implications of vicarious trauma, counselors also demonstrated growth as a consequence of engagement with victims of trauma (Cohen & Collens, 2013). Many displayed an increase in overall appreciation of life, compassion, self-awareness and insight, and a self-indicated increase in gained wisdom (Pistorius et al., 2008; Splevins et al., 2010).

**Affective.** Emotional response to trauma work appeared to occur while hearing a client’s traumatic story as well as following the story (Cohen & Collens, 2013). Some of the affective implications of vicarious trauma on counselors included feelings of sadness, anger, frustration, and powerlessness (Satkunanayagam et al., 2010). These emotional responses may have been in reaction to the despair, fear, and shock associated with hearing a client’s traumatic story (Cohen & Collens, 2013; Splevins et al., 2010). Mental healthcare providers working with traumatized clients also reported lingering thoughts and feelings of sadness in response to the intensity and immediacy of these negative emotions and somatic responses, sometimes reporting that they had
difficulties switching off, or transitioning back to normal life activity following sessions (Shamai & Ron, 2009; Splevins et al, 2010).

Fearfulness was also a common emotion experienced by counselors, often causing some individuals to develop irrational fears, especially when working with sexually traumatized children (Pistorius et al., 2008). These fears included the concern that sexual abuse could occur in their own family, or an experienced paranoia of men interacting with children. In response to fear, many counselors demonstrated instances of overprotectiveness, and hypervigilance, but noticed a willingness to be open and communicative with their children due to the high value of the innocence of children and their safety (Pistorius et al., 2008). In addition to their relationships with their children, the researchers found that counselor’s relationships with significant others were also impacted and varied in terms of emotional intimacy (Pistorius et al., 2008).

Developmental Theories

Relevant theories of development included Freud’s psychosexual theory and Erikson’s psychosocial theory. Freud (1954) presented psychoanalytic theory as a series of developmental needs or desires ranging from birth to adolescence, including behaviors that were motivated by the need to satisfy. According to Freudian theory individuals had tendencies to engage in transference with therapists in the way they reveal past traumas due to the pressure of compulsion (Freud, 1954). The reemergence of trauma was theorized by Freud to have been a transition from observing abuse to practicing traumatic abuse, as a way to master it subconsciously to get past the traumatic experience. It was implied through Freudian theory, that personality was largely determined in the early stages of life, while Erikson found that development continued throughout the lifespan (Shaffer & Kipp, 2010). Erikson’s psychosocial theory outlined eight distinctive, age-related stages, each focused on a central crisis (Junge,
Both theories aligned in terms of personality development along a series of predetermined stages; however, Erikson’s theory described the impact of social experience over one’s lifetime (Shaffer & Kipp, 2010).

Another developmental theory included Maslow’s (1943) *Hierarchy of Needs*. Maslow’s hierarchy was often recognized in the format of a pyramid including five motivational needs: self-actualization, esteem, social, safety, and physiological. Under the premise of this theory, a person was motivated through the deficiency of basic needs, and in order to progress through the hierarchy, one must first satisfy the lower levels of basic needs, with the ultimate goal being self-actualization.

Attachment theory was another widely discussed theory regarding response to traumatic events and was described by Bowlby (1982) as an instinctive response to insecurity and threat. In the attachment behavioral system, behavioral repertoire assisted infants in maintaining a safe and secure attachment to their caregiver. Karen (1998) theorized that children developed certain behaviors based on their earlier experiences with attachment figures as a way to elicit desired responses. Kaiser and Deaver (2009) outlined Bowlby’s (1982) pioneering attachment theory which included the attachment types of avoidant, ambivalent, and disorganized/disoriented, and dismissing, preoccupied, and fearful in adults. Using this knowledge of attachment theory, Kaiser and Deaver (2009) conducted The Bird’s Nest Drawing assessment, which was developed to assess attachment security. According to their research, Kaiser and Deaver (2009) found that their study provided preliminary evidence in support of using the Bird’s Nest Drawing to assess attachment security. Bowlby (1982) referred to the system of attachment as critical to one’s survival and evident throughout the lifespan, aiding in development and emotional well-being. When a client who has been exposed to trauma entered into a therapeutic relationship, issues of
attachment arose regarding the direction of therapy and how the relationship can aid the individual in processing information adaptively, further engaging in healthy life choices (Tripp, 2007).

**Current Treatment Modalities**

Some of the specific treatment modalities utilized with those exposed to trauma, included Cognitive Behavioral Therapy (CBT), Trauma Focused Cognitive Behavioral Therapy (TF-CBT), and mindfulness and muscle relaxation meditation, which could be used alongside art therapy techniques. Art therapy modalities specific to the treatment of trauma included art therapy that promoted self-care and stress-reduction, transdisciplinary art therapy, art/movement therapy, trauma focused art therapy (TF-ART), narrative art therapy, and reframing.

**Cognitive behavioral therapy.** Cognitive Behavioral Therapy (CBT) provided a clear focus for treating those who have experienced trauma. With the incorporation of aspects of cognitive theory, art therapy placed emphasis on critical issues in a modality that was often more accessible to children. This therapy placed focus on topics including rapport building, managing anxiety, identifying and processing affect, psychoeducation, the development of coping skills, developing the trauma narrative, and identifying and reducing potential future risk (Pifalo, 2007).

In a study done by Pifalo (2006), with a population of children who were sexually abused, a treatment model was described that combined art therapy and CBT. Pifalo found this combination effective, in the way that CBT offered clear goals for trauma-focused treatment, as art therapy interventions worked towards facilitating achievement of the established goals in non-threatening and efficient way. The use of CBT and art therapy also gave traumatized children the ability to identify, express and process conflicting emotions, that they otherwise may not have touched on through traditional CBT (Pifalo, 2007).
Research has been done evaluating TF-CBT in older child populations and adults, producing empirical based support for the efficacy of this treatment modality, but was not sufficient research or evidence for TF-CBT in young children (Bisson & Andrew, 2007; National Institute for Health and Care Excellence [NICE], 2005). Results regarding a small pilot trial conducted by Scheeringa, Weems, Cohen, Amaya-Jackson, and Guthrie (2011) exploring TF-CBT in young children supported the likelihood that TF-CBT had a positive impact on treatment gains, but there was little research to reinforce these findings.

**Mindful meditation and muscle relaxation.** Scotland-Coogan and Davis (2016) viewed prolonged stress as a result of trauma, as not only a mental problem but as a physical one as well. It required one to address physiological manifestations of stress through relaxation techniques. Through utilization of relaxation techniques, Shah, Klainin-Yobass, Torres, and Kannusamy (2014) recognized that engaging in these exercises assisted in undoing the body’s stress response, reduced muscle tension, slowed breathing, and decreased heart rate and blood pressure. When value was placed on incorporating relaxation coping skills in therapy, including mindfulness, deep breathing, yoga, guided imagery, and meditation, it was found that these techniques were beneficial in reducing some symptoms of stress and anxiety (Scotland-Coogan & Davis, 2016).

Through a review of several studies regarding engagement in mindfulness meditation, Davis and Hayes (2011) found significant evidence that the practice improved emotional regulation, increase response flexibility, interpersonal benefits, and emotional communication, improved empathy and response to stress, and decreased reactivity. Scotland-Coogan and Davis (2016) believed that mindfulness was key to the treatment of anxiety and stress disorders because it directly addressed avoidant symptoms that were highly predictive of severe and prolonged...
PTSD symptoms. Practitioners of meditation claimed this practice had the ability to help regulate
the symptoms of stress by creating a greater awareness of the mind, ones’ self, and spirituality
(Lang et al., 2012).

In a study done assessing the effects of music and muscle relaxation among individuals
with PTSD, researchers Blanaru et al. (2012), utilized the technique of progressive muscular
relaxation (PMR). This technique involved progressively tensing and relaxing muscles
throughout the body, to reduce physiological tension (Davis, Eshelman, & McKay, 2008).
Through a review of the research, Blanaru et al. found empirical evidence indicated that PMR
reduced tension headaches, anxiety levels, and insomnia, and also aided in treating pain related
to cancer and those with chronic pain. The researchers also found that a combination of music
relaxation and muscle relaxation had positive effects on sleep disturbances and was useful in
stress symptom reduction in those diagnosed with PTSD.

Meditation has been used in art therapy practices to assist individuals in becoming aware
of their feelings, prior to art-making (O’Neill & Moss, 2015). O’Neill and Moss found that
individuals who participated in meditation prior to art-making, moved into their image making
with a sense of purpose and intent to find meaning in their experience, as a way to grasp a deeper
and more-embodied level of awareness. Coholic, Eys, and Lougheed (2012) reported that a
combination of arts-based practices, and mindfulness-based group programs positively impacted
and showed an improvement in the resilience of children in need. Through participating in a
program designed with both arts-based and mindfulness-based practices, children were found to
report lower emotional reactivity post-intervention. In building on the child’s self-awareness, this
might have assisted children to develop aspects of resilience that included coping and social
skills, emotional regulation, and one’s improved ability to make conscious choices about their behavior (Coholic, 2010).

**Art Therapy and Stress-Reduction**

Through the promotion of self-care, individuals who participated in a conscious and intentional effort to engage in personally preferred pleasurable activities were better able to cope with work-related stress (Harrison & Westwood, 2009). In several studies, self-care behaviors were found to be one of the major methods that individuals used to regulate their emotions and experiences, and alleviate stress (Hunter & Schofield, 2006; Pistorious et al., 2008, Splevins et al. 2010). Pistorious et al. (2008) also found that personal therapy offered a strategy to cope with the stressful emotions associated with work stress and also enabled a safe environment for mental health providers to explore their emotions. It was found by Leviton and Leviton (2004) that thought organization assisted in processing stressful situations in a way that was helpful for problem solving and stress-reduction, in order to stabilize overall mental health. Seligman (1995) recognized that engagement with positive stimulus, and an increase in positive emotions assisted individuals in building resilience and emotional perseverance.

Instead of examining issues that contributed to optimum functioning, Gable and Haidt (2005) found that the field of psychology has tended to place emphasis on the reparation of weakness and the alleviation of suffering. Gable and Haidt suggested that through positive psychology approaches, individuals were offered the opportunity to reconcile distress, lessened damage of disease, and acted as a protective factor. Peterson (2006) also argued that disease models encouraged a limited view of human potential, in which they are seen as fragile and flawed. It was the intention of Duckworth, Steen, and Seligman (2005) to focus instead on the
therapist’s intention to place importance on one’s ambitions, positive experiences, and strengths as a way to combat disorders as well.

Wilkinson and Chilton (2013) found that through a combination of positive psychology and art therapy individuals were offered an experience that was tailored to an increase in their well-being through creative facilitation that emphasized purpose and meaning, positive engagement, and externalization of emotions. Additionally, as a practice of self-care, visualized art making was found to be a modality of communication that offered a new form of interpretation. The meta-verbal practice of art therapy may have offered a more personal, and immediate understanding, as opposed to traditional verbalization, because it offered the capacity to capture tacit emotional nuances that emerge through the nonlinear and non-symbolic (Harter, 2007). In Klontz, Wolf, and Bivens’ (2001) research they found how experiential processing was particularly beneficial to therapeutic outcomes, specifically through the use of expressive arts used to elicit latent material into conscious awareness (Newsome, Henderson, & Veach, 2005). Tedeschi and Calhoun (2004) noted that positive psychology enabled a new understanding of trauma and symptoms associated with trauma, allowing for posttraumatic growth. Individuals who experienced posttraumatic growth were found to exhibit positive changes regarding battles with challenging life crises. Wilkinson and Chilton (2013) found that changes such as this were intricate meaning-making processes that increased a sense of meaning and purpose in relationships, and also altered priorities, and increased personal strength.

Curl’s (2008) study assessing art therapy and its effects on short-term stress-reduction found that participants who engaged in art therapy, alongside positive cognitive focus experienced a “creative high,” involving emotional catharsis, and a significant reduction in stress. In contrast, participants who fixated on a negative experience during the group session
were found to show a slight increase in stress, as measured by monitoring of heart rate, both before and after experimental manipulation (Curl, 2008). Abbott, Shanahan, and Neufeld (2013) found that artistic focus for a stress-reducing task was more effective as opposed to a non-artistic task; however, the study only provided partial support that artistic activity led to a “creative high” in addition to the noted reduction of average stress levels.

Participating in the expressive arts under supervision, may have acted as a valuable resource for mental healthcare providers when working with traumatized youth, as a way to reduce stress. When working with female counseling graduate students Keller-Dupree and Perryman (2013) described self-awareness as a vital aspect in becoming an ethical counselor and found that expressive arts in group therapy work to facilitate counselor development. Many of the women participating in the expressive art activity group verbalized that they experienced benefits such as personal revelations and connectivity to others. Keller-Dupree and Perryman (2013) also found that the group atmosphere promoted a sense of trust and connectedness, and fueled self-disclosure, self-awareness, and insight, enabling personal and professional growth. Wilkinson and Chilton (2013) also found that recent research has strongly supported how art-making has had the potential to increase an individual’s positive experiences and emotions. Engagement in art-making potentially offered cognitive-emotional shifts, through the content of artwork and the promotion of benefit finding (Wilkinson & Chilton, 2013).

**Transdisciplinary art therapy.** Traditional use of art therapy was thought of as an interdisciplinary, hybrid of visual art and psychotherapy that utilized the creative process of art-making to treat psychosocial distress in order to increase holistic well-being. Bucciarelli (2016) also examined the proposition of art therapy as a transdisciplinary approach that built a well-rounded and comprehensive foundation, which brought together the concepts of different fields
to transcend the boundaries of the independent discipline. Transdisciplinary art therapy approaches included the combination of art techniques and processes, biological understanding, psychological theories, sociocultural constructs, and educational models (Bucciarelli, 2016). When psychological theories are utilized through art materials that have the ability to influence expression and behavior, these theories are transformed and recognized as being a part of the relational triad of artwork, client, and art therapist (Edwards, 2004; Lusebrink, 1990).

Nainis (2005) discussed implementation of traditional art therapy at workplaces where stress was a common theme among workers, specifically in the context of specific research, with oncology staff. Malchiodi (1998) referred to how engaging in traditional art making was beneficial during instances of overwhelming, or complex emotional stress in the way that it confronted emotions, assisted in battling depression, integrated well with traumatic experiences, and proved helpful in finding relief and resolution. Nainis (2005) suggested that art making offered the potential to give the gift of a concrete reminder of power and healing, and even suggested that the creation of symbolic imagery allowed room for gained self-insight as well as a vessel for grief.

Curl (2008) theorized that focusing on a positive situation in art therapy sessions illustrated greater stress-reduction because of the cathartic release that occurred in combination with the satisfaction of creating something new during art therapy sessions. Passive coping, such as art appreciation or viewing, was also found to be an effective stress reducer using intellectual and emotional perception through minimum physical actions of contemplation and internalization (Kweon, Ulrich, Walker, & Tassinary, 2008; Nanda, Barbato Gaydos, Hathorn, & Watkins, 2010).
Combined art/movement therapy. In Curl’s (2008) assessment of stress-reduction as a function of art creation and cognitive focus, Curl (2008) measured art therapy as a form of catharsis. In this study, participants were placed in three groups: a non-directed art activity group, a directed art/movement activity group, and a non-directed art activity group. The findings of their research supported that those participating in the combined/movement therapy group experienced significant improvement in elevating mood, which facilitated stress-reduction. Curl (2008) also noted that regardless of what type of creative art-making was engaged in, positive-focus conditioning consistently exhibited a significant reduction in stress, when compared to control groups.

Using this form of therapy, it was noticed that following the directed activity, participants engaged in discussion about fantasies and feelings as a response to peer encouragement, which enabled them to reveal more information regarding personal issues. Following an experiential of art and movement, the participants were found to have felt more confident in expressing life stressors. These findings supported the hypothesis that the creation of something new enabled a cathartic experience regarding emotional expression, that could be recognized as empowerment, and a boost in mood and self-esteem (Foster, 1992; Grodner, Braff, Janowsky, & Clopton, 1982; Moon, 1994).

Abbott et al. (2013) found that physical manipulation of materials was a viable way to reduce stress through active coping. Those experience of stress has been accompanied by symptoms of anxiety and restlessness, which could be countered with coping strategies involving the occupation of a stressed individual’s hands. The act of kinesthetic manipulation, and actively moving objects with one’s hands was a documented stress-reduction technique hypothesized to be particularly effective due to the incorporation of art tasks and movement. Although it was
found to be stress reducing, Abbott et al. (2013) determined that active coping was not shown to be more effective than passive coping.

Stress-reduction was mentioned across the components of the Expressive Therapies Continuum (ETC). The ETC was used to assess an individual’s level of creative functioning through artistic purpose, choice of medium, interaction with the medium, and imagery contained in the artwork (Hinz, 2009). Art therapists used this continuum to assess strengths, weakness, and disconnect among the individual’s cognitive functioning and the four levels of the ETC. Levels of the ETC ranged from simple information processing and image formation to more complex thought processes and interactions with the media. Levels included Kinesthetic/Sensory (K/S level), Perceptual/Affective (P/A level), and Cognitive/Symbolic (C/S level), among which individuals could fluctuate from level to level (Hinz, 2009).

Hinz (2009) referred to the kinesthetic component regarding the sensations accompanied by bodily movement, rhythms, and actions. This component specifically entails the way motor activity was utilized therapeutically as a way to express energy as an agent of reconstitution (Lusebrink, 2004), and act as a healing agent through the release of bodily tension (Hinz, 2009). Art activities among the kinesthetic component included pounding, pushing, scratching, or smashing and rolling clay, etcetera. Hinz (2009) recognized the calming rhythmic effects of interacting with art materials, and the way they promoted a sense of alert relaxation.

Lusebrink (1990) referred to the potential for kinesthetic action to lead to the emergence of emotion and transition into the affective dimensions of the ETC. In a case study mentioned by Hinz (2009), a client noted an epiphany when drawing among the affective component, revealing that he took in toxic stimuli and stress from his occupation in a response to a lack of emotional expression. By doing so, he realized that the feelings were exhibited throughout his body in
physical symptoms of headaches and stomach aches, and when he participated in art therapy, his symptoms were relieved because he was given a platform for emotional expression to relieve bodily tension. In addition to this, benefits of working in the sensory component of the ETC, alongside controlled kinesthetic action, allowed for the implementation of mindfulness that encouraged a focus on present sensations as a way to allow input to come and go without thought attached to it. By not evaluating minute-to-minute sensory input, the client engaged in stress-management as a way to avoid increased anxiety or tension (Hinz, 2009).

Art Therapy and Trauma

In trauma treatment, the implementation of art therapy has been described as a way to integrate traumatic material while resolving memory fragmentation (Collie, Backos, Malchiodi, & Spiegal, 2006). Art therapy has been used with children in the treatment of trauma to assist those who struggle with verbalizing the traumatic events, and instead engaging in creative activities (Chilcote, 2011; Mallay, 2002). Art therapy interventions utilized with victims of trauma have been used to reduce symptoms associated with depression, and increase emotional expression, further assisting in the creation of a coherent trauma narrative focused on reducing emotional numbing (Howie, 2016).

Among several populations, art therapy has been suggested to assist the client in describing speechless terror through imagery, that has been frozen in the somatic memory, and was otherwise inaccessible through verbal communication (Talwar, 2007). Chilicote (2011) referred to Appleton’s (2001) review of trauma literature, concluding that techniques involving imagery could be considered the most effective in the reduction of PTSD symptoms, because of the way the mind stored trauma in memory as imagery, making it more easily accessible to clients when processing and resolving the trauma. In a review of trauma completed by Collie et
al. (2006) of art therapy and PTSD, expressive therapy such as this was found to have reduced immediate symptoms, aided in a decreased avoidance and emotional numbing, and integrated traumatic memories better than traditional verbal processing. In order for art therapy interventions to be successful, adaptations to art therapy practices were made in order to remain relevant to the population, and sensitive to cultural considerations to support individual developmental needs, and health statuses (Betts, 2013). Art therapists working in child populations must work to further emulate qualities of a secure care giver in order to allow effective treatment (Malchiodi, 2014; Shore, 2013).

Community outreach for individuals enabled the traumatic experience to be processed within a familiar realm, relevant to the child’s comfort levels (Mallay, 2002). In another study conducted by Chilcote (2011) with children affected by the 2004 tsunami in Sri Lanka, it was found that children were able to commemorate their loss through art therapy, as a way to regain emotional control. Through non-intrusive art tasks, and small group settings consisting of other children from the community, the participants were given a chance to voice their trauma with other survivors and begin processing their devastation. With the implementation of art therapy, art therapists encouraged the promotion of relaxing experiences that explored their surroundings and built feelings of empowerment as a strategy to problem solve (Beers Miller, 2007).

Referring to Siegel’s (1999) published research of early childhood abuse and brain development, Klorer (2005) argued that the right side of the brain played a large role in the control of sensorimotor integration, perception, and one’s social-emotional input. In response to this understanding, art therapy practices were understood to tap into sensorimotor perception, activating the amygdala and limbic systems, furthering the potential that the social emotional input was integrated with the prefrontal cortex, where active planning, physiological, emotional,
and cognitive processes was performed. Newer neuroscientific research has since overturned the idea that there was a great divide between the analytical/logical left hemisphere of the brain and the artistic/intuitive right half (Kosslyn, Kosslyn, & Miller, 2013). Kosslyn, Kosslyn, and Miller (2013) recognized that although the left and right halves of the brain carry out different functions, the role of different systems are more complex and implemented throughout different regions of the brain. Talwar (2007) addressed that in order to process trauma successfully, individuals must experience an approach that integrated both cognitive, emotional and psychological memory as a way to promote positive adaptive functioning.

In a hospital setting, Nainis (2005) described the onboarding process for new oncology nurses in which as a part of their orientation, they were given the platform to experience art therapy. Nainis found that this introduction to art therapy was a way to help new employees understand how the process of art therapy could be helpful to their clients, and at the same time they were given the chance to relieve some of their own anxiety first-hand. Through quantitative and qualitative data, the study assisted in promoting the legitimacy of art therapists on staff who were a part of treatment team. Mental health professionals participating in art therapy practices also relayed experiences from participating in expressive art therapy groups, allowing a voice to their reflective experiences, which resonated with other professionals, further encouraging and advocating for the art therapy profession (Keller-Dupree & Perryman, 2013). In another study conducted by Murrant, Rykov, Amonite, and Loynd (2000) participants were found to exhibit the ability to express personal issues, life experiences, and feeling states through art-making. These researchers found that participant’s ability to externalize their experiences using art therapy allowed them to turn concrete imagery into words that may not have otherwise been expressed.
Murrant et al. found that art therapy allowed the participants the ability to identify an experience or feeling state that led to emotional healing and growth to promote self-care.

**Trauma-focused art therapy.** Trauma-Focused Art Therapy (TF-ART) has also been used to treat those subjected to trauma and was structured to assist youth in the exploration of their fundamental experiences associated with personal safety and threat. The TF-ART treatment was framed through recognition that trauma victims had a difficult time recognizing safety and danger due to past traumatic experiences. Through TF-ART, an opportunity arose for traumatized youth to orient to the environment using artistic representation, as a form of verbalization. Lyshak-Stelzer, Singer, St. John & Chemtob (2007) found statistically significant PTSD symptom reduction in a group of hospitalized adolescents, following participation in a trauma-focused art therapy group. The study also indicated a likelihood of fewer behavioral incidents and seclusions among participants, disproving the theory that directly assessing traumatic experiences may be clinically destabilizing (Lyshak-Stelzer et al., 2007).

Similar to TF-ART, Talwar’s (2007) description of Art Therapy Trauma Protocol (ATTP) focused on client-centered and cognitive behavioral approaches. Through implementation of ATTP, clients also used the conceptualization of the process of art therapy, to have a hands-on art experiential as a way to process traumatic memory. In this form of therapy, clients targeted specific traumatic memories in a larger theoretical framework, as a way to address the affective distress associated with the trauma. Talwar (2007) noted that clients attended art therapy because they were able to reflect their state of being more clearly through imagery, because it captured the somatic memory linked to the trauma experienced. Talwar (2007) identified how this approach placed emphasis on the client’s experiences, feelings, and individual values, in the context of an art therapy experience. Through TF-ART and ATTP,
clients were guided in a way that built onto their understanding of the affective response to trauma and provided a safe place to explore the underlying negative feelings and self-perceptions associated with trauma. In some cases, clients were further encouraged to keep emotional logs to increase affective awareness, and build confidence over affective regulation (Talwar, 2007).

**Narrative art therapy and reframing.** Narrative art therapy involved the process of re-exposure that assisted trauma victims in bringing personal experiences into consciousness so they could reframe them in a manageable way; this included the externalization and retelling of stories and experiences through art mediums. These visual interpretations acted as a form of creative expression that worked to promote communication and resolution (Malchiodi, 2012). According to Councill (2016), art therapy treatment such as narrative therapy, was beneficial when working with this population because it was an enduring and visible record of the therapeutic process that could be used to bridge the client’s experiences and the outside world. Although the majority of their research was on written language and its impact on cognition and health, Pennebaker, and Francis (1996) also found that the organization of thoughts and feelings into a coherent narrative was useful when processing traumatic experiences.

Clients also used cognitive restructuring to express their experiences with trauma through the modality of art, by creating a narrative of the experience in order to create a meaningful narrative in response (Malchiodi, 2012). Through traumatic reenactments, individuals were given the opportunity to examine, negotiate and hopefully resolve their traumas. Miller (2007) referred to the benefits of symbolic expression in creative play to gain necessary distance from themselves and life events as a way to imagine different outcomes.

The act of cognitively processing traumatic events has been shown to play an important role in stress-reduction (Spiegel, Malchiodi, Backos, & Collie, 2011). Cognitive reframing was
used to alter trauma-driven thoughts and the way clients respond to traumatic experiences in association with conscious memories and present-life experiences. This could take place once the child’s narrative had been reframed through art exploration. Clients could begin to respond to these events in a positive light, including emphasis on survival, strength, and emotional transformation. Feelings emerging from the reframing process were explored through art materials, either through an open-studio format, or even directed pieces referring to arising emotions (Malchiodi, 2012).

**Art materials.** Hinz (2009) discussed the media properties of using different art materials, and the influence they have over the art process and product. Fluid mediums, with less inherent structure, were found to likely evoke emotions, while solid media was thought to suggest relation to internal structure. Solid, or structured materials such as colored pencil, collage, markers, and stone or wood sculpture, were considered resistive materials due to the required application of pressure in order for the media to be used effectively. Fluid media included materials such as paint, wet clay, and chalk pastels, due to their quicker and easier flow (Hinz, 2009).

In one study, Ziff, Pierce, Johanson, and King (2012) were able to pilot a school-based creative group-counseling program for children using the ETC as a basis for the restorative possibilities of artmaking. Ziff et al. found that the implementation of the ETC acted as a valuable framework for supporting groups of children kinesthetically, affectively, and cognitively, through use of a combination and variation of resistive and fluid art materials. Through this program, children were found to demonstrate higher levels relaxation and concentration, and an increased ability to engage in meaningful social interactions (Ziff et al., 2012). It was also found that a supportive community surrounding the group that allowed self-
exploration and assisted in ensuring flexibility, tolerating frustration, and making friends. Additionally, through exploration of the different levels of the ETC, participants were provided with and introduced to appropriate art materials, and given a space for reflecting safely upon artwork (Ziff et al., 2012). In another study conducted by Fernandez, Serrano, and Tongson (2013), the ETC was used as a framework for the first stages of an intervention process on a case study with a 10-year-old boy struggling with selective mutism. Through the ETC’s outlined theory of hierarchy of creative expression the researchers were assisted in understanding the client’s level of functioning, and served as a model for creative transitions the client experienced during the first stages of therapy. Fernandez et al. (2013) found that the ETC framework was helpful when addressing a gap in behavioral modification. When the client showed resistance, agitation, or an absence of positive affect, due to the possibility of art materials or directives being overwhelming, structured play was offered as a less threatening therapy to offer a transition to the introduction of art therapy. The researchers found that this allowed the client to communicate creatively, which helped pave the way towards verbal interaction with the client (Fernandez et al., 2013).

Lusebrink (2010) theorized that each level of the ETC reflected the complexity of visual and affective information that paralleled different structures and functions of the brain. With this in mind, Lusebrink (2010) found that through stepwise planning of interventions using the ETC assisted in stimulating brain structures involved in processing information. When interacting with art materials, their expressive potential was determined by the appropriate use of mediators, or tools, used to apply the desired media. The use of mediators were said to have influenced the individual’s experience with reflective distance, or ability to think about and reflect upon their expressive experience (Hinz, 2009). Another component of an individual’s experience with art
materials depended on the task’s level of complexity and structure (Hinz, 2009). Higher structured tasks included a specific type of response that led to specific outcomes upon completing the task, while higher complexity involved the inclusion of many steps in the task. The higher structure and complexity, the more structured the experience was, evoking information that was processed with use of the Cognitive component of the ETC (Hinz, 2009). Art tasks requiring less structure and complexity, were more likely evoke functioning on the Symbolic and Affective levels of the ETC, allowing for a higher emotional potential, and opportunities for discovering personal meaning (Hinz, 2009).

Resistance to art therapy took many forms including opposition by excessive verbalization, silence, the production of stereotypical images, copying another person’s artwork, destroying artwork, or presenting unmanageable emotions (Lusebrink, 1990). Resistance was thought to be based on an individual’s fear of revealing themselves, in ways that felt out of their control (Hinz, 2009). Reluctance to engage with art materials and process warranted further exploration to determine its interference in the building of therapeutic rapport, and progress towards goals (Hinz, 2009). Hinz (2009) recognized the importance of using the framework of the ETC to identify therapeutic obstacles in order to identify strategies to overcome them. Some obstacles included deficient skill, difficult emotions, and problematic beliefs or attitudes. In order to overcome these obstacles, the therapist was encouraged to teach artistic skills along the Cognitive component of the ETC, identify emotions among the Perceptual, Cognitive or Affective components, and work to identify beliefs using he Perceptual or Cognitive components in order to begin looking at one’s belief from a new perspective (Hinz, 2009).

In a case study assessing the therapeutic application of the ETC, Lusebrink (2010) found that transitions between different levels of the ETC were facilitated through a change in media
and directives that avoided perservation on any specific level of the ETC. Lusebrink found that among the kinesthetic and sensory modalities, this participant experienced changes in the artmaking process that implied an inner movement had occurred in the participants brain functions, allowing further processing of visual and other information. According Lusebrink’s assessment, art therapy gave individuals the ability to access sensory and affective processes that were not available through verbal processing. Through the experiences of images, thoughts, and feelings expressed in creative engagement, new meaning presented a reflection of the individual’s strengths and weaknesses, and potentially the psychopathology of the artist (Lusebrink, 2010).

Summary

Children that experienced a traumatic event often exhibited severe physical, cognitive, and emotional symptoms that had the potential to impair their development, adjustment, and ability to thrive (Perry & Szalivitz, 2017). For clinicians who have worked with traumatized children, it was found that the client-therapist relationship was a healing journey that assisted children in emerging from victimization to survival (Pistorius et al., 2008). Professional mental healthcare providers working with clients who have experienced trauma have been found to experience symptoms of trauma that mirrored those of their clients and caused significant impairment, known as vicarious trauma (Pistorius et al., 2008). This developing research emphasized how important it was for clinicians working with children exposed to trauma to hone an understanding of how trauma affected their clients, in order to recognize the role this played in vicarious trauma. Williamson et al. (2018) found that failure to manage post-trauma responses hindered the ability to thrive, further interrupting post-trauma adjustment, coping abilities, and increased perceived vulnerability to threat.
It was considered essential, by Malchiodi (2012), that mental health providers working with traumatized children, do their best to protect them from the dangers of re-traumatization and out-of-control internalized reactions. However, if clinicians did not pay careful attention to how exposure to their client’s described traumatic experiences affected them, it may have negatively impacted their psychological functioning, resulting in vicarious trauma (Malchiodi, 2010). Art therapy offered those who have been exposed to traumatic events, or vicarious trauma, a platform to begin addressing the connection between dissociated memories and their retrieval into consciousness (Malchiodi, 2012).

Modalities of treatment for stress discussed included cognitive behavioral therapy, mindful meditation and muscle relaxation, and various forms of art therapy. Cognitive behavioral therapy offered a focus on topics such as building rapport, managing anxiety, identifying and processing affect, psychoeducation, the development of coping skills, developing the trauma narrative, and identifying and reducing potential future risk (Pifal, 2007). Through implementation of mindful meditation and muscle relaxation techniques, it was found by Davis and Hayes (2011) that addressing physiological manifestations of stress in this manner improved emotional regulation, and empathy, increased response flexibility, enhanced interpersonal benefits, and emotional communication, and decreased reactivity (Davis & Hayes, 2011).

It was found that through a combination of positive psychology and art therapy, individuals experienced an increase in their well-being through creative facilitation that emphasized purpose and meaning, positive engagement, and externalization of emotions (Wilkinson & Chilton, 2013). Transdisciplinary art therapy utilized visual art alongside psychotherapy in order to treat psychosocial distress and increase holistic well-being in order to build a well-rounded comprehensive foundation (Bucciarelli, 2016). It was also supported that
combined art/movement therapy evidenced significant improvement in mood elevation, that further facilitated stress reduction (Curl, 2008). These findings supporting the implementation of different types of art therapy also reinforced the hypothesis that the creation of something new enabled a cathartic experience regarding emotional expression, enhanced empowerment, and a boost in mood and self-esteem (Foster, 1992; Grodner et al., 1982; Moon, 1994).

Specific art therapy modalities regarding treatment for trauma included Trauma-Focused Art Therapy (TF-ART), ATTP, and narrative art therapy and reframing. Instead of verbalizing traumatic events, art therapy has been utilized to instead engage in creative activities that develop a story of an individual’s trauma (Chilcote, 2011; Mallay, 2002). Art therapy in the treatment of trauma has been used to reduce symptoms associated with depression, increase emotional expression, and decrease emotional numbing (Howie, 2016). Through TF-ART and ATTP, clients were offered a platform to build on personal understandings of affective responses to trauma, which provided a safe place to explore negative feelings associated with trauma hands-on. Lyshak-Stelzer et al. (2007) found that TF-ART offered an opportunity for traumatized youth to orient to their environment through artistic representation as a form of verbalization. Malchiodi (2012) found that narrative art therapy offered a safe place to explore re-exposure, assisting trauma victims in bridging personal experiences into consciousness so that they might reframe them in a manageable way. Councill (2016) found that this form of art therapy allowed an accessible, visible record of the therapeutic process that could be used to bridge the client’s experiences and the outside world.

It was also important to recognize that art materials utilized offered different media properties, and influenced the art process and product (Hinz, 2009). An individual’s reluctance to engage with art materials and process warranted further exploration to determine its interference
in the building of therapeutic rapport, and progress towards goals and could be assessed using the ETC (Hinz, 2009). The implementation of the Expressive Therapies Continuum (ETC) allowed a framework for supporting individuals kinesthetically, affectively, and cognitively through the use, combination, and variation of resistive and fluid art materials (Ziff et al., 2012).

Further research was important to the field of art therapy as it strived to bring attention to art therapy as a valuable therapeutic resource and mental health practice that offered engagement in self-awareness through art expression for clinicians to better understand themselves and their clients (Buser et al., 2005). Experiential education offered the example of learning through personal experience (Mullen et al., 2007), furthering the point that counselors may not know what the fully expect when it comes to client behavior, if they have not engaged in the way they are asking their clients to (Keller-Dupree & Perryman, 2013). If mental healthcare professionals who worked with traumatized clients, were given first-hand experience with art therapy practices, they may have learned how it was a viable resource in the reduction of stress, not only in work settings, but amongst clients as well. Further study regarding treatment of trauma and stress through art therapy assisted in bringing awareness to other facets of the mental health community, through developing an understanding of the values and worth of the art therapy profession. Having this understanding may have offered the value of subjectivity, through the way in which mental health providers instill these values into other therapeutic encounters (Keller-Dupree & Perryman, 2013).
CHAPTER III

Methodology

This study evaluated the effectiveness of art therapy interventions in reducing stress in mental healthcare providers who work with clients experiencing trauma to enhance self-care practices. Stress levels were measured through implementation of art therapy interventions, a questionnaire, and a pre- and post-Stress-Arousal Checklist (SACL) assessment to determine if the implementation of art therapy had a positive impacted mental health provider’s stress levels.

Participants

Participants in this study included adult (male and female), healthcare professionals, working in mental health with children who have been exposed to trauma, from local health organizations that provided care and counseling services to children and families. Participants included 12 individuals, aged 25 years and older. Employees of local health organizations were recruited by a flyer (Appendix A) via faculty email, inviting them to participate in the research study. Individuals who showed interest, were sent a workshop presentation letter (Appendix B) with more information on how to participate. Participants included counselors, case managers, nurses, and other support staff who were involved in the direct care of children who had experienced trauma. In order to further maintain confidentiality, the workshop was held in a private setting where only participants and the facilitator had access. Prior to the workshop the researcher participated in the meditation and art therapy intervention to further inform her research and ensure that she understood and experienced first-hand what she asked her participants to do.
Research Design

The research group consisted of mental health professionals that participated in a one-time workshop. Prior to the start of the study, each participant completed an informed consent form, which was approved by the Saint Mary-of-the-Wood’s College Institutional Review Board. The form indicated: (a) the purpose of the study; (b) that individuals were not required to participate; and (c) if they chose to participate, they were able to withdraw from the study at any time without penalty. In addition to this, a consent form to photograph artwork for research and educational purposes was completed prior to participation in the research study.

Participants then attended a 90-minute session in which they were first asked to fill out the Stress-Arousal Checklist pre-assessment, taking participants approximately 10 minutes. The workshop then focused on stress-reduction, mindfulness, and self-care through a brief muscle relaxation meditation (Appendix C), and an art therapy directive (Appendix D). Following the art intervention, participants engaged in a brief reflection and group processing of the intervention and the artwork created. Participants were then asked to fill out a qualitative questionnaire (Appendix E) reflecting on their experience of participating in the workshop. This questionnaire took participants approximately ten minutes. Participants were then asked to fill out the Stress Arousal Checklist as a post-assessment, taking participants approximately 10 minutes. Finally, distribution of the debriefing statement (Appendix F) concluded the workshop. In this statement, the purpose of the research was again specified, and the researcher’s contact information was included for any follow-up, as well as a reference list of supplemental articles to refer to, and counseling resources in the area. Following the workshop, the researcher engaged in response art and visual journaling as a way to reflect on the effectiveness and clarity of the research workshop.
Research Instruments

Stress-arousal checklist (SACL). Kaiser, St. John, and Ball (2006) reported evidence of the use of quantitative methods in art therapy education research, for providing support of the effectiveness and efficacy of treatments. The quantitative method of using the SACL instrument included a pre- and post- self-reported measure that contained 30 adjectives used to describe a person’s psychological experience of stress and arousal (Mackay, Burrows, & Lazzarini, 1978). This survey included positive stress adjectives such as tense, apprehensive, and worried. Some negative stress adjectives included relaxed, restful and peaceful. Additionally, included in this survey are positive arousal adjectives and negative arousal adjectives such as active, energetic and vigorous, versus drowsy, tired, and idle.

The two-dimensional checklist measured the individual’s stress and arousal levels through self-report. The dimension assessing stress was used to evaluate the participant’s subjective experience in response to their external environment, whereas the arousal dimension evaluated ongoing autonomic and somatic responses of the participant. The SACL was scaled as the following: double plus (++), Definitely describes the participant’s feelings; plus (+), More or less describes the participant’s feelings; question mark (?) Cannot decide whether or not it describes how the participant feels, and; minus (-) Does not describe the way the participant is feeling.

Weiland (2012) provided a breakdown for the scoring system of the SACL, as a way to determine the participant’s stress/arousal score. In her thesis, Weiland demonstrates that a score of one was given when a participant circles a plus or double plus in response to positive adjectives. A score of zero was given when a participant circles a question mark or minus in response to positive adjectives. Conversely, if a question mark or minus was circled for a
negative adjective, the participant received a score of one. When a double plus or plus was
circled regarding a negative adjective, a score of zero was given. In order to calculate the final
score, the researcher combined the scores for positive and negative stress adjectives and the
positive and negative arousal scores separately. The sum of the stress scores had a range of 0 to
18, and the sum of the arousal scores ranged from 0 to 12. Higher scores were indicative of
higher stress and/or arousal (Mackay et al., 1978).

**Inside-outside self-boxes.** Participants engaged in an art therapy directive entitled

*Inside-Outside Self-Boxes.* During this intervention, participants were asked to utilize art
materials to embellish the outside of small tin box in a way that expressed how they felt they
portrayed themselves to their clients. The inside of the box focused on personal feelings or
experiences that were carried with them, or possibly concealed from clients. Through this art
experiential, participants were given the option of openly processing their box or using the box to
guard the contents from the group, possibly protecting the group from the potentially dangerous
contents (Farrell-Kirk, 2001).

Provided materials included, but were not limited to, small tin boxes, magazine cut-outs,
pre-cut words and phrases, various paper materials, scissors, glue, markers, graphite pencils,
colored pencils, fabric, yarn, beads, glitter, and feathers. The goal of this directive was to
facilitate self-discovery, and engage in stress-reduction and self-care. The selection of art
materials was carefully considered, in line with Hinz (2009). Material options were those likely
to have been familiar to participants prior to the workshop. During the workshop, primarily solid
materials with more resistance were offered to allow more structure and control to participants
(Hinz, 2009). The higher structure and complexity of this task encouraged participants to engage
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in reflective distance when reflecting on their expressive experience, as well as promote the use of the Cognitive component of the ETC (Hinz, 2009).

Farrell-Kirk (2001) described the self-box as a powerful therapeutic tool, noting that it offers an opportunity to enclose and conceal contents, and also created a new realm of space that worked towards uniting opposites. Historically, she noted that boxes had been used throughout history because of the symbolic value associated with them. Within this safe place, participants were allowed the opportunity to experience security and freedom, while investigating and potentially conquering fears in a symbolic manner (Fryrear & Corbit, 1992). In this study, through creation of these self-boxes, participants were able to decorate, or place something into the box that not only signified the value of personal experiences, but further imbued a mundane object with newfound importance (Farrell-Kirk, 2001).

Kaufman (1996) referred to box art as a therapeutic task that offered a container for feelings, as well as a means of expressing emotion. She explained that through the creation of self-boxes, individuals were able to contain emotions, while at the same time, avoiding and dealing with the overpowering feelings associated with them (Kaufman, 1996). Levine (1992) recognized that the task of art therapy was not to eliminate suffering, but to allow a voice for the suffering, as a means of expression. Levine (1992) also described this expression as transformation, in which the creator was able to identify a container for their pain, in which it would be embodied.

The dimensionality of the box also offered options for accommodating complex interrelations of conflicting needs, that arose from juxtaposing the outside from the inside, which potentially further integrated polarities of personality (Farrell-Kirk, 2001). In a study conducted by Chu (2010) with survivors of the Rwandan genocide, the incorporation of creatively making
boxes was found to offer group members the ability to cherish important experiences, articulate what was valuable, and express their individuality in concrete form. In this particular study, participants connected with the box as a metaphor for self and utilized these qualities for the purpose of self-expression, by way of nurturing their own sense of being. Chu (2010) recognized that the self-boxes provided a sense of control and safety, and also offered a reaffirmed sense of self, autonomy and control in the process, as well as group empowerment through sharing the boxes. Through joint observation, Snir and Regev (2014) found that this process enabled individuals to gain a greater awareness of their inner experiences, reflecting and expressing this in their creative product. In this study, it was also observed that through developing conversation, both the therapist and client became better informed on the client’s perceptions detailing their creative product’s contents. When contemplating the creative product and its meaning, and processing the creative product’s existence through verbalization, Snir and Regev agreed that this information was meaningful for the evaluation of purpose, mental processing, insight, and interpretation.

**Questionnaire.** Following the art therapy intervention, a survey adapted from Weiland (2012) was administered to the participants. The questionnaire asked for the subject’s experience when participating in the workshop, what their artwork represented personally, level of enjoyment of the process of art-making, any difficulties they experienced when engaging with art materials, any further information the participant would like to share, and if they would recommend art therapy as a stress-reduction tool.

Researchers Kaiser et al. (2006), found an increasing trend toward the use of qualitative data in art therapy research education. In this study, researchers identified that qualitative research required an extended period of time in order to collect sufficient data that was both
complex, and well documented. Kaiser, St. John, and Ball also recognized that some participants in their study emphasized that qualitative research uniquely explored creative and therapeutic processes that echoed those of clinicians and researchers in related fields. Others documented that solely using qualitative data may limit the field of art therapy, and it was important to strive for balance between approaches when conducting research.

Snir and Regev (2014) discussed self-report questionnaires as a creative process used in art therapy to emphasize the importance of examining therapist and client reactions to art therapy techniques. In review of the research, they found that self-report measures, completed by both clients and therapists, were constituted as a very common, and widely accepted research tool. Snir and Regev also found that despite some limitations, self-report questionnaires were able to document client perceptions of their direct experiences. They found that this enabled a focus on important questions, confirming or disconfirming theoretical findings that were previously assumed to be effective in art therapy practices. Additionally, the unique traits of art therapy such as abstractness, the depth of artistic tasks, and the ability to expose unconscious content, may have made research difficult when attempting to justify and examine data solely in a quantified manner (Snir & Regev, 2014).

Although there were several advantages to using self-report measures, it was important to document limitations of them, such as convenience. The use of self-report questionnaires required little data processing and did not require investment of significant time or financial resources, making it a convenient tool for researchers to repeat measures, and examine responses from relatively large groups of participants (Snir & Regev, 2014). Additionally, self-reported data also reflected the perceptions of the participant completing it, causing a potential for the data to be biased due to factors of social desirability, desire to please the researcher, or other
unknown variables of influence, and relying on the individual’s accuracy of conveying their experience correctly (Snir & Regev, 2014). Finally, it may be difficult to determine a connection between positive responses to a creative experience and a decrease in symptoms of stress (Snir & Regev, 2014).

**Personal Response Art.** Response art was described by Miller (2007) as the manipulation and use of art materials as a way to process forthcoming feelings and reactions following a session with a client. As a part of the study, the researcher engaged in response art and visual journaling as a way to reflect on the effectiveness and clarity of the research workshop, before and after implementation. This further assisted the researcher in processing, supporting, and evaluating the research. The researcher was also able to participate in the art therapy interventions given as part of the research, allowing reflective distance, and an opportunity to familiarize herself with the process. This also acted as an immediate outlet for the release of emotions, frustrations or identifications that may have been personally stirred up during the course of research.

**Data Collection**

Once the researcher was granted Institutional Review Board (IRB) approval to perform the study, the researcher sought participants through flyers and e-mail via the research site’s e-mail directory. Volunteers were provided with informed consent documents, which were to be read over and returned to the researcher prior to the workshop. Participants were selected to be a part of the research based on their job title as a mental health professional, and willingness to participate in research.

During administration of research instruments, facilitators allowed participants privacy, and participants were sitting far enough apart from one another that their confidentiality was
respected and maintained. Each participant was given an unlabeled envelope that held the art directive, the SACL pre- and post- assessments, the qualitative questionnaire, and debriefing statement. An individualized code was given to each participant that remained consistent on each document provided in order to ensure consistency and privacy, allowing for anonymity and no personally identifying information to be collected. Data was gathered through participant’s self-report. The participant’s self-reported levels of stress and arousal were completed through filling out the SACL inventory, pre- and post- the art therapy intervention. Data from the participant’s responses to the Questionnaire were also reviewed and shared in the results section of the research. The digital data of this study were stored on a password protected flash drive, and on a password protected computer that only the researcher had access to. Physical documents completed by participants were stored in a locked file cabinet in the researcher’s locked office.

Data Analysis

Following the research workshop, the researcher evaluated and scored each participant’s pre- and post- SACL inventory survey responses. Scores were then reevaluated for accuracy by the researcher. The difference between the pre- and post- SACL inventories was then tabulated and organized through use of Excel software. The results of the data were then organized into a quantitative table, and then written up in a narrative study.

Results from the qualitative questionnaire were analyzed for common themes and organized into a thematic analysis chart to show overall themes of participant’s responses. To analyze qualitative results, the researcher first familiarized herself with the responses of the qualitative questionnaire by reading and re-reading the data, noting any initial analytic observations and paying specific attention to arising patterns. The researcher also kept a reflective journal to document her thoughts, decisions, and observations during the analysis of
the qualitative questionnaire. The researcher used Excel to document responses to answers to questions on the questionnaire and assigned initial codes that described labels and categorization of recurring themes. A detailed account for why codes were combined, how they were related, and what questions the researcher was asking of the data were kept in the reflective journal.

In the Excel document, the researcher highlighted commonalities and combined them into overarching themes that depicted the data, including themes that did not always reflect the entirety of the data. The researcher also organized the themes into a thematic analysis chart (Figure 1) to offer a visual aid for determining the relevance of themes. Next, the researcher reviewed the themes to see how they supported the data, and defined the themes, how they were captured, and what they meant for the research. Finally, the researcher came to a conclusion about which themes made a meaningful contribution to understanding data and recorded this in her reflective journal.

Figure 1. Thematic Analysis Chart.
Validity and Reliability

The SACL was found to provide acceptable levels of split-half reliability coefficients for both the stress scale, as well as the arousal scale (Watts, Cox, & Robson, 1983). The split-half reliability coefficient for the arousal scale demonstrated a coefficient of .82, and the stress scale showed a split-half coefficient of .80. King, Burrows, and Stanley (1983) conducted a study to assess the ability of the SACL to distinguish stress levels between groups of individuals that were expected to differ in stress or arousal. King et al. found that the SACL yielded meaningful results, and significant differences in both stress and arousal were demonstrated between the different participants who contributed to the survey. The researchers were able to confirm independence between the stress and arousal scales, further supporting the validity of the labels given to both the derived scales. Results of their study suggested that the SACL may be of value in measuring that of environmentally induced changes of stress and arousal, and further monitoring the effects of treatment. These studies provided support for the scale to be used in further research on perceived stress as a focus of measurement. Considerations that should be noted, included that that the introduction of the SACL to new populations should be performed with caution due to the fact that all terms may not be assumed equally understood by all populations (King et al., 1983).

Qualitative measures were also used to acquire data through a questionnaire provided to participants. Data that relied solely on participant’s self-report has offered mixed views among previous research. Emerson, Felce, and Stancliffe (2013) found that while many are able to provide reliable, unbiased, and valid accounts of their feelings, the cognitive and linguistic demands on self-report questions have presented as a challenge to validity. More specifically, Finley and Lions (2001) found that questions involving responses about frequency, judgments of
time, or generalized evaluations may have been proven to be problematic. However, mixed methods research including the integration of qualitative and quantitative data has been found to supply deeper, and more context-rich answers to research questions (Johnson, 2019). Johnson found that through multiple sources of data, a real-life contextual understanding allowed for maximizing strengths, and counterbalancing among weaknesses of data. Leung (2015) found that in quantitative research, reliability can be found through replicability of process and results, while qualitative research reliability lies within the researcher’s consistency. Silverman (2009) also found that using approaches such as refutable analysis, consistent data comparison, comprehensive use of data, and including deviant cases, and tables, enhanced reliability. In order to ensure validity, the researcher was expected to use appropriate tools, and processes to find data, and the methodology design must be valid and appropriate for answering research questions, sampling, and assessing results and conclusions for sample and context (Leung, 2015).

**Ethical Implications**

Approval to conduct this research study was received from the IRB at Saint Mary-of-the-Woods College. Several ethical implications were taken into consideration throughout the entirety of this research, including the use of informed consent, experimental debriefing, minimal risk of harm, maximized benefits to the research, participant autonomy, and the act of safeguarding the participants’ information and confidentiality (American Art Therapy Association [AATA], 2013). The American Art Therapy Association Ethical Principles (2013) recommended that practicing art therapists and students remain true to the responsibilities to their clients and research participants, while seeking to promote their well-being. This study sought to do so, while respecting the rights of the persons involved and made reasonable efforts to facilitate art therapy services and research properly.
As previously stated, the risks associated with this study were minimal, but they may included the possibility that individual participants could experience negative feelings when they responded to the questionnaire, self-reported on their stress levels, and engaged in reflective art-making. To manage any discomferts or concerns, the researcher will provided external referrals to participants as a way to offer support for any negative reactions to the study.

**Researcher Bias**

Carolan (2001) noted that it was important for researchers to prioritize new knowledge, free of personal agendas. The researcher of this study was an art therapy graduate student when the study was conducted, which allowed potential for researcher bias, due to the researcher’s belief that art therapy has positive effects on those that experience high levels of stress. In order to avoid certain biases, the researcher was required to go through the IRB review process as a way to provide new perspective, which enabled emotional distance from the proposed research (Deaver, 2011). The study benefited from the IRB reviewers’ expertise on regulations, the risks and benefit ratio of assessment, and the informed consent process.

Hill, Nutt, and Jackson (1994) found that a majority of research relied on participant ratings as a source to process data. This participant-rated measure, and self-report may have been a matter of convenience, considering that the sample was made up of a group of individuals who willingly volunteered as participants and were professional acquaintances of the co-investigator (Heppner, Kivlighan, & Wampold, 1999). Lambert, DeJulio, and Stein (1978) however, argued in favor of the use of participant ratings due to the importance of client perspective among assessments. This study did offer potential biases regarding the participant’s understanding of the purpose of the study, as it was explained through administration of informed consent at the beginning of the study. Participants may have exhibited bias when responding to the inventory
survey, answering in a way that they felt may have suited the expectations of the researcher, however, this was unknown.

The SACL and Questionnaire instruments of this study placed emphasis on self-report, which may have been limited to what the individual was willing or able to report (Carolan, 2001). Through analysis, the researcher was able to determine if the results were to be taken at face value, or interpreted, weighing the critical variables such as the circumstances under which the SACL and Questionnaire were conducted, the motivation of the participants, possible social desirability and the extent of which the individuals are familiar with themselves. The SACL and Questionnaire offered open-ended and close-ended questions which opened response possibilities for participants, making data integration easier, with more possibilities of response, as well as the ability to integrate response patterns (Carolan, 2001).

Deaver (2011) suggested that art therapists’ inherent capacity for empathy and awareness of client-therapist power dynamics may have encouraged ethical decision making about the possible vulnerabilities of research subjects. In this study, since the sample was small, generalizations to the population were made with extreme caution. Although this may be considered a convenience population, the researcher did have to obtain approval from the research site as well, thus the dual approval added an additional layer of oversight, which may have provided greater assurance to the subjects and researchers (Deaver, 2011).
CHAPTER IV

Results

The data analysis of this study revealed four overarching themes. These included (a) reduced feelings of stress, (b) recommending art therapy to others, and (c) apprehension with art materials.

Reduced Stress

Data was gathered from a total of 13 participants who engaged in this study. Through implementation of the mindful meditation and muscle relaxation, group support, and utilization of art therapy techniques offered in this study, the researcher found an 81.5 % average reduction in overall reported feelings of stress among 12 of the 13 participants, based on the results of the self-rated Stress-Arousal Checklist (see Appendix G). Among the participants, seven of 13 reported having 100 % reduction in stress from the beginning of the workshop, to the end. Majority of the participants who reported a 100 % decrease in stress had reported low stress scores on the pre- SACL, and no stress on the post- SACL. One participant, however, had a score of 11 on the pre-SACL, falling in the moderate to high range of stress, and ended the session reporting no stress, with a score of 0. The highest potential stress score an individual could receive was 18, and the lowest potential stress was 0. The greatest range in reduction was found in one participant who scored the highest stress level with 13 points on to their pre- SACL, and 1 point on the post- SACL. An outlying participant reported having no stress on the pre- SACL, resulting in a score of 0, and also reported no change from the beginning of the workshop to the end, again scoring 0 on the post- SACL. Although this participant scored having no change in stress, she reported in the questionnaire that the workshop, “helped [her] feel calm, and relaxed after a stressful morning.”
Additionally, 10 out of 13 participants reported in the qualitative questionnaire that they experienced feelings of relaxation and calmness that resulted from participating in the art therapy workshop. One participant responded to their experience when participating in the art therapy intervention writing, “It was calming and good to slow down and be mindful of myself and how clients impact me.” Another participant stated, “I relaxed a bit while engaged, and enjoyed and appreciated the task.” Participants recognized that specifically following the mindful meditation and muscle relaxation they felt, “more relaxed in mind and body,” and found the exercise to be, “a great way to stop and focus in the middle of my day.” Participants found that the meditation at the beginning of the workshop was (a) helpful for them to be able to engage in art-making, (b) assisted in bringing their attention and awareness to a safe and calming space, and (c) offered a nice and relaxing start to the workshop, assisting them in focusing on the art portion of the workshop. Figure 2 describes one participant’s self-box art response, depicting how she felt her clients view her on the outside, versus what she feels she holds onto and does not show her clients. This particular participant recognized that the meditation offered a, “nice and relaxing start that helped [her] to focus on the art portion,” and overall the workshop was, “very stress free, and gave [her] time to reflect,” about her experiences working in the community mental health field.

Figure 3 depicted another participant’s art response, in which she strived to, “outwardly represent [her] ability to love, and offer stability, growth, and inner and outer peace to [her] clients.” This participant also shared her desire to present in a calm manner to clients when they are in chaos. In response to the meditation, this participant also found that the researcher, “presented this in a calm tone of voice and was clear in her directives,” continuing to say that, “It was very relaxing.”
The researcher was surprised to discover that the arousal portion of the SACL acquired no significant changes in data. Among the 13 participants, seven participants noted an increase in arousal from pre- to post- assessment, ranging from one participant’s increase of 10% to another’s 700% increase. Arousal among four participants decreased, with a range of an 18.2%
decrease to a 25% decrease. The two remaining participants reported no change from pre-arousal to post-arousal. It was interesting to note that one participant who used arousal adjectives to describe the experience reported a 22.2% decrease in arousal according to SACL score. The response stated, that the workshop was, “Very motivating and relaxing. A great way to reflect, relax and see/hear peers’ perceptions. It stimulated my (5) senses.” Although this particular participant used the positive arousal adjectives, motivating, and stimulated, she also had used the negative arousal adjective, relaxing. Similarly, another participant reported that the, “Intervention was enjoyable and peaceful/invigorating at the same time,” also using positive and negative arousal adjectives to describe their experience. This participant, however, had a 175% increase in arousal, scoring a 4 on the pre-SACL, and an 11 on the post SACL.

Upon completion of the qualitative questionnaire, it was also found by the researcher that all participants reported being able to set aside stressors and enjoy the art-making process. This was demonstrated when participants were asked on the questionnaire, “Were you able to set your stressors aside and enjoy the art-making process (even briefly)? Please explain.” All 13 participants responded yes to this question and went on to describe their experience with the art therapy workshop and setting stressors aside. Overall, participants agreed that this workshop allowed focus on creating artwork, which further distracted from outside stressors, and allowed them to be fully present. Participants responded to this question stating, “I zone out when doing art. Once I started there could have been 100 people in the room and I would not have noticed them,” and another responded that the workshop “distracted from all the ‘to-dos’.” Additionally, a fourth participant responded that although she has, “a very busy work week and personal life schedule,” she found it, “wonderful being able to focus only on [her] art for the time provided.” One other participant wrote that, “While doing the art, I was distracted from home stress and
worry and anything external. I was able to be fully present. I did NOT look at my phone at all! (That says something).”

Figure 4 depicted one participant’s art response after disclosing that she had a stressful week, and was pleased to take a moment for herself. When sharing her artwork with the group, this participant described that the outside of the box, “depicts my instincts to protect and hear my patients,” while inside of her box, “focuses on my real life outside of working, and the ways I process and am able to deal with external stressors.”

![Figure 4](image)

*Figure 4. A Moment for Myself.*

This finding was reinforced by the results of the SACL, in which 12 of 13 participants self-reported some degree of stress relief from the pre- SACL to the post- SACL. Among 12 of the participants of this study, stress-reduction ranged from 50 % reduction to 100 % reduction, according to the self-reported SACL results. The outlying participant scored no change in stress, reporting 0 stress on both the pre- and post- SACL. Interesting to note, however, was that this particular participant reported experiencing a stressful week prior to the workshop, as represented in her artwork in Figure 4, but no current stress was documented on either the pre- or post- SACL. On the questionnaire, this participant also reported that the mindful meditation and
muscle relaxation helped them to feel calm and relaxed after a stressful morning, and that the artwork described, “A way to express how I’m feeling in that moment,” and was, “Also a way to destress and relax.”

Figure 5 depicted the artwork of the participant who scored the highest range of stress-reduction, scoring 13 on the pre- SACL and 1 on the post- SACL, describing a 92.3 % decrease in stress. This participant similarly responded to how the workshop impacted her ability to set stressors aside and enjoy the art-making process, agreeing that she was able to, “be in the moment and contented,” when creating her self-box. She wrote that through the meditation, "Even though I just came from my own therapy session, I felt myself relax even more.” She described her artwork as, “an attempt to be honest to integrate my whole self and experience.”

Participants who scored in the median range of stress-reduction on both pre- and post- scores,
also reported similar answers on their questionnaires. One participant commented, “I have some fairly large stressors in my life at the moment. Losing sleep in fact. Being able to participate in this in-service event restored some much needed balance… thanks!” Despite slight differences in stress scores, individuals agreed that the art therapy workshop assisted in setting outside stressors aside and enjoying the art-making process.

**Recommending Art Therapy to Others**

This workshop strived to increase self-awareness, encourage emotional release, and development of inner strength to confront and resolve barriers. The researcher anticipated that participants would develop a greater awareness and understanding of the benefits of art therapy. It was found that through development of awareness, a positive emotional response toward art therapy as a mental health discipline was reported by all participants in the qualitative questionnaire, and during verbal group processing and reflection. When asked in the questionnaire if they would recommend art therapy to others, all participants agreed that they would recommend art therapy to others for self-care and stress-reduction purposes, one participant responding that, “putting aside other stressors was nice, to focus on ourselves and our beliefs/expressions.” Overall, participants agreed and expressed verbally or throughout the qualitative questionnaire that they not only recommended art therapy to others for stress-reduction, but also for a) self-care, b) self-expression and reflection and c) individuals to see that others may feel the same way as they do.

Figure 6 depicted one participant’s art response, in which she found self-care to be an important aspect of her experience in participating in the workshop, writing, “I loved to be able to create art for myself with no pressure or expectations. As an artist, I don’t make enough time for myself to create and sometimes neglect my creative self. When describing her self-box the
responded, “My artwork represents who I am and who I strive to be. I try to be peaceful in all aspects of my life—though that is sometimes a façade. I do need others, my faith, and self-care to accomplish that peace.” This participant also wrote in her response to the questionnaire that she recommends art therapy to others stating, “I have used [art therapy] myself and with others so I know the benefit and advocate for others to use it.”

Figure 6. Self-Care.

Participants also conveyed support for art therapy practices as a mode for self-expression, one participant writing that the workshop offered, “a good way to visually express my feelings.” Figure 7 depicted this participants art response where she described being able to express how she feels she is seen by her clients on the outside in terms of her expectations as a clinician, versus how she really feels on the inside. Similarly, another participant found that their artwork represented a creative and thoughtful side of herself that translated into, “an outward expression of internal thoughts and beliefs.” A third participant drew from a personal experience outside the workshop when stating why she recommended art therapy responding, “My sister and niece have
both been expressing themselves with art recently, and they say that it brings them peace and joy.” When asked if she recommended art therapy to others, a fourth participant wrote, “Yes x 100! Art is very therapeutic and helps people express themselves in any form of art they choose, whether they feel they can create something or not. I enjoyed thinking about the two perspectives and further understanding of myself, and work on myself growing as a person”

**Figure 7. We All Have the Power to Heal.**

Participants also recommended art therapy as a method of self-reflection, of which several participants described experiencing this themselves during the workshop. Participants wrote a) “I liked the art therapy intervention because it was different from most things we do in mental health. It was intuitive and self-reflective,” b) “It was great to reflect on my thoughts toward my patients and myself,” and c) “It provided a space for self-reflection and creativity.”

Figure 8 showed one participants response in which she described her artwork as representing:

The character I strive to display daily on a consistent basis, whether at work or in any
given environment. My inside represents some of the characteristics that I am working on and some of the areas I would like to process with clients. This participant found this workshop to be, “A great way to reflect, relax, and see/hear peers’ perceptions.” On the back of her box, this participant left a small space in which she was able to visually see herself through the reflective qualities of the box. She described this as an area to remind her to take a moment to self-reflect so that she’s, “always looking in.”

![Image](image_url)

*Figure 8. Looking In.*

Several individuals also stated that they wished art therapy practices and workshops that were available more often, and more readily available to staff members at their place of work. One participant responded the he wished, “something like this was available more often. It’s rare we get the option to express the negative effects the job can have on us,” and he also described that the workshop was great and he could, “see the benefit this therapy would have for our clients.” Another participant during the group reflection, noted that, “it is important to take care of yourself,” further reiterating this in her questionnaire response in which she said, “Staff need this.” A third participant responded to the questionnaire stating:

I think these workshops should be implemented in the mental health care settings for the workers so staff get a chance to express themselves and allow them time for self-
reflection. It allows individuals to show who they are and allows to get things bottled up out. It also allows for people to see that others may feel the same way as they do.

**Apprehension with Art Materials**

The researcher found that nine out of 13 participants recognized difficulty finding and prioritizing the use of art materials while doing the art therapy directive. Some participants also recognized the difficulty of using art materials to accurately express what they wanted to portray through their self-box. This recurring topic described the fourth theme, which was an apprehension with art materials. When asked on the qualitative questionnaire to describe any difficulties that may have been experienced, some participants responded that they experienced none, while others discussed initial apprehension, or discomfort with art materials. Others denied any apprehension or discomfort, but referred to it in later responses. One participant responded that she was, “Not quite finding all the things [she] wanted to represent [her] feelings,” and another similarly responded that one difficulty may have been, “not finding exact words to describe,” what she wanted to, however, this participant also included that a very diverse supply of art materials was offered. A third participant described that they had, “difficulty utilizing and combining all materials,” that they wished to include in their self-box. Similarly, two other participants responded, “I didn’t really plan but I gathered materials and struggled to prioritize their use,” and another wrote that it was hard, and “took thought to identify how I portray myself, but especially what I carry from clients/work.”

A sixth participant wrote, “I think choosing pieces to reflect in my artwork was difficult at first,” but later stated that her artwork was able to represent and express her creativity and thoughtfulness. One participant responded that her, “creativity can be all over the place at times, but this time it was a minor barrier until I had a clearer idea of what I wanted to do.” Another
participant also described that, “choosing pieces to reflect in [their] artwork was difficult at first.” Figure 9 showed one participant’s self-box who wrote in a response to his experience that, “Initially it was difficult to think about how to fill the inside as those are things I’m used to hiding.” Although he expressed some difficulty finding materials to describe his internal emotions and his concern he might fail to meet the needs of his clients, he also wrote, “The ability to use pictures, objects, etc. to describe my emotional state is something I haven’t considered before. I was very surprised how easily this approach seemed to connect with me.”

![Figure 9. How Can I Do My Best?](image)

The ninth participant wrote about her personal struggle to be succinct, writing, “I use words to express myself and sometimes there isn’t enough space on my ‘box’.” Figure 10 provided a photograph of this participant’s artwork. This particular participant also mentioned some inhibition due to her, “apprehension with having to explain the media that I chose.” Although this participant recognized some apprehension with the describing materials, and
expressing herself succinctly, she found that her artwork was honest and reaffirmed her, “commitment to helping others,” and, “trying to be genuine and dedicated to the clients’ recovery.” On the pre- SACL assessment, given prior to exposure to art materials, this participant had recognized that the positive stress adjective, apprehension, more or less described her current feeling state. However, after completing the workshop and filling out her questionnaire, when given the post- SACL measures, this participant did not recognize any lingering feelings of apprehension.

Figure 10. Genuine Dedication.

On the pre- SACL assessment, six participants responded that they were experiencing the positive stress adjective of apprehension, circling the (+) symbol, meaning that this more or less described how they felt. Five of these six individuals who had reported feelings of apprehension on the pre- SACL, had also recognized feelings of apprehension with art materials during the workshop on the qualitative questionnaire. The researcher found it interesting that although nine out of 13 participants had recognized apprehension with art materials when responding to the qualitative questionnaire, 0 participants responded that they had any feelings of the positive stress adjective, apprehension, on the post- SACL assessment measures. All participants on the post measures circled the (-) symbol, in response to apprehension, meaning that it did not describe the way they currently felt.
Summary

Thematic analysis of this study was done across participant responses through the use of coding. Data was gathered through self-report from 13 participants who engaged in this research study. Themes determined included reduced feelings of stress, the ability to set stressors aside and enjoy the art-making process, recommending art therapy to others, and recognized apprehension with art materials. A significant reduction in stress was found through the SACL self-report, with an average reduction of 81.5% overall. All participants reported a decrease in stress from the beginning of the workshop compared to the end of the workshop, excluding a single outlying participant who reported no change in stress from beginning to end. In response to the qualitative questionnaire, words to commonly describe the overall experience of participating in the workshop included feelings of relaxation and calmness. The meditation at the beginning of the workshop was found by participants to have been helpful to aid in the transition from the outside world, into a safe and calming space to engage in art-making. It was also reported that the workshop was stress free, as well as motivating, which allowed individuals to be distracted from outside stressors.

During group processing and reflection, both through verbal communication and self-report on the qualitative questionnaire, a positive emotional response towards art therapy as a mental health discipline was reported. Individuals recommended art therapy to others for stress-reduction, self-care, self-expression, personal reflection, and group cohesion. Although mostly positive responses to the art therapy techniques offered were found, it was also found that nine out of 13 participants recognized difficulty identifying and prioritizing the use of art materials while engaging in the art therapy directive, resulting in a theme of apprehension with art materials. While some participants reported no difficulty interacting with art materials, others
found that at times it was difficult to utilize the art materials in a way that accurately expressed what they wanted to portray through their self-box. One participant who at first found it difficult to find art materials that appropriately reflected her feelings, eventually determined that her artwork was able to represent and express her creativity and thoughtfulness. Although apprehension with art materials was a common theme among participants, many individuals were surprised to find how effectively the art directive was able to translate their emotional state, specifically following the group processing and reflection.
CHAPTER V

Discussion

The purpose of this research was to determine the effectiveness, and response of using art therapy as a method to reduce stress and enhance self-care among mental health professionals who may have been experiencing, or had experienced secondary trauma. Significance and interpretation of themes found within this research study include a reduction in stress, recommending art therapy to others, and apprehension with art materials. Limitations are were examined to determine the efficacy of the study and results.

Reduced Stress

It was found in the results of this study regarding self-reported stress-reduction, that there was a significant decrease in stress with an average of 81.5% stress reduction. In a research study looking at the effects of creativity on the emotional process, Curl (2008) similarly found that participants in a positive-focus condition group taking part in art therapy, demonstrated significant decreases in stress. In comparison, the negative-focus condition group in Curl’s (2008) study demonstrated slight increases in the amount of stress participants were feeling. Grodner et al. (1982) also found that those who participated in combined art/movement therapy exhibited a significant improvement in mood on all scales, while the non-directed art group showed improvement only on the depression-dejected scale. The control group conversely, did not show any significant changes, supporting the hypothesis that creative art treatment had positive effects on stress levels, mood, and catharsis.

Through directed art therapy interventions, the organization of thoughts and feelings into a narrative has been considered to be useful in dealing with traumatic incidents (Pennebaker & Francis, 1996). Not only was this beneficial to coping strategies, but the inclusion of cognitively
processing traumatic events was shown by Collie et al. (2006) to be important in stress-reduction as well. One participant of this study recognized the workshop as offering great release, that enabled her to, “really thing about [her] experiences working in the community mental health field,” which gave her the opportunity to be distracted from outside stressors and time to personally reflect. Leviton and Leviton (2004) further emphasized the significance of organizing one’s thoughts to assist in processing stressful situations, in a way that was helpful for problem solving and stress-reduction. The results of this study found that this, in turn, stabilized of overall mental health.

Through implementation of mindful muscle relaxation, and the Inside-Outside Self-Boxes, participants engaged in a workshop that focused on organizing and processing stressful situations regarding secondary traumatic in the workplace. In doing so, they were offered the opportunity to create a safe space for their feelings, as a means of expression of emotion (Kaufman, 1996). One participant specifically recognized the muscle relaxation exercise at the beginning of the workshop offered her the chance to bring her, “attention and awareness to a safe and calming space.” After engaging in this exercise, she found that she was able to engage in intuitive self-reflection in her artwork, which represented, “a creative and thoughtful side of [her]self,” that was, “an outward expression of internal thoughts and beliefs.” Although this art therapy task did not eliminate the suffering, through expressing their emotions in a safe environment, it allowed a voice for it as a means of expression (Levine, 1992). Participants utilized this workshop to creatively relieve stress, and facilitate self-expression, while nurturing their own self being, and connecting with their self-box as a metaphor for self, as described by Levine (1992).
Abbott et al. (2013) found that artistic focus for a stress-reducing task was more effective as opposed to a non-artistic task. Harrison and Westwood (2009) also found that individuals who engaged in personally preferred pleasurable activities with a conscious and intentional effort were able to cope better with work-related stress. Several studies additionally suggested that this engagement in self-care behaviors, such as participating in an art therapy workshop, was found to be an important method used to regulate emotions and experiences, and alleviate stress (Hunter & Schofield, 2006; Pistorious et al., 2008, Splevins et al. 2010). Another participant of this research study found that the art therapy portion of the workshop, “was calming and good to slow down.” She also recognized that participating in art-making allowed her the ability to be mindful of herself and how her clients impact her. Engaging in personal therapy was also found to offer a strategy for coping with stressful emotions that included work stress, enabling a safer environment for mental health providers (Pistorious et al., 2008).

This workshop was designed to allow individuals to engage in strength-based self-reflection that encouraged transparency and group interaction. Gable and Haidt (2005) recognized that the profession of psychology has tended to place focus on reparation of weakness, and the alleviation of suffering instead of examining conditions that contribute to optimum functioning. It has been argued by positive psychologists that disease models encouraged the limited view of the potential of humans where people are seen as fragile and flawed (Peterson, 2006). Duckworth et al. (2005) focused on the therapist’s intention to place importance on an individual’s ambitions, positive life experiences, and strengths of character as a way to buffer against their disorders. Positive psychology approaches are suggested to reconcile distress, lessen damage of disease, and act as a protective factor (Gable & Haidt, 2005). Positive psychology provided a new understanding of trauma and symptoms associated with trauma, that
involved the experience of posttraumatic growth, in which individuals experienced positive change as a result of battles with challenging life crises (Tedeschi & Calhoun, 2004). These changes were found to be intricate meaning-making processes that potentially increased a sense of meaning and purpose, more meaningful relationships, altered priorities, and an increased sense of personal strengths (Wilkinson & Chilton, 2013).

Wilkinson and Chilton (2013) noted that recent research has strongly supported that engagement with art-making had the potential to induce and increase an individual’s positive experiences and emotions. It was expected that through this art therapy workshop, individuals would benefit from the art therapy in a way that stimulated posttraumatic growth throughout the meaning making process. Participants engaging in the workshop were offered a chance to potentially engage in organic cognitive-emotional shifts, not only through the content of their artwork, but through the promotion of benefit finding (Wilkinson & Chilton, 2013). Through engaging in a positive group interaction in the workplace, individuals reported feeling supported by other staff members, allowing feelings to be expressed and validated. One participant specifically recognized that the art directive was, “Very motivating and relaxing,” and was, “a great way to reflect, relax, and see/hear peers’ perceptions.”

Nainis (2005) found that workplaces that did not address increased stress levels among staff had been shown to exhibit high turnover, poor productivity and a decline in the quality of care for those they treat. Through engaging in this research workshop, participants reported a positive response to art therapy, and also increased positive emotions that may have continued to help build their resilience and emotional perseverance (Seligman, 1995). Nainis also found that art therapy was successfully utilized as a self-care and team-building exercise to maintain a supportive work environment that paid careful attention to staff issues. Through implementation
of self-boxes and processing, the researcher found that participants were able to reinforce their understanding of self, and focus on their personal experiences to engage in personal growth and strength, a relief of suffering, the promotion of positive emotions, and focus on the healing effects associated with the therapeutic art process (Wilkinson & Chilton, 2013). One participant was able to express during the workshop his concerns of failing to meet the needs of his clients, and was surprised at how much the approach connected with him and enabled him to relax and set stressors aside. The research workshop offered individuals a safe outlet to set stressors aside, and engage in emotional release, while addressing and processing secondary trauma experienced in the workplace.

**Recommend Art Therapy to Others**

In many studies, self-care behaviors have been found to be one of the major methods used for individuals to regulate their emotions and experiences, and alleviate stress (Hunter & Schofield, 2006; Pistorious et al. 2008, Splevins et al. 2010). Malchiodi (2012) found that if trauma was not addressed, these harmful experiences might have triggered similar traumatic stress states that resulted in conditioned responses of arousal and avoidance. Stebnicki (2007) additionally found that if counselors did not practice self-care by way of awareness, balance among wellness, and lifestyle approaches, they had difficulty maintaining supportive connections. In feedback regarding experience with art therapy in this study, the creative process was experienced as helping the staff achieve self-care. One participant found that the artwork made during the workshop represented her sense of peacefulness throughout her life, and she recognized that she needed others, her faith, and self-care, in order to accomplish this peace. Nainis (2005) also recognized art therapy’s ability to provide a playful and relaxing space for the
participants to interact, increase communication skills, and recognize the importance of
involvement with self-care.

In a similar study conducted by Murrant et al. (2000), art therapy was utilized to act as a
creative client-centered approach to express participant’s personal issues, life experiences, and
feeling states through art-making. The researchers found that through externalizing an experience
in concrete imagery, art therapy acted as a means for turning the experience into words that may
not have otherwise been verbalized. Upon observation and participant feedback to the workshop,
similar to Murrant et al.’s (2000) findings, the implementation of art therapy allowed participants
to identify an experience or feeling state in order to lead to emotional healing and growth, as an
act of self-care. A participant of this study found that she would recommend art therapy as a self-
care method and stress reduction tool, due to its ability to aid in self-expression, “…and to get
things bottled up out. It also allows for people to see that others may feel the same way as they
do.” In another study done by Thompson et al. (2014), research supported that a focus on
compassion satisfaction, self-care and mindfulness also contributed to lower levels of burnout.
Another participant, responding from previous personal experience, reported that her personal
use of art therapy has encouraged her to understand the benefits of art therapy, further
encouraging her to advocate for others to use it as a coping mechanism as well.

Through this workshop, further exposure to, and understanding of art therapy practices,
within managed care counseling settings offered an outlet to engage in emotional release for
stress-management. Participants were also given the opportunity to learn new coping
mechanisms, further addressing the importance of processing secondary trauma that occurs in the
workplace. This study also offered a platform for the participants to engage in self-care and
participate in a team-building exercise that assisted in maintaining a supportive work
environment, which was important to team morale (Nainis, 2005). One participant noted that he wished, “something like this was available more often. It’s rare we get the option to express the negative effects the job can have on us.” Art therapy had been found to offer individuals experiences tailored to increased well-being through creative facilitation, in order to emphasize purpose and meaning, positive engagement, and emotions (Wilkinson & Chilton, 2013).

Through personal experience with art therapy practices, it was found that participants had a positive response to the workshop, which encouraged them to be likely to recommend art therapy practices to others for self-care and stress-reduction purposes. A participant found that this practice was, “very therapeutic and help[ed] people[d] express themselves in any form of art they [chose], whether they feel they [could] create something or not.” Anderson (2001) mentioned the importance of conducting research among the art therapy community as a way to increase exposure to the field of art therapy. Not only did participants recognize an enjoyment regarding their engagement during the art therapy workshop, but it was found in the qualitative questionnaire responses that an awareness of the field of art therapy was also achieved.

**Apprehension with Art Materials**

Participants of this research workshop were found to have initial apprehension when working with art materials, which was reflected in their responses in the self-report qualitative questionnaire. Some participants recognized difficulty utilizing and combining all the materials they were hoping to include, and others found difficulty in finding exact words to describe what they intended to portray. Hinz (2009) found that media properties associated with using different art materials had influence over the art process and product. Fluid mediums that offered less structure were more likely to evoke emotions, while more resistive media was thought to evoke more relation to internal structure (Hinz, 2009). This workshop offered fluid, but mostly resistive
materials, some requiring the application of pressure in order to be used effectively. When interacting with the art materials at the workshop, participant’s expressive potential was determined by an appropriate use of mediators used to apply the desired media, the individual’s ability to engage in reflective distance, and the task’s level of complexity and structure (Hinz, 2009).

This workshop was designed with medium structure and task complexity, that included instructed steps to completion, and a specific response that led to a specific outcome (Hinz, 2009). Steps included how participants were expected create the self-box, and participants were asked to create their art response in a way that encapsulated how they feel others perceive them on the outside, versus how they perceive themselves on the inside. One participant described how he had difficulty, “feeling at ease enough to describe the negative emotions,” when he was asked to depict what he keeps inside his self-box and conceals from others. In a case study conducted by Lusebrink (2010) it was found that when moving between modalities the participant experienced changes in the artmaking process that implied an inner movement had occurred in the participants brain functions. This allowed the participant to further visualize and process information. This same participant also shared that although he struggled expressing the negative emotions, he was, “very surprised how easily this approach seemed to connect with [him],” and he found that he was intrigued by, “the ability to use pictures, objects, etc. to describe [his] emotional state.”

Participants of this research study were offered a variety of materials to encourage exploration among levels of the ETC. During the research workshop, one participant identified that when sifting through materials, her creativity starts, “all over the place at times,” but that, “this time it was a minor barrier until [she] had a clearer idea of what [she] wanted to do.” The
goal of the directive was to facilitate self-discovery, and engage in stress-reduction and self-care. This goal-directed task assisted participants in evoking information that was processed with use of the Cognitive component of the ETC (Hinz, 2009). Depending on how an individual chose to engage with the materials, however, also had a hand in determining if the art task required less structure and complexity, offering room to evoke functioning on the Symbolic and Affective levels of the ETC as well (Hinz, 2009). This would have, in turn, allowed for a higher emotional potential, and opportunities for discovering personal meaning (Hinz, 2009).

Lusebrink (1990) found that resistance to art therapy took many forms including opposition by excessive verbalization, silence, the production of stereotypical images, copying another person’s artwork, destroying artwork, or presenting unmanageable emotions. Resistance was thought by Hinz to be based on an individual’s fear of revealing themselves, in ways that felt out of their control. In this research workshop individuals may have had a first-hand experience with this resistance, due to lack of familiarity with art media, struggle addressing difficult emotions, or possibly problematic beliefs or attitudes (Hinz, 2009). This apprehension with materials was unable to be processed further, but may warrant further exploration to determine its interference in one’s comfortability with materials, the building of therapeutic rapport, and progress towards goals (Hinz, 2009). Fernandez et al. (2013) found that during a case study, a client with selective mutism became resistive when he was first introduced to art materials. Due to lack of engagement, agitation, and resistance, Fernandez et al. concluded that the client was not yet comfortable with this higher level of expression. This led the researchers to shift the focus of the session to structured play in order to begin engaging the client in a way that was more familiar and less overwhelming (Fernandez et al., 2013). Due to a focus on building
therapeutic rapport, and attunement to the client’s needs, the researchers were able to successfully utilize structured play as an entry point into creative expression.

In another study conducted by Ziff et al. (2012) a school-based creative counseling program for children implemented the ETC as a framework for artmaking. Although participants were found to have higher levels of relaxation, concentration, and meaningful social interactions when participating in the group, individuals were also noted to have endured frustration and apprehension with art materials. It was found that the supportive community setting surrounding the group allowed the children to engage in self-exploration, teaching flexibility and the toleration of frustration through peer support (Ziff et al., 2012). One participant reported that instead of being inhibited by art materials, she was inhibited by her apprehension in explaining the media she chose. Although she felt pressure to “present [herself] to the other attendees,” the activity and group engagement allowed her to enjoy and appreciate the task while sharing with the group, “reaffirming [her] commitment to helping others, trying to be genuine and dedicated to the clients’ recovery.”

Although individuals recognized initial discomfort with art materials, and apprehension in effective utilization of the materials available, all participants were able to complete the task according to the directive, and were able to verbally process and share their artwork with the group during the art therapy workshop. Lusebrink (2010) found that art therapy offered individuals the ability to access sensory and affective processes that were not available through solely verbal processing. Through the experiences of thoughts and feelings expressed through imagery, and creative engagement, many participants were able to demonstrate self-reflection, acquiring new meaning regarding personal strengths, weaknesses, and even their potential psychopathology (Lusebrink, 2010). In order to continue to overcome these obstacles presented,
the therapist would strive to teach artistic skills along the many component of the ETC, to identify emotions and begin looking at one’s belief from a new perspective (Hinz, 2009).

**Limitations**

The limitations associated with this study included limited sample size, a lack of time to conduct the research, and that the results of the data relied on the accuracy of the participant’s self-report. Additionally, the time to conduct the research workshop was limited to a 90-minute session, and was required to be performed outside work hours, to ensure productivity in staff. Not only was this hindering to attendance, but it might have negatively impacted the research outcomes. Although the workshop was carefully orchestrated, it was difficult to execute to its full potential due to time constraints that limited the completion of the art intervention for some. The researcher was also unable to gather demographic information from participants due to guidelines given by the IRB, limiting the potential determination of whether the individuals in the study were a representative sample of the target population for generalization purposes.

Finally, the results of the data relied solely on participants’ self-report which has offered mixed views among prior research. It has been established and understood in research that many individuals are able to provide reliable and unbiased, valid accounts of their feelings however, the cognitive and linguistic demands of self-report questions have presented challenges to validity (Emerson et al., 2013). Finlay and Lions (2001), specifically found that questions involving responses about frequency, judgements of time, or a generalized evaluation might prove to be problematic.

**Recommendations and Future Studies**

This study was limited to the available participants and a one-time 90-minute session. Future research on the efficacy of art therapy workshops with mental healthcare professionals
who work with children who have experienced trauma is recommended to be utilized with a larger group of participants. In addition, it may be beneficial to retrieve data in ways other than self-report. Future research could be expanded to other populations of professionals catering to the needs of individuals facing trauma including teachers, law enforcement, nurses and other medical professionals. Further studies could also be used to delineate differences in the responses among gender, race, and ethnicity. Research could be further expanded to the children themselves who have experienced trauma, or endure chronic diseases or disabilities, as well as family members and caregivers of these children. If this research was found to be more effective among certain populations, recommendations could be specifically made for those that would benefit most.

Conclusion

The benefits of utilizing art therapy with healthcare providers in the mental health field has been researched and documented. This study sought to further examine if the implementation of an art therapy workshop acted as a stress-reduction and self-care tool for mental healthcare providers, and if mental healthcare providers who were exposed to art therapy might recommend art therapy to reduce stress and enhance self-care in others. This study used pre- and post-intervention measures and an open-ended questionnaire to determine the effectiveness of art therapy with mental health care providers who may have experienced secondary trauma.

The results of this study highlight the benefits and positive impact of art therapy in mental healthcare settings. This particular workshop offered those who may be exposed to secondary trauma a space to begin addressing this and translate these encounters into meaningful visual narratives (Malchiodi, 2012). Keller-Dupree and Perryman (2013) found that treatment of
trauma and stress through art therapy brought awareness to the mental health community, which may not have otherwise been introduced to this method. If more healthcare professionals in the mental health field were exposed to art therapy practices, it may further the field of art therapy as a valuable personal experience, not only for the participants, but for their clients as well.
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Appendices

APPENDIX A

Flyer

ATTENTION
CHILD CARE MENTAL HEALTH PROFESSIONALS

Do you often find yourself FEELING STRESSED OUT?

Then, this one-time art therapy workshop IS JUST FOR YOU!

You are invited to join a stress-reduction workshop that explores self-care through Art Therapy.

This workshop is part of a research study to determine the effectiveness of Art Therapy as a method to reduce stress in child care mental health professionals who may experience the effects of secondary trauma.

If you are interested, please contact Kaitlyn Harden at
Dear Participant,

My name is Kaitlyn Harden, and I am a Master’s student at Saint Mary-of-the-Woods College (SMWC). I am in the process of conducting my Thesis research and am seeking volunteers to participate in my research study in partial fulfillment of the requirements for the Masters of Arts in Art Therapy with Emphasis in Counseling Degree. The study is entitled, *Art Therapy, Stress, and Mental Health*. The purpose of this study is to determine the effectiveness of using Art Therapy as a method to reduce stress, and enhance self-care in mental healthcare providers. It will also strive to act as a team-building exercise that assists in maintaining a supportive work environment that focuses careful attention on employees.

You are being invited to participate in this research study and were selected as a possible participant because you were identified as a child care mental health professional who may offer care to child clients who have experienced trauma. Although minimal, the risks associated with this study may include experiences associated with negative feelings that may arise as the participant self-reports their stress levels and participates in an art therapy intervention and processing. There is also potential for uncomfortable memories to surface, in which case an on-staff supervisor will be present to ensure safety and wellbeing, and a list of local mental health counselors will be provided should you need outside support. There is no cost to you to participate in the study and it will take approximately 90 minutes to complete.

Your interest and consent to participate in this study is voluntary, and will be greatly appreciated, should you decide to participate. You are free to withdraw from the workshop at any time. Two forms are included in this packet that require your signature, including an Informed Consent document and a Consent to Photograph Imagery form that will need to be signed and returned to the researcher prior to starting the workshop. The researcher is available to answer any questions or help with the understanding of these forms, and you may contact her by email. Participants will complete a 1-page Stress Arousal Checklist as a pre- and post- measure, and a Questionnaire regarding your experience participating in the workshop.

SMWC’s Institutional Review Board has granted permission to conduct this study, as well as your institution of employment. Individual results of this study will be completely confidential and anonymous to all parties, and will be assigned a number to maintain confidentiality. The data results of this research may be used for future publications or presentations, though no identifying information will be used in the reporting of the results.

Please feel free to contact me if you have any questions about the research workshop or require additional information regarding the workshop.

Sincerely,

Kaitlyn Harden
APPENDIX C

Muscle Relaxation and Meditation Script

First, we will begin with a brief muscle relaxation script intended to help you to focus on areas of the body that stress can begin to build up—whether it be here at work, with clients and coworkers, or stress you experience taking care of the kids, cleaning the house... and so on. Through regularly relaxing these areas on our bodies, some of these symptoms of stress may be prevented.

Before we start, ensure that the palms of your feet are placed flat onto the ground. Make sure you are firmly seated, sitting up on the bones of your sacrum. Have your shoulders back, eyes closed, and your chin slightly tucked.

Tense and relax each area of the body I mention. While tensing the area, focus on not causing any pain. Make sure to only tighten until you feel tension. If at any time you feel discomfort, stop or ease up.

The first area we are going to focus on is your neck and shoulders.

Raise your shoulders upwards toward your ears... now tighten the muscles there as you hold..... feel the tension..... and now release. Allow your shoulders to drop to a lower, more comfortable position.

The next area of focus is your hands.

Tighten your hand, balling them up into fists. Focus on making the fists very, very tight... as if you are squeezing a stress ball very tightly in each of your hands.... hold them there... feel the tension in your hands as it rises up into your forearms..... now slowly release your grip. Lightly shake your hands, gently shaking out the tension you created. Allow yourself to notice how your hands are much more relaxed now.

Now, the next key area of focus is your forehead.

First, raise your eyebrows, feeling how tight muscles in your forehead become. Hold this tension. Now I want you to tightly lower your eyebrows as you scrunch your eyes closed tight. Feel the tension that you have built up in your forehead and eyes. Continue holding this tension tightly. And now, allow yourself to relax your facial muscles. Let your forehead become relaxed, and smooth, your eyelids now gently resting.

We will now move onto the jaw.

Close your mouth tightly, as you clamp your jaw shut, very tightly. Notice tightness in your lips, and tension across the front of your teeth. Continue feeling the tension in your jaws, as you hold... and now relax. Feel all the tension release, and let your mouth and jaw become relaxed and loose.
The final area we will focus on is your breathing.

Rest your hands on your knees. Again, bring attention to the touch of the body on your seat. Feel the weight of your body on your chair and ensure your back is straight and you are seated comfortably.

While bringing attention to your breath notice what it feels like as the air enters through your nose, and goes down through your throat, filling your lungs. Release this breath back out through your nose. Notice the rhythm of your stomach and chest rise and fall each time you breathe in and each time you breathe out. Allow your breath to be relaxed and natural.

When your mind wanders or if you become distracted take your attention to what’s going on in your head and then gently guide your attention back to your breath going in and out. Focus on the feeling of your breath and allow thoughts and feelings to come and go in the background as they please.

Breathe in deeply through your nose, and hold that breath. Feel the tension as you hold the air in. Hold.... and now relax. Let the air be released through your mouth. Breathe out all the air.

Once more, breathe in..... and now hold the breath. Hold..... and relax. Release the air, feeling your entire body relax.

Breathe in.... and out.....

In.... and out....

Continue to breathe regular breaths.

Now gently bring your attention back to the touch of your body on the seat. You feel energized and prepared to enter a creative space. You look forward to beginning the process as you open your eyes slowly. Turn your attention now to your surroundings. Notice the environment around you, as you are ready to begin.

Adapted from

https://www.innerhealthstudio.com/quick-progressive-muscle-relaxation.html

https://youtu.be/SEfs5TJZ6Nk
APPENDIX D

Art Therapy Directive

**Media area:** Box and collage

**Technique Title:** *Inside-Outsde Self-Boxes*

**Goal:** To facilitate self-discovery, and engage in stress-reduction and self-care.

**Materials:** Small macramé boxes, tins, magazines, pre-cut words or phrases, paper materials, scissors, glue, markers, graphite pencils, colored pencils, fabric, yarn, beads, glitter, feathers

**Procedures/Directives:**

1. Gather materials to embellish the outside of the box in a way that resembles how you portray yourself to your clients, and decorate the inside of the box in a way that focuses on personal feelings or experiences that you carry with you or possibly conceal from your clients.

2. Use drawing materials or glue to decorate or adhere embellishments to the inside and outside of the box.

3. Use the creation of the box as an opportunity to discuss and process the experience, allowing a voice for any images or feelings associated with the box to be expressed.

**Variations/Adaptations:** Individuals may also place an object in the box that might symbolize something of significance in their lives.

**Media Crossovers:** Soft classical music playing in background, creative writing

**Population:** Adult mental healthcare providers

**Complexity & Structure:** Medium

**Characteristics:** Combination of fluid and resistive
Appendix E

Questionnaire

Code #: __________________________  Date: ____________

Directions: Please fill out this survey honestly and to the best of your ability.

1. Please write about your experience when participating in the Muscle Relaxation exercise.
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

2. Please write about your experience when participating in the Art Therapy intervention.
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

3. Please describe what your artwork represents to you.
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

4. Were you able to set your stressors aside and enjoy the artmaking process (even briefly)?
   Please explain.
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
5. Please describe any difficulties you experienced while participating in the artmaking process.

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

6. Is there anything else you would like to share about your experience in the art therapy workshop?

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

7. Would you recommend using art therapy as a self-care method and stress-reduction tool?
   _____ yes _____ no
   Please explain____________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

Thank you for your participation, and for taking the time to fill out this survey.
APPENDIX F

Debriefing Statement

Thank you for participating in this research project. The purpose of this research was to determine the effectiveness of using Art Therapy as a method to reduce stress and enhance self-care among mental health professionals who may be experiencing, or have experienced secondary trauma. Your participation in this research project will assist in a greater understanding and awareness of the effectiveness of using Art Therapy combined with mindfulness based practices as a way to decrease stress.

Kaitlyn Harden, the researcher, will be available to answer any questions concerning my involvement in the workshop and research project, and Kaitlyn may be reached by e-mail. If you have further questions or concerns about this study, please contact the researchers, the principal researcher, or the chair of the Human Subjects Institutional Review Board.

Any unresolved feelings following the research workshop that cannot be addressed by the researchers, the principle researcher, or the chair advisor may be directed to a provided list of local mental health professionals.
If you are interested in learning more about Art Therapy, stress-reduction, or secondary trauma the following are supplemental articles you may want to refer to:


APPENDIX G

Stress-Arousal Checklist Stress Results Table

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<th>Post-Stress</th>
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