A Digital Arts Vocational Model of Art Therapy for Vulnerable Youth Experiencing

Barriers to Academic and Social Development

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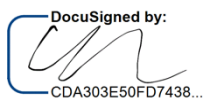
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By

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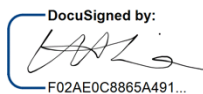
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Abstract

This case study examined the experiences of vulnerable youth who engaged in an art therapy program that incorporated a digital arts vocational component. Vulnerable youth who are at risk for school failure experience challenges in their academic performance and healthy social integration. They often feel disconnected and distrustful of the social environments and institutional systems they occupy. Without appropriate educational services, they may miss important developmental personality advancements in individuation and identity and vocational skills. The art therapy program that was the focus of this study was designed to foster adolescent self-agency and empowerment; authentic, nonhierarchical relationships with peers and therapist; personal strengths-based and trauma-informed goals; and age-appropriate skills and interests. An exploratory, art-based case study was used to identify program benefits and therapeutic opportunities from the perspective of three adolescent participants in depth. The collaborative, participatory research design engaged participants as coresearchers who examined the data from their digital art portfolios through a process of art-based video elicitation and reflective interviews. These data were synthesized into a final video, which presented the case in the authentic voices, imagery, and experiences of the coresearchers. A thematic analysis identified results. The study found that the program provided the adolescents with a safe, "third space," which utilized the digital arts component to foster social connection, vocational skills development, and personal expression through artmaking. Emergent insights and observations from the case study suggest the model may provide a needed, broader treatment model for vulnerable youth and warrants further development and research.

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CHAPTER 1: INTRODUCTION

Based on her experience as a public school art teacher, Albert (2010) suggested that school administrators may struggle to provide mental health support to students who are behind academically in part because of difficulty in pulling them out of academic classes for services. Teachers may not want to let these already struggling students miss valuable teaching time to receive counseling. As a former art teacher, I have personal experience of students being called out for a full hour during my art class, thus obligating me to repeat the lesson so the student is on par with the rest of the class.

The research study presented in this dissertation was motivated by my personal experience as an art teacher in the public school education system for over 22 years. First as an art educator and now as a therapist, I have witnessed how vulnerable adolescents in high school "fall through the cracks" in the school system and experience academic challenges. Vulnerable youth can turn into struggling adults at risk for unemployment, poverty, poor health, crime, and involvement with the criminal justice system. Ameen and Lee (2012) asserted that some youth commit crimes not through moral failure but because they lack needed skills, resources, and opportunities. Vocational skills training, therefore, can be a "last chance proposition . . . to the idea of earning a noncriminal living, explore their capacities, and expand their skill development and career opportunities" (Ameen & Lee, 2012, p. 99). Adolescents who are challenged with the demands of school academics may become more motivated to succeed when the skills they learn directly correlate to future employment opportunities (Bishop, 1989). When unaware of their capabilities and available options, vulnerable youth can face challenges in individuation and identity formation and miss the chance to become healthy, functioning, and contributing members of society.

I have observed many students, who needed more resources than were available in the academic classes, succeed in my digital art classes. They learned skills they could carry beyond the classroom and into the workforce. I have witnessed students use art to express their emotions visually. Students left my classes feeling empowered with a newfound sense of self, self-esteem, and individuation. I recall students who found gainful employment in film, videography, and graphic design immediately after completing high school. These insights motivated me to pursue a doctoral degree and develop a therapeutic service that blends digital arts, vocational skills, and art therapy.

Limitations of School Priorities and Resources

In today's world, the primary goal of an educational system is to educate students while serving the interests of employers and societal stakeholders. These stakeholders include global, national, and local businesses; community organizations; and the personal and social groups students will later enter into as workers, industry leaders, and community participants. For several decades there has been a push for all students in the United States to graduate and obtain a college degree. According to the 2015 Programme for International Student Assessment, the United States ranked 38 out of 71 countries in math and 24th in science (Organization for Economic Co-operation and Development, 2017). While the U.S. educational system falls behind other advanced industrial nations, its secondary education systems have pushed for all students to graduate and go on to 4-year colleges or universities (Rosenbaum et al., 2010).

Student mental health needs should take equal precedence, if not supersede academic requirements. Weist et al. (2012) commented that schools offer unmatched access to youth in need of mental health services, noting that the availability of mental health programs in schools countrywide has increased significantly in the past 2 decades in recognition of the importance of

the relationship between learning and mental health. However, school mental health professionals, trained in prevention and interventions services, are challenged by high student-provider ratios, decreasing resources, and limited training and support (Weist et al.2012).

School personnel are asked to balance students' emotional needs and promote academic excellence at the same time. In the United States, the predominant focus is on test scores, academic achievement, graduation rates, and college acceptance percentages to assure society that the education system has achieved its goal. Public education of students requires funding from government sources and buy-in from staff and parents. Leachman et al. (2017) documented the dramatic drop in funding for public K-12 schools in many states over the last decade with at least 12 states cutting governmental funds (the primary support for elementary and secondary schools) by 7% or more per student. They attributed this drop to the recession of 2007–2009. In 29 states, there was lower funding per student in 2015 than in 2008 before the recession. School districts, thus, must provide support services with less money and individual school programs must compete for funding. Given this pressure, most school administrations prioritize instructional spending and consider support services to be supplementary rather than a "core cost" (Kataoka et al., 2009, p. 1511).

Families appreciate access to a school district's standardized proficiency test scores when choosing where to buy a home and raise school-age children, and housing prices often reflect local district rankings (Glynn & Waldeck, 2013). Organizations and companies, such as U.S. News and World Reports, Newsweek, and Niche, routinely rank U.S. high schools based on test scores, enrollment in advanced placement courses, graduation rates, and college admittance numbers. These rankings can greatly impact parental judgment of school quality. As such, an argument can be made for school districts to focus on funding academic programs to raise test

scores and improve a school's ranking, overlooking other critical needs such as student mental health (Atkins et al., 2010; Eiraldi et al., 2015; Reback, 2018; Stephan et al., 2015; Weist et al., 2012).

Atkins et al. (2010) noted challenges resulting from the overall lack of resources in schools, particularly those in urban areas. The authors described competition for diminishing funds among school programs for academic promotion, prevention, or intervention. Additionally, the need to manage the educational cost of textbooks, computers, projectors, and other resources necessary to provide quality education leaves little room in an already depleted budget to support quality mental health services.

School administrators feel intense pressure for student academic achievement; consequently, funding and resources for school-based mental health interventions, including space to meet with students, staff training, and professional development, may be redirected (Eiraldi et al., 2015; Weist et al., 2012). The implementation of U.S. federal and state acts, such as No Child Left Behind (2002), Common Core State Standards Initiative (National Governors Association Center for Best Practices, 2010), the Individuals with Disabilities Education Improvement Act (2004), and various national and state testing strategies hold schools more accountable for an increased focus on instruction and successful academic achievement (Stephan et al., 2015; Weist et al., 2012). For example, Figlio (2006) conducted a 4-year study of disciplinary suspensions in a subset of school districts in Florida. Findings suggested the No Child Left Behind Act concentrated the evaluation of schools by student test scores. Figlio (2006) described the high stakes of testing, presenting evidence of schools that selectively disciplined low-performing and misbehaving students with longer suspensions solely to prevent their physical presence in class on days when state testing was taking place, calling it an effort to

"game the system" (p. 850). I believe this intense pressure for student achievement drives districts to prioritize school ranking over the mental health needs of students.

Prioritization of academic programs over remedial interventions and mental health services can leave students without sufficient support to succeed in the classroom or society and in danger of falling further and further behind each year. A 2005–2011 report from the U.S. Centers for Disease Control and Prevention (2021) indicated children ages 3–17 currently have such mental health concerns as attention-deficit/hyperactive disorder (6.8%), behavioral or conduct problems (3.5%), anxiety (3%), and depression (2.1%). In addition, 4.7% of adolescents ages 12–17 experienced illicit drug use disorder, 4.2% faced alcohol use disorder in the past year, and 2.8% had cigarette dependence in the past month (Perou et al., 2013). A 2018 technical report ranked California, where I work as an art therapist and art educator, 28th in the nation for its estimated percentage of children under the age of 17 with serious emotional disturbance. However, California ranked near the bottom of all other states in providing access to mental health care in its public schools (Reback, 2018). As art therapist Henley (1997) observed in his clinical work with high school students, those with emotional and behavioral problems continued to experience failure and low self-esteem when placed in traditional school settings where expectations emphasized academic achievement. Teachers are burdened with providing direct services to students who are challenged to keep up in this high-pressure system.

As an educator, I believe many of today's schoolteachers and support staff face *burnout*, a term coined by Freudenberger (1980) to describe the consequences of stress on people working in helping professions, such as doctors and nurses. The availability of, and access to, school counselors is another significant challenge in school systems. School counselors receive training to provide counseling interventions, but the student-to-counselor ratio is often so high that

counselors can only offer brief academic advising with their available time (Weist et al., 2012). Thus, school support services addressing student mental health needs are often insufficient or unavailable for students.

Figley (2002) used the term *compassion fatigue* to describe similar consequences of stress in the field of psychotherapy. Both Freudenberg (1980) and Figley (2002) addressed the sometimes-exacting costs incurred by dedicated and committed professionals when providing compassionate and empathic care to people who are suffering. According to Eacute and Esteve (2000), the term burnout was appropriated in the 1980s to reflect teachers' reactions to the "rapid social change" (p. 199) of what a teaching job included. The awareness of the broad spectrum of needs of all children, which expanded into the public schools, left many teachers feeling unprepared and unable to take on these additional responsibilities.

It is my experience and personal belief that teachers are being required to perform responsibilities beyond their classroom teaching more than ever before. In addition to teaching regular coursework content and developing cognitive skills, a teacher's implicit job description includes attending to their students' psychological wellbeing and teaching social skills, sex and health education, intercultural sensitivity, and abstinence from drugs. Teachers often feel unskilled and untrained for changing role expectations and the continual addition of job roles, which all contribute to teacher burnout (Eacute & Esteve, 2000).

Description of the Problem and Discrepancy Statement

A more collaborative approach between school and community-based mental health professionals could identify helpful strategies and solutions to address some of the challenges that impede a school district's or system's ability to provide for vulnerable youth. These challenges may impact the allocation of available resources and continuity of support services in

the school system. Community-based mental health professionals may also benefit from learning about and embracing nontraditional, yet effective, methods of treatment. One potential strategy is the integration of technology into mental health services, which would make it more amenable to digital native adolescents, decrease their negative stereotypes about therapy, and encourage participation. Art therapists are incorporating digital arts technology into their practices as an effective therapeutic tool. Irrespective of the adaptive versus maladaptive pros and cons of the argument, technology and social media have become emotional outlets, ways of coping, and a primary source of social connection for millions of youth (Kaimal et al., 2016).

In light of these concerns, I sought to examine how an art therapy model that incorporates both digital arts and vocational skills could expand therapeutic opportunities for a sample of vulnerable youth who were missing positive personality advancements in individuation and identity. These youth experienced challenges in their academic performance and capacity for healthy social integration, including a history of trauma that broadly affected their experiences. I reasoned that, because vulnerable youth often feel disconnected and distrustful of the social environments and institutional systems they occupy, such a treatment model should focus on the adolescent's current development while engaging them as leaders and experts of their own lives. Moreover, because it addresses personal strengths and abilities, a vocational skills program that featured digital arts could be especially effective.

In this dissertation, I describe a participatory arts-based study of the experiences of youth in a new program model that incorporated group discussion, digital art vocational skills development, and art therapy. Documentation of participant histories, digital art portfolios, and video elicitations illuminated emergent insights and observations regarding the treatment outcomes and benefits. My proposition is that a strengths-based, trauma-informed therapeutic

approach that incorporates digital arts vocational skills has the potential to expand therapeutic opportunities for vulnerable youth in school systems, treatment facilities, and other locales that are committed to both academic achievement and positive personality advancements in individuation and identity.

CHAPTER 2: LITERATURE REVIEW

In this review of literature, I construct the conceptual framework for the study, first by describing adolescence with respect to (a) its period in the lifespan, (b) developmental goals of adolescence, (c) self-agency, and (d) the often-discrepant, adult-dominated power dynamics that impact adolescents. I examine the effect adversity has on child development, the mental health and vocational services that may be offered, and challenges faced when working with vulnerable youth in and out of school. I review treatment models for the adolescent population that emphasize strengths-based and trauma-informed approaches. I then address the integration of art media in therapy and neuroscience implications that support its use by community and school-based clinicians. I conclude with a review of the use of digital art therapy with vulnerable youth. This literature review will provide context for my argument that treatment models for vulnerable youth should consider their current stage of life, current mental health needs, and vocational skills that address growth in self-agency and autonomy.

Adolescent Development

Art therapist B. L. Moon (1998) referred to adolescence as a "conglomeration of opposing forces, inconsistencies, and contradictions" (p. 217) in which teens are "in a state of continual change; therefore, conflict and struggle are inevitable" (p. 218). Adolescence is a time of life characterized by rapid growth in physical appearance, intellect, and emotional maturity (Rao et al., 2007).

In his seminal developmental model of a healthy individual from infancy to adulthood, Erikson's (1956) claimed individuals advance through several stages by navigating how to have their own needs met in the larger context of their society. According to Erikson, this need may result in interpersonal and intrapsychic conflict. Erikson's fifth stage of psychosocial

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development, identity vs. role confusion, provides a conceptual foundation for my research, particularly with respect to the challenges of transitioning from childhood to adulthood. Erickson characterized this stage as often being marked by self-centeredness, withdrawal from and lack of trust in adults, and a strong dependence on friends. Jaworska and MacQueen (2015) reinforced these characteristics when identifying an adolescent's increase in autonomy, risk-taking, emotional reactivity, and decreased time spent with parents while spending more time with friends. Developmentally, their questions revolve around "Who am I?," "What do I want to do with my life?," and "What can I be?" Their answers to these questions inform their developing personal identity, sense of self, self-definition, values, and the direction in life they wish to pursue.

Adolescent Self-Agency and the Effects of Discrimination and Power

Agency is the sense of being in control of one's actions and possible consequences. J. W. Moore (2016) defined agency as the "feeling of being in the driving seat when it comes to our actions" (p. 1). Self-agency is an essential component of Erikson's (1956) psychosocial development stage of identity vs. role confusion; however, its achievement can be elusive for many youth. Quijada Cerecer et al. (2013) asserted that institutions, such as school systems, and adults who judge youth as immature and powerless have succeeded in working against and taking away adolescent self-agency. According to the authors, age-based laws allowing individuals to join the military, work, vote, drive, and buy alcohol demonstrate society's belief that adolescents require governance and are not developmentally or rationally able to protect themselves. Power and privilege converge in accordance with an adolescent's gender, sex, race, ethnicity, sexual identity, and social class to either create or constrict possible opportunities in life (Iwasaki et al., 2014; Quijada Cerecer, 2013).

Adolescents, particularly those who are marginalized and vulnerable, often feel disconnected from and distrustful of the social environments and institutional systems implicated in their experiences of discrimination and oppression. Such environments and systems produce often-hidden, dominant power dynamics that serve to maintain the social inequities young people experience (Cook & Krueger-Henney, 2017; Goessling, 2020; Quijada Cerecer et al., 2013). Their impacts on self-agency depend on the amount of marginalization and discrimination the youth face (Cook & Krueger-Henney, 2017). For example, the marginalization of vulnerable urban adolescents increases with susceptibility to poverty, homelessness, racism, social exclusion, and mental health challenges. According to Goessling (2020), urban youth also may experience trauma as oppression and injustice in their daily lives increase. She explained the importance of understanding how complex traumas develop over time as marginalized youth "respond to, resist, and are shaped by" (Goessling, 2020, p. 12) societal, racial, and historical oppression.

Ginwright and Cammarota (2002) described a shift in the discourse that emerged in the early 1990s when the youth development field began to focus on the strengths of youth rather than their deficits. Rather than being in a state of incompleteness or lack, adolescents became seen as capable of being empowered with self-worth and self-awareness. Programs and policies argued for more robust support systems and significant opportunities for youth development. Youth development practices, especially for urban youth, began to address the standardized processes of social control, social structure, and social division these youth would face. Such practices acknowledged the political and economic realities that constrain youth development and self-agency (Ginwright & Cammarota, 2002).

To improve knowledge and understanding of the adolescent experience, one must

consider the often-hostile societal context that many youth must negotiate. Recent research suggests health professionals should apply a social justice lens to their work with adolescents and consider the multiple levels of oppression, marginalization, and social disparities youth face (Cook & Krueger-Henney, 2017; Goessling, 2020; Iwasaki, 2016; Iwasaki et al., 2014; Quijada Cerecer et al., 2013). Understanding this larger social context opens the possibility of looking past "the problem-driven and asset-driven assumptions about youth behavior and allows us to examine how their supports, opportunities, and risks are circumscribed by larger social, political, economic, and social forces" (Ginwright & Cammarota, 2002, p. 85). Rather than continuing to privilege social control that derives from the adult-dominant exercise of decision- and policymaking over adolescent lives, the power must shift to center on adolescents as leaders. To quote Goessling (2020), we must "center those with direct experiences of oppression as trauma as the experts and cultural producers to envision a more socially just future-world and imagine things as though they could be otherwise" (p. 28).

Childhood Adversity and Disruption in Adolescent Identity Development

A crucial task in adolescence is identity development, which, when successful, builds resiliency, autonomy, and a sense of competence. Unfortunately, various social and psychological challenges can result for some youth when they drop out or leave secondary school without an age-appropriate understanding of their growing identity. The fact that many youth experience limited potential in school, community, and at home due to ecological, social, or psychological problems has been seen as a national crisis, as many of these adolescents cannot become productive adult citizens in society (Serna & Lau-Smith, 1995). "At-risk" youth can become adults "at risk."

In their 1994 commentary on the term *at-risk*, Tidwell and Garrett stated that it had become a "general term for young people in trouble" (p. 444). They called for a more precise definition and recommended that educators and psychologists narrow how they used the term. Accordingly, "at-risk" has meant anyone engaging in high-risk behaviors. These behaviors could include dropping out of school, juvenile delinquency, aggressive and disruptive acting out, and more. Foster and Spencer (2011) conducted a study in which they critically assessed the use of the words "risk" and "resilience" in interviews with 45 youth and young adults (ages 16 to 24 years) who were receiving social assistance. All participants felt the at-risk label did not accurately apply to or describe their particular situations. Noting the participants' responses of how the label did not encompass or define the person's early life experiences and self-perceptions, the authors argued that the term is a form of "symbolic violence" that imposes a dominant discourse of thought and perception "upon dominated social agents" (Foster & Spencer, 2011, p. 132). From my own professional experience, I concur that it is difficult to accurately identify the population of my study without a label that perpetuates violence, oppression, or stigma, even if unintentionally.

For this dissertation, I therefore define at-risk youth as vulnerable adolescents who are experiencing barriers to academic achievement and positive personality advancements in individuation and identity. Such vulnerabilities can arise when youth live with overriding and often unaddressed mental health issues and adverse childhood experiences (ACEs; Felitti et al., 1998). The ACEs is a measure that was created to identify the range of exposure to traumatizing events and circumstances in the U.S. population. In a joint study of over 17,000 adult participants conducted by the Centers for Disease Control and Kaiser Permanente, Felitti et al. found a correlation between physical, mental, and emotional health in adults and their reported

ACEs of various types of emotional, physical, or sexual abuse; neglect; insufficient caregiver support; and household dysfunction.

There are many reasons for children to have behavioral and learning difficulties in school (e.g., language delays, autism, ADHD, neurological conditions). In light of current understanding of the prevalence of childhood adversity, Sciaraffa et al. (2017) described the positive impact that building self-efficacy and self-regulation can have on supporting a child's "core" protective system, referring to resiliency and a capacity to "adapt to adversity" (p. 346). This defense system consists of three areas: (a) the individual's abilities, (b) caregiver attachment and feelings of belonging with caring people, and (c) involvement with a caring and protective community. This system can be strengthened through nurture and care.

van der Kolk (2003) contended that trauma in a youth's life can lead to hypervigilance and sensitivity to stimuli that feel threatening. Such hypervigilance can affect the youth's world perception and manifest in learning problems and low academic achievement (Cicchetti et al., 1989). The ACEs study found that long-term exposure to chronic stress, compounded with the absence of a supportive caregiver, can have extreme consequences for the developing brain (Felitti et al., 1998). When stressed, the body releases the hormone cortisol (commonly referred to as the stress hormone). Elevation of cortisol, as discharged with long-term stress, can eventually lead to deficits in cognition, memory, attention, issues with the regulatory system, increased negative behaviors, and adverse physical and mental health effects.

Further studies have elaborated on the harmful effects of ACEs scores and toxic stress on student academic success (Morrow & Villodas, 2017; Porche et al., 2016; Sciaraffa et al., 2017; Soleimanpour et al., 2017). For example, Morrow and Villodas (2017) collected data from 728 adolescents and their caregivers and found that higher ACEs scores from birth to age 14

correlated with lower reading scores at age 16. They suggested that the persistent struggle to read, in turn, leads to a higher risk of dropping out of school in frustration or hopelessness.

The U.S. 2011/12 National Survey of Children's Health (Child and Adolescent Health Measurement Initiative, 2013) collected interview data from 95,677 parents of adolescents nationwide. Almost one half of the sample whose children had experienced three or more ACEs reported lower levels of engagement in school and completion of started tasks. Parents reported that these youth seldom cared about school or completed homework, had to repeat a grade, struggled to stay calm and in control when facing challenges, and exhibited heightened externalizing behaviors such as bullying or arguing (K. Moore et al., 2014). In 2011, Porche et al. analyzed survey data ($N = 2,532$ young adults; ages 21–29 years) and ascertained that the high-school dropout rate among students reporting traumatic events was one-half times more frequent than their peers who had not experienced trauma. In another study, Porche et al. (2016) found a correlation between poor academic engagement (e.g., being held back a grade or having an individualized education plan [IEP]) and the number of adverse family experiences. They reiterated that educational achievement declines and mental health diagnoses increase as ACEs scores rise.

Over the past 25 years, the ongoing ACEs study has been immensely influential in the medical and psychology fields, becoming "even more significant with the publications of parallel research" (Stevens, 2012, p. 8) by neuroscientists and pediatricians. Stevens described this influence as the impetus for the creation of essential public policy and procedures at the U.S. federal and state levels. Observing the unique needs of adolescents exposed to ACEs, Soleimanpour et al. (2017) argued that "without investments to identify and treat the impact of ACEs in adolescence, there can be tremendous costs at the individual and societal level in future

health and productivity" (p. 113). All children have the right to an education; however, when a child is suffering emotionally, they cannot entirely focus on academics. Students experiencing mental health challenges expend all their energy just to make it through their day, which can negatively impact their potential for success in school, home, and their social community.

Education Support Services for Vulnerable Youth

Alternative Placement Settings

In comparison to public schools, alternative placements (i.e., recovery schools, alternative high schools, and residential treatment centers) offer individualized academic and therapeutic interventions; however, many still struggle to meet all the needs of their populations. These facilities can offer more options for individualized academic and therapeutic interventions because of lower student enrollment. *Recovery high schools* provide continued care options for students recovering from a substance use or abuse disorder (Association of Recovery Schools, 2016). These schools are often connected physically and organizationally with a public school or alternative school system (Moberg et al., 2014). *Alternative high schools* traditionally serve disciplinary purposes and offer opportunities for students who are not experiencing success in traditional school settings (Association of Recovery Schools, 2016). Most alternative programs aim to meet developmental, academic, and social needs and help with college or career planning for the future (Williams, 2019). *Residential treatment facilities* typically offer intensive mental health care in a restrictive environment as an alternative to hospitalization (Somers et al., 2021). These facilities vary widely from highly structured centers approximating psychiatric facilities to group homes, halfway houses, and foster care centers. Residential facilities can house anywhere from 10 or less to a few hundred adolescents, with services ranging from custodial care to those focusing on mental health and neurological disorders (Tuma, 1989).

The pros and cons of alternative placements have been discussed in the literature, beginning with the U.S. National Longitudinal Transition Study in 1993 of over 8,000 secondary students, which found that less than 50% of the sample's students placed in special education programs due to emotional or behavioral disabilities had completed high school (Wagner et al., 1993). Extrapolating data from the U.S. longitudinal Children in Community Study, Stoep et al. (2003) estimated that, on an annual basis, approximately 42,000 adolescents with emotional disorders become adults who are ill-prepared for employment and unable to become productive members of society. The researchers used the population-attributable risk percentage model, which estimates how many people exposed to risk will actually develop adverse health outcomes; they found significant correlations between adolescent psychiatric disorders and failure to complete high school. These correlations revealed that the needs of vulnerable adolescents go far beyond academic and mental health support while in school. Stoep et al. proposed that programs should be tailored to meet both educational and vocational opportunities.

Although the goals of alternative high schools are to provide social, emotional, academic, and vocational development for their students, their overall purpose is poorly defined (Lehr & Lange, 2003). Some students choose to enroll and remain in an alternative high school until graduation, whereas those who are referred for suspensions or expulsions may stay for a shorter time until returning to their home school. Because many alternative schools exist outside the purview of local public school districts, there is also a great deal of inconsistency in funding, regulations, legislation, policies, and accountability. Moreover, funding for recovery high schools affiliated with local school districts or embedded in traditional high schools emphasize academics over mental health support services.

Moberg et al. (2014) reviewed findings from three studies conducted over almost 20 years that examined the effectiveness of 19 recovery high schools. Their review indicated the willingness of district administrators to only fund academics in these schools. Factors such as small enrollment numbers and class sizes and the therapeutic needs of these students were often considered unnecessary or not the school's responsibility. In another study supporting expanded therapeutic opportunities for youth, Finch et al. (2014) reviewed data from observational field notes, staff interviews, policy documents, student handbooks, and anonymous surveys of students, staff, and administrators from 17 recovery high schools across six states. In addition to enrollment issues, funding, access to primary treatment, and provision of rigorous educational services, researchers found demonstrable imbalances between "therapeutics and academics" (p. 126). The schools' models or designs also lacked consistency. Moberg et al. (2014) observed that students in recovery schools had a high percentage of severe risk factors, including depression, involvement with gangs and the juvenile justice system, and prior residential or outpatient treatment for substance abuse or mental health needs. Most mental health support was limited to follow-up care.

Schools that are unable to offer educational support and supervision to adolescents coming from outpatient treatment programs often refer them to residential treatment centers. Residential treatment facility placements can be mandated by child protective agencies, public mental health agencies, juvenile justice systems, and school district administrators. Hoagwood and Cunningham (1992) asserted that public schools were increasingly placing children and youth with severe emotional challenges in residential facilities when unable to protect and educate them in the public school setting.

Effective education in residential treatment facilities can be challenging for a variety of reasons. Somers et al. (2021) conducted a 2-year study of a residential treatment facility in the U.S. Midwest with 27 teachers and 58 female adolescent students (ages 13–19). All the participants described needed improvements in the facility's academic functioning and learning environment. Teachers and students expressed concern for balancing academics with behavioral needs and students' disparate academic levels and needs, all of which required individual attention and minimized available teaching time. Students and staff stated that behavioral disruptions took precedence over educational teaching (Somers et al, 2021). These findings support Gharabaghi's (2012) observation that there may be an incongruity between a facility's espoused beliefs that education is given a high priority for youth in residential treatment through effective practices and a primary focus on "behavioral stabilization" (p. 1133). Hoagwood and Cunningham (1992) conducted a 3-year longitudinal study of the educational outcomes of 114 children and adolescents placed by school districts into 36 residential facilities. They found 63% of youth made little or no progress and had been discharged with adverse outcomes or ran away.

Struggling youth can become struggling adults who require societal supports through unemployment programs, mental health institutions, or criminal justice systems. When public schools fail to educate students with emotional and behavioral disturbances (EBD), schools must defer to "the next system on the road to social failure—the criminal justice system" (C. M. Nelson, 2000, p. 208). Nelson described students with EBD as often growing up in families with inadequate social, economic, and academic structures. He detailed the cycle that youth with EBD face in the public school setting: They often enter school without the necessary readiness skills and have difficulty with academic work. This frustration leads to a natural reaction of frustration, which then provokes negative behaviors. These behaviors often result in the expected response

of removal from the classroom. Expulsion may settle the learning environment for others but puts the removed student further and further behind academically. These same youth who are at risk for school failure can end up in correctional facilities.

According to the Census of Juveniles in Residential Placement, over 48,000 U.S. youth reside in facilities away from home due to the criminal justice system (Sawyer, 2019). In contrast, 108,931 youth in the United States were residing in residential correctional placements in 1996 (Platt et al., 2006). Sawyer (2019) classified correctional-style facilities as either *restrictive* correctional facilities (i.e., detention centers, long-term secure facilities, and reception/short-term diagnostic facilities) or *less restrictive* residential-style facilities (i.e., residential treatment centers, group homes, ranch/wilderness camps, short-term shelters, boot camps). Two out of three affected youth reside in the most restrictive environment, with the most significant portion held in detention centers equivalent to adult criminal justice system jails (Sawyer, 2019). Many if not most of these youth in the U.S. correctional system have a current IEP developed by schools to document the student's needs for academic supports due to learning and behavioral disabilities (Wolford, 2000).

Educational services in correctional facilities face the same consequences as traditional schools from the U.S. No Child Left Behind Act; that is, demanding that students taught with public funds participate in state testing (Platt et al., 2006). Additionally, Platt noted that the emphasis on education did not center on the child; rather, alternative educational placement was a means of controlling the impact of these students' scores on the district's state test rankings. Even in the correctional system, the complete needs of youth go unmet. Taken together, the lack of consistency with definition, funding, policies, and accountability of alternative placement options for youth further contribute to the struggle to meet all the needs of this population. The

literature makes clear that society must take responsibility for addressing all the needs of the youth population. The high stakes of testing have led to fewer alternative programming options such as vocational training, literacy, and tutoring—all of which would make alternative education more effective for these youth.

Vocational Training in Education and Therapy

Over the past 15 years, the emphasis in U.S. secondary and higher education has shifted away from vocational skills training and toward an academic college education for all. Felton (2017) noted that the Obama administration's requirement for schools to adopt college and career standards in order to receive specific federal funding forced many states to begin focusing on college and career readiness as identical goals. Carlson (2016) affirmed this observation, stating that "society pushes high schoolers to go to college . . . There are college-completion goals to hit to keep the country competitive" (p. 23). He traced this perspective to the Reagan administration's obsession with achievement as underlying the "college for all" mantra, which has had the unfortunate effect of looking down on vocational education as insufficient. Steve Canavero, superintendent of public instruction at the Nevada Department of Education, explained, "We've been calling something 'college and career-ready' that was just about student success in coursework that led to college" (2016, as cited in Felton, 2017, p. 26). Carlson (2016) explained that policymakers talk about "college for all" (p. 23), yet many people in the broader society, including some educators, place more value on a traditional definition of college while devaluing the idea of career and technical education. Despite the push that all high schoolers matriculate, national graduation rates for 4-year universities (half being open-access colleges) have remained steady at around 60% (Carlson, 2016).

To understand the shift in attitudes toward vocational training, a look at its origins in the United States may be helpful. Vocational training traces back to the early 1900s when agriculturists and educators raised the concern that public schools were not adequately preparing students for the industrial age. The Smith-Hughes Act of 1917 provided federal funding for teaching vocational skills in public schools (G. Moore, 2017). Early vocational education programs aimed to prepare students for "practical skills for the nation's farms, factories, and homes" (Wonacott, 2003, p. 12). Later, the Act added funding for teacher education. However, from the 1920s to the 1940s, the emphasis shifted to training support for defense and the war efforts of World War I and II, followed by the peacetime economic recovery and development in the 1960s. In 1963, the Vocational Education Act (VEA) included federal funds allocated for the vocational training of poor and disabled youth in lower socio-economic communities. When the VEA was reauthorized in 1968, 1972, and 1976, additional funding was provided for the vocational training of disabled, disadvantaged, and bilingual individuals and those desiring to join a nontraditional occupation for their specific gender (Wonacott, 2003).

The VEA was amended in 1984 and renamed the Carl D. Perkins Vocational Education and Applied Technology Act. The amendment addressed "the needs of both the economy and to improve the access of special needs populations to vocational education" (Friedel, 2011, p. 42). In 1990, Perkins Act 2 became the first amendment to include applied technology, in recognition of the need for a technically skilled workforce to compete with the rest of the world. Funding to "strengthen the workforce preparation process, integrate academics and vocational education" (Friedel, 2011, p. 44) and to "develop closer linkages between school and work" (Friedel, 2011, p. 44) was included. The Perkins Act 3 in 1998 continued the focus on program improvement but removed a mandate for a percentage of the funds to provide services for special populations

(Wonacott, 2003). Since inception, vocational skills acts have been modified as the needs of society have changed. However, the continued focus has been on providing vocational education services to those who would most benefit from workforce skills.

Lane and Carter (2006) described several benefits of vocational models that support adolescent needs in particular, including adult mentoring, practical skills, and opportunities for work experience. Taken together, these components could improve a youth's transition to adulthood and independence. Taylor et al. (2015) endorsed these benefits with a qualitative research study of seven high school students who were engaged in a work-based education program. Participants reported positive growth in their personal sense of self-agency, personal goal setting, innovation toward goals, and confidence in their ability to meet their goals. Self-esteem and self-agency improve when adolescents have opportunities to plan for their future.

When treating vulnerable youth, clinical settings should consider the value of adding vocational skills training into their treatment models. Briscoe and Doyle (1996) endorsed the need for a multi-pronged approach that includes academic education, mental health support, and vocational skills training. In 1997 Nixon argued that mental health treatment of adolescents should incorporate vocational skills. He suggested that program designs should focus on prevention or remediation of pathological conditions with youth (Nixon, 1997). Through their research of an employment training program for at-risk youth, Matsuba et al. (2008) assessed and found benefits of a curriculum that addresses both mental health needs and vocational skills training. They proposed that any vocational skills program for at-risk youth desiring "meaningful and long-lasting effect" (Matsuba et al., 2008, p. 23) should attend to the psycho-socio-emotional struggles of this population.

The Vulnerable Adolescent in Therapy

The period of adolescence manifests in conflict with parents, emotional disruptions, and increased risk-taking behaviors. Often, reasons for referral to therapy are related to disruptive behaviors in the school or home environment (e.g., rebelliousness, truancy, high risk-taking). Hall (1904) coined the term *storm and stress* to describe this phase. In addition to coping with the developmentally age-appropriate emotional upheavals, youth must also balance their needs for connection and self-sufficiency. Although not all adolescents encounter intense experiences, the storm and stress of this period are significant. High emotional reactivity leads to impulses to take risks, distrust adults, and spend extreme time with peers (White, 2009).

Erikson (1956) described this stage as identity vs. role confusion and claimed that adolescents strive to build their own identity by expressing and establishing their values, beliefs, and goals. Erikson also identified a display of self-centeredness, withdrawal from and lack of trust in adults, and a strong dependence on friends. As they strive to establish their identity, adolescents confront role confusion. Autonomy and the idea of being "separate" from others is a requirement in the development of personal identity (Sommers-Flanagan et al., 2011). Adolescents who feel that their autonomy is threatened may hesitate to interact with adults.

Therapists who work successfully with adolescents consider the adolescent's autonomy and the multiple influences they face, including (a) social norms, (b) regional differences, (c) gender identity, (d) economic status, (e) physical development, (f) intellectual growth, (g) emotional development, (h) culture, and (i) ethnic factors (Riley, 1999b). Focusing on the adolescent's strengths rather than pathology; attentive and careful listening with an open, noncritical curiosity of the youth's worldviews; and offering strength-based support services promote positive youth development, growth, and competence, which can lead to increased

engagement (Nixon, 1997; Riley, 1999a). Edgette (2006) stressed the importance of engagement when working with adolescents because they rarely attend therapy of their own accord and are often referred by parents, teachers, and school counselors. She emphasized the necessity of awareness and understanding adolescents' developmental needs as crucial for therapists' authenticity. Edgette (2006) believed "permitting someone ownership of his or her beliefs, impulses, defenses, and their consequences in your presence, without applying any pressure on the person to change, is a powerful phenomenon for encouraging the very change never asked for" (p. 11).

An adolescent may drop defensive behaviors, feel open to looking at what is and is not working, and make autonomous choices for change when working with a therapist who has a nonthreatening stance of unconditional, positive regard. According to Rogers (1961), therapists who work with adolescents can improve chances of success with a client-centered, unconditional positive regard and belief in their client's ability to define their problems and find their own solutions. An adolescent's developmentally appropriate drive for autonomy runs on an entirely different logic than that of an adult. They are often uninterested in what an adult might have to offer as a grown-up and logical solution. In my experience, adolescents do not usually interact according to standard social protocols and typically do not care if you like them or are uncomfortable with the way they act.

Adolescents who have experienced early trauma and negative patterns in relationships with people who are significant to them, especially primary caregivers and family, are challenged with establishing and maintaining meaningful relationships. This impact is often reflected more frequently in the initial stages of therapy. In 1975, Mahler et al.'s (1975) groundbreaking work in infant development supported use of object relations, attachment, and

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trauma theories when working with the maladaptive behavioral patterns of adolescents with trauma. According to Mahler et al. (1975), the dynamics of the therapeutic alliance are a reflection of behaviors that the traumatized adolescent engages in when interacting with their primary caregivers. This trauma history can result in a vulnerable youth's template for interaction with others.

Often, negative adolescent behaviors in sessions are meant to push the therapist away and keep the youth in a position of power and control (Sommers-Flanagan et al., 2011). Sommers-Flanagan et al. equated an adolescent's experience coming into therapy to a variation of Ainsworth's 1990 strange situation study, which observed attachment in children. The adolescent is dropped off by the parents to spend time in a strange room with an unknown person, expected to tell personal information, and walk out feeling better (Sommers-Flanagan et al., 2011).

Researchers support the notion that a multi-layered approach to therapy could effectively address the fundamental needs of the adolescent population before youth become vulnerable adults (Black et al., 2012; Brendtro & Ness, 1995; Foster & Spencer, 2011; Ko et al., 2008; Nixon, 1997; van Westrhenen et al., 2019). Therefore, a strengths-based, trauma-informed art therapy program could empower positive identity formation and self-esteem advancements, particularly if it incorporates vocational skills training. Such a model both removes academic performance pressure and provides the needed skills to assist with future employment opportunities. This shift in focus requires moving away from diagnosis, treatment, and control of maladaptive and harmful behaviors, however, and toward nurturing the psycho-socio-emotional growth of the whole person (Nixon, 1997).

Effective Therapeutic Approaches

Strengths-Based Approach

Pioneering psychiatrist and psychologist Adler (1998) was one of the first theorists in psychology to recognize that children with emotional and behavioral problems are often reacting to their lack of connectedness to others and feelings of belonging brought about by misconnections and insecure attachments with primary caregivers. Adler (1998) posited that children could grow up feeling disconnected and unworthy, lacking trust and the ability to relate to others healthily, and unable to accomplish anything positive. Dreikurs (1990) expanded on Adler's thinking, writing that "a misbehaving child is a discouraged child" (p. 36). He described encouragement as the number one caregiver behavior necessary when raising a child. Dreikurs (1990) wrote, "We need to separate the deed from the doer" (p. 38). When a child is discouraged and lacks self-confidence and self-esteem due to adults' focus on failures and deficiencies, they may instead turn to harmful behaviors in their bid to be noticed. Adults working with youth can identify mistakes and failures as nothing more than a lack of skill, which is not connected to the value of the adolescent (Dreikurs, 1990). Youth require a treatment model that addresses trauma and attachment concerns while encourages their individual strengths, along with any advancements of identity formation and individuation.

To best serve vulnerable adolescents with growth through the identity versus role confusion stage, therapists may opt to focus on the individual's strengths when dealing with impacts from possible childhood adversity and traumas. According to Brendtro and Ness (1995), strength-based interventions used early on in treatment focus on "strength building, rather than flaw-fixing" (p. 4). Strength building in art therapy was endorsed in 2008 by Prescott et al., who were concerned that most treatment approaches for youth experiencing homelessness focused

solely on pathology and did not consider the individual's strengths to respond to difficulties and

to fortify, empower, and encourage growth and development. For youth who face challenges in

school, there may be a history of frustration and negative messages from the surrounding

environment, which can become internalized as a personal failure, hopelessness, or inability to

do things right. Brendtro and Ness reflected on Adler's view that disruptive children might be

acting out because of unmet needs for human belonging. In a 1933 speech, unpublished until his

son, Kurt Adler, gave permission, Adler (1998) stated:

> The greatest mistake for educators in dealing with disturbed children is merely
> attacking the symptom, such as arrogance, laziness, lying, stealing, or cruelty.
> This is never a worthwhile endeavor because all such characteristics belong to a
> whole, a unit, and this unit exerts itself in a goal-directed way. It is the child's
> underlying goal which is mistaken because he or she is seeking personal
> superiority without contributing or cooperating. But in striving for this goal, he is
> wholly intelligent and does everything sensibly. Therefore it is useless to attack
> the symptom—the mistaken behavior—and many well-intentioned interventions
> among educators are thus doomed. (p. 124)

Youth who find the developmental tasks of forming a stable identity and individuation

challenging can have lowered self-confidence and self-esteem and feel incapable of achieving

success. A strengths-based approach counteracts these internalizations by centering on the

potential of the adolescent's motivation to change. For example, instead of asking the adolescent

questions about the problem that brought them into therapy, a conversation regarding the

adolescent's positives and strengths to solve the problem in a solution-focused way will likely be

more effective. When encouraged by others through the building up of self-autonomy and self-

agency instead of breaking down by focusing on mistakes or flaws, the natural outcome is often

positive. Encouraging an adolescent's choices in situations, discussing expectations while

allowing for mistakes, and providing encouragement when attempting new tasks can empower

confidence and belief in the self. Cox (2008) wrote "even the most troubled youth have positive traits and capacities that can be mobilized in the service of growth and recovery" (p. 19).

Strengths-based therapy focuses on the client's capabilities and not their deficits, which in turn builds confidence and feelings of empowerment while also increasing levels of motivation in therapy (Smith, 2006). The therapist who is aware of an adolescent's strengths will be alert to therapeutic opportunities or building blocks that encourage positive personal advancements in individuation and self-agency. Naff's (2014) qualitative study is an example of art therapy that endorses a strengths-based approach. Using interview data from three registered art therapists about their work with clients experiencing cumulative trauma, Naff outlined themes that highlighted "essential elements of successful treatment" (p. 82). These included building the client's self-awareness of their strengths and resources, the therapist's unconditional positive regard for the client, and consistency in schedule and routine to promote feelings of safety and security. When therapists work with adolescents to nurture and develop their abilities while providing a safe and caring environment and community, self-autonomy and self-agency can flourish.

Few intervention methods for working with vulnerable youth have been examined for their effectiveness. However, in a feasibility study of implementing a strengths-based case management intervention with this population, Arnold et al. (2007) noted the positive outcomes of an approach that focused on youths' strengths and ability to change. When the youth worked with project staff to create their own personal and achievable goals for a better future, they took positive steps to improve their lives. Clark (1998) also found that a strengths-based approach is practical for incarcerated youth, and a focus on adolescents' strengths and past successes helped stop negative behaviors in particular. He noted that a strengths-based practice also

conceptualizes competence "as a belief that an adolescent and family are experts on their problem (p. 55). Impactful practitioners believe that youths and their families have everything they require to reach solutions before they even walk into therapy (Clark, 1998).

In my experience working with adolescents, anger and frustration often arise when the adolescent feels the focus has been on their flaws and mistakes as an identified patient and someone who needs fixing. One example to illustrate this concept was an adolescent girl with a history of depression who had engaged in high-risk behaviors, including suicidal ideation, self-harm, and sexting, prior to beginning art therapy with me. As a novice therapist, I felt pressure from her parents to "fix" their daughter's attitude and behaviors, which caused me to use language and approaches that sparked anger and resistance from my client. However, any attempt to address the larger family dynamics was met with resistance from the parents, causing more frustration in the adolescent. Eventually, this resulted in premature termination. I could not get the client to engage and I lacked the skill to work with the parents to set realistic expectations for their child.

Trauma-Informed Approach

The experience of trauma can take away a person's sense of personal control and power. Its impact can affect an adolescent's life in multiple areas, often negatively influencing their self-confidence and self-esteem, which increases the likelihood of school failure. Herman (1998) observed trauma's ability to destroy "social systems of care, protection, and meaning that support human life" (p. S145). Previously, clients' extreme responses and behaviors were understood by therapists to represent evidence of mental illnesses instead of coping mechanisms for current or past trauma (Sweeney et al., 2018). Even today, mental health care systems can actually re-traumatize clients when staff and practitioners identify behavioral responses to

extreme distress as inappropriate outbursts rather than fear responses to perceived threats. Thompson et al. (2012) examined the role of traumatic experiences in predicting social, academic, and occupational outcomes with youth, finding a correlation with negative expectations of their own social, intellectual, and occupational results. Seemingly, such a negative outlook could set the adolescent up for a self-fulfilling prophesy of failure.

However, emerging approaches in trauma-informed care are now shifting treatment from what is going "wrong" with the client to what "has happened" to the client (Sweeney et al., 2018). Practitioners in the child welfare, education, first responder, healthcare, and juvenile justice systems need to be educated on and use a trauma-informed approach when caring for children and youth who have been exposed to traumatic events (Ko et al., 2008). Youth programs facilitate healing from trauma when they involve nonhierarchical, collective power and decision-making between adults and youth; emphasize youth capacity; and empower youth voices (Bulanda & Johnson, 2016).

Youth who are affected by childhood trauma "need adults in their lives who can understand the pervasive impact of their experiences [and] who can develop trauma-informed approaches that promote healing and connection" (Bath, 2008, pp. 20–21). The Substance Abuse and Mental Health Services Administration (2014) explained that programs, organizations, and other systems become trauma-informed when each:

- realizes the widespread impact of trauma and understands its potential paths for recovery;
- recognizes the signs and symptoms of trauma in clients, families, staff, and others involved in the system;

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- responds by fully integrating knowledge about trauma into policies, procedures, and practices; and

- seeks to resist re-traumatization actively.

Trauma affects self-agency and connection to others. Therefore, any process and program of healing must include rebuilding these systems, establishing a sense of safety, retelling the story of the trauma, and then connecting to meaningful relationships (Herman, 1997). Additionally, any trauma-informed program must center on the participant's choice of recovery and provide a collaborative working environment that rebuilds self-agency, power, and control over their own life.

All trauma-informed treatments incorporate several essential components. Building on Herman's research, Bath (2008) described the "three pillars of trauma-informed care" (p. 17) as (a) the creation of a safe place, (b) the development of comfortable connections, and (c) the teaching of coping skills, emotion, and impulse management. Expanding on Bath's (2008) essential components of trauma-informed treatment, Black et al. (2012) identified five trauma-informed therapeutic approaches from the literature. These were used to refine the definition of trauma-informed programs to include additional elements. Accordingly, trauma-informed approaches include:

- Psychoeducation,

- identification and coping skills,

- creating a trauma narrative,

- cognitive restructuring, and

- creating an after-treatment plan.

Psychoeducation is the first element identified by Black et al. (2012) when refining the essential components of trauma-informed treatment. They advised teaching the client what a traumatic event is, the effects it can have on them, and the length of time that symptoms may last. Teaching *identification and coping skills of one's stressors* is the second element emphasized because it is essential to become more aware of one's physical body in order to control one's stress response. The *creation of a trauma narrative* is the third element included in Black et al.'s refined conception of trauma-informed treatment. As a therapeutic strategy, creating a narrative about the trauma helps clients understand their experiences while lessening the impact and intensity of their memories. The fourth element is *cognitive restructuring,* which refers to working with an individual's thought patterns to correct any maladaptive or distorted beliefs. The fifth and final additional element is the *creation of an after-treatment plan*, which is formulated from collaboration between the client and therapist. This plan maps out routines and implementation of skills designed to maintain the benefits established in treatment.

The impact of trauma can affect an adolescent's social, academic, and occupational outcomes. Research supports the contention that training and knowledge in both strengths-based and trauma-informed approaches are vitally important for adults who work with adolescents who have experienced traumatic childhood experiences (Arnold et al., 2007; Bath, 2008; Black et al., 2012; Clark, 1998; Cox, 2008; Herman, 1997). Although not all vulnerable youth who experience barriers to academic achievement and positive identity formation have trauma in their history, the adverse childhood experiences (ACEs) research suggests its likelihood is high in this population (Felitti et al., 1998). Therefore, a strengths-based and trauma-informed therapeutic approach that focuses on the adolescent's strengths and ability to change may be ameliorative for vulnerable adolescents in treatment and educational settings.

Art Therapy

Art therapy has been defined as "an integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active artmaking, creative process, applied psychological theory, and human experience in a psychotherapeutic relationship" (American Art Therapy Association, n.d., para. 2). Art therapy has expanded beyond its initial practice in psychiatric hospitals to outpatient and inpatient facilities, domestic violence shelters, medical settings, community centers, and more (Malchiodi, 2011). Art therapists also work in hospitals, prisons, rehabilitation centers, and school systems.

Art Therapy and Adolescents

In my experience as an art therapist, I have found an advantage in using art-based, creative, and nonverbal tools to support the adolescent. As examined in the following section, art therapy is an age-appropriate, alternative, and nonverbal means to process trauma goals and increase autonomy. Research supports the use of art therapy as a practical approach when working with vulnerable adolescents impacted by ACEs, whether in clinical, school, or alternative placements settings (Goessling, 2020; Harber, 2011; Kruger & Swanepoel, 2017; Mohr, 2014; Wymer et al., 2020).

Art is uniquely suited for challenging the status quo and, through this power, the therapist and client can address stereotypes in ways that would not otherwise be possible (Leavy, 2015). One of the most significant barriers to establishing a relationship with an adolescent client in any environment is their developmentally age-appropriate questioning of authority and distrust of all adults. Because art imagery and personal symbols are the main source of expression and communication in art therapy, adolescents do not have to speak to convey their concerns, thus giving them control over their own therapeutic experience and the amount of information shared

with the therapist. This lack of pressure and the multiplicity of meaning that can be ascribed to any given artwork make the art process a relatively nonthreatening way to establish a relationship. The opportunity for control is paramount when understanding this developmental stage.

In his clinical work with adolescents, B. L. Moon (1998) found that many adolescents clients were uninterested in or incapable of participating in "insight-oriented verbal psychotherapy with an adult authority figure" (p. 11); however, they would eventually engage in artmaking with him. Responsive artmaking, in which the art therapist creates artwork in response to the adolescent's art as a therapeutic intervention, is a creative means for building therapeutic empathy and engaging in imaginative dialogue with the client while providing an alternative way to know the client without the need for words (Franklin, 2010; B. L. Moon, 1998). The expressive language of art is a means by which the adolescent can explore and communicate their emotional world in a safe and controlled way.

Art created in sessions also provides the therapist with many insights into the adolescent's worldviews, concerns, and circumstances. However, effective therapists refrain from making overt interpretations and remain neutral about the artwork to allow the adolescent to choose what to share, thus increasing their trust and autonomy (Riley, 2001). Art therapists have recognized that having such freedom to control one's environment, with room for creativity and experimentation, provide possibilities for growth in individuation (Riley, 1999a). Franklin (1992) observed that art therapy directives that support an adolescent's creation of personal images to explore their values, beliefs, goals, and dreams increase self-confidence, identity development, and empowerment. Wallace-DiGarbo and Hill (2006) elaborated on this point in their research study of a community-based program designed to empower vulnerable youth

through artistic expression and community building. The authors identified improved psychological adjustment, self-confidence, teamwork, and family dynamics and lowered risk-taking behaviors among participants

Art therapists who work with traumatized clients and vulnerable adolescents are familiar with challenges faced by adolescents. They note that adolescents are often hesitant to speak to adults as they strive to assert their autonomy and establish their identity. In her clinical work with adolescents, Riley (1999b) found art therapy to be an excellent way to "get past the initial wall that surrounds the troubled adolescent, and provide the opportunity to tell their own story using the nonverbal communication form of imagery" (p. 20). Additionally, she noted, "As long as they are not pressed to talk, paradoxically, they will. The art is safe and under their control" (Riley, 1999b, p. 21). The art, coupled with the therapist's approach, creates an environment for the adolescent to feel safe enough to disclose, open up, and connect.

Art Therapy and Trauma

Traditional therapies that rely on the verbal reprocessing of the traumatic event(s) can re-traumatize the individual. Harris (2009) claimed that creative arts therapists can circumvent this dilemma by utilizing nonverbal communications. Noting the advances in clinical research that have transformed working hypotheses "into a sturdy theory of the neuroscience of trauma," he argued that "the rationale for nonverbal creative arts therapy interventions, which do not depend on left-brain linguistic processing, grows increasingly substantial" (p. 94). Research by Chapman (2013), King-West and Hass-Cohen (2008), and van der Kolk (2006), among others, has validated artmaking as a strategy for coping with trauma. Schouten et al. (2019) identified art therapy's experiential and nonverbal characteristics as providing an alternate and appropriate treatment approach for accessing the individual's often inexpressible and indelible traumatic

memories. Accordingly, trauma-informed art therapy facilitates the externalization of memories and emotions via the artwork created.

Herman's (1997) trauma-informed principles of safety, remembrance, mourning, and reconnection assess and build on participants' strengths and abilities, teach coping skills, and manage emotions and impulses. Bath (2008) proposed "three pillars of trauma-informed care" (p. 17), comprised of (a) the creation of a safe place, (b) the development of comfortable connections, and (c) the teaching of coping skills, emotion, and impulse management. Black et al. (2012) expanded and refined Bath's model, identifying and including five additional elements. The art therapists cited in the following literature have implemented all of these principles in creating trauma-informed art therapy. For instance, Pifalo (2007) incorporated psychoeducation, Black et al.'s first element in art therapy with sexually abused children. Her work included age-appropriate psychoeducational information about sexual trauma. She also referred to engaging in parallel artmaking to help the child feel more comfortable and relaxed.

Working with refugees who experienced trauma, Kalmanowitz and Ho (2016) based their art therapy approach on Black et al.'s second element, that of teaching identification and coping skills for one's stressors. They combined art therapy with mindfulness and meditation skills. Black et al.'s third element, creating a trauma narrative, was described in a research study with veterans experiencing combat-related post-traumatic stress disorder (PTSD; Campbell-Heider et al., 2009) as one of many examples in the art therapy literature. Participants reported that they could access previous gaps in their memories and experience decreased anxiety after they had created and repeatedly processed their trauma narratives, both verbally and visually.

Lusebrink and Hinz (2016) described a case study in which Black et al.'s fourth element, cognitive restructuring work, was utilized with a 7-year-old boy to imagine and create alternative

outcomes for his traumatic experiences. Wymer et al.'s (2020) case illustrated Black et al.'s fifth element, creating an after-treatment plan with a 9-year-old girl who had been abused by her adult uncle. The safety plan included what she could do if she were touched inappropriately. She also collaged a poster for her bedroom wall that represented her feelings of safety and what she had learned about boundaries and assertiveness while in treatment. It stands to reason that because art therapy is a sensory-motor and visual therapeutic modality, it is effective in helping to gradually integrate the emotional, nonverbal, and implicit memories fragmented in trauma, as claimed by Lusebrink and Hinz (2016).

Art Therapy in School Settings

Treatment goals of art therapists working in the school environment include improving academic performance and school attendance, coping with emotional and behavioral challenges, and developing social relationships with family and friends (Bush, 1997; Isis et al., 2010; C. L. Nelson, 2010; Pleasant-Metcalf & Rosal, 1997; Rosal et al., 1997). Based on her research working with children with special needs, Anderson (1978) advocated for art in individualized education programs. She maintained that art could strengthen social and communication skills and build positive self-esteem, which are essential goals for a child with special needs. Art classrooms are often the first placement beyond the special education classroom for students experiencing emotional and neurological barriers (St. John, 1986). Public schools often enroll preadolescents and adolescents with special needs into art classes for integrating and mainstreaming them into the least restrictive environment. I can affirm that each semester my art classes would have several students identified as emotionally and behaviorally disturbed.

Rosal et al. (1997) asserted "nationwide school reform is based on the assumption that all students can learn, and the 'whole student' must be educated" (p. 35) and that success in

academics is only one part of a student's accomplishments. The authors argued, however, that success in social and emotional skills is equally important. Describing his intrigue for "reaching the whole child through art activity" (Henley, 1997, p. 15) in his therapeutic role as a special education teacher, art therapist Henley focused on providing the child with opportunities for increased self-agency. He developed art interventions that drew on education as the basis for building mastery and teaching creative problem-solving. Pleasant-Metcalf and Rosal (1997) examined the use of art therapy for enhancing problem-solving skills and self-concept with an adolescent whose parents had recently divorced and whose grades had declined. They found that both academic performance and self-concept had increased for the youth after 10 sessions.

Art therapists have been working in the schools for decades, with one of the first documented examples being the Miami-Dade County Public Schools' 1979 program that brought art therapy and art education to students with special needs. Art therapists assisted the regular education teachers in implementing appropriate intervention strategies to address these students' challenges. A pilot study of the program indicated that it had successfully improved student performance and classroom behaviors. The program continued to expand, becoming a model for school art therapy programs throughout the country (Isis et al., 2010). The program subsequently faced the impact of the No Child Left Behind Act, introduced in 2001, which implicitly encouraged a focus on school ranking and test scores. This dynamic was particularly challenging for students who were already performing below grade level and exhibiting poor coping strategies. Art therapists in the Miami-Dade School District noticed the impact of test-taking performance pressure and anxiety on the whole student population and redirected the art therapy program's goals from support of academic achievement to symptom and stress reduction. The therapists incorporated new individualized approaches and methods to mitigate students'

emotional challenges (Isis et al., 2010).

Another published example of school art therapy is the Jersey City Public Schools' creative arts therapy program for students who are challenged with academic performance and harmful conduct. The art therapy program is brief and solution focused. Students develop problem-solving skills while focusing on academic improvement and behavior modification (C. M. Nelson, 2000). From having witnessed the benefits of incorporating art therapy, school districts today are advocating for its use.

Importance of Art Media and Neuroscience Implications

Jaworska and MacQueen (2015) indicated that, although adolescence can be a time of strength and resiliency, psychiatric illnesses often appear or are detected during this life stage. Vulnerable youth need alternative ways to process their emotions as played against their trauma histories. The prefrontal cortex area of the brain, responsible for insight and logical thinking, does not fully mature until a person is in their mid-20s. Jaworska and MacQueen recently updated the end period of adolescence from 18 to 25 years old. They based their update on advances in magnetic resonance imaging, which have allowed researchers to identify cerebral and gray matter volume as reaching its peak between the ages of 10 and 20 (Barnea-Goraly et al., 2005; Giedd, 2008). Giedd (2008) described this period as having "substantial neuro-biologic and behavioral change" (p. 341), making adolescence a time of "great opportunity" (p. 341).

Research indicates that trauma impacts the brain and may cause deficits in verbal expression (van der Kolk, 2003; van der Kolk & Courtois, 2005). Rauch et al.'s 1996 brain study used PET scans to observe patients with PTSD. They found lessened brain activity in the Broca area (the area usually in the dominant left hemisphere of the frontal lobe and linked to speech production) when presented with accounts of their traumatic experiences. Research also

implicates trauma's impact on brain chemistry, learning, and memory, negatively affecting overall functioning (Bath, 2008; Bremner & Narayan, 1998; Gantt & Tinnin, 2008; van der Kolk, 2003). For example, the limbic system is the part of the brain involved in behavioral and emotional response and long-term memory. Located in the limbic system, the amygdala is activated in both the attachment and fear response associated with the experience of trauma (Gantt & Tripp, 2016; Roatan, 2011), whereas the hippocampus is responsible for motivation, emotion, learning, and memory (Bremner & Narayan, 1998). Continued exposure to trauma can lead to stress-induced hippocampal toxicity, leading in turn to learning and memory challenges. Chronic stress resulting from uncontrollable events or circumstances can disturb brain development and impact the ability to tolerate and respond to stress, as seen in many adolescents who have long-term academic failures (Sciaraffa et al., 2017).

Neurological researchers have also shown how visual imagery can influence thoughts and emotions (King, 2016, Konopka, 2016; van der Kolk, 2003), thus reasoning that art therapy can be an excellent way to reconnect a client's feelings and sensations and, thereby, reintegrate the body-mind connection (Gantt & Tinnin, 2008; King-West & Hass-Cohen, 2008; Malchiodi, 2003). King's (2016) description of the following tenets of art therapy support this claim:

> (a) the bilateral and multidirectional process of creativity is healing and life-enhancing, (b) the materials and methods used affect self-expression, assist in self-regulation, and are applied in specialized ways, and (c) the art-making process and the artwork itself are integral components of treatment that help to understand and elicit verbal and nonverbal communication within an attuned therapeutic relationship. (p. 6)

These tenets of art therapy facilitate the reconstruction of trauma nonverbally and avert re-traumatization, supporting its use with traumatized youth.

Consistent with the above tenets, in her clinical work with youth, Klorer (2005) also found that nonverbal expressive therapy approaches, which utilize emotional processes

associated with the right brain hemisphere, were more effective when intervening in trauma. As one example, Klorer vividly described her 3-year work with a child who began therapy with her at age 4. The case demonstrated the importance of art as a transformative medium, allowing the young child to access and express feelings she could not put into words. She worked through her trauma nonverbally through the creation of art, integrating her inside and outside worlds. Taken together, these and other examples from the literature suggest that art therapy supports a youth's cognitive and emotional development and provides a nonverbal, bilateral, and multidirectional option for reintegrating the body and mind of someone who has experienced trauma.

Digital Art Therapy

Origins and Critique of Digital Art Therapy

Digital art therapy has been defined as "all forms of technology-based media, including digital collage, illustrations, films and photography that are used by the therapist to assist clients in creating art as part of the process of therapy" (Malchiodi, 2011, p. 33). In 1999, *Art Therapy: Journal of the American Art Therapy Association* released its first issue dedicated to the relationship between art therapy and digital technology, with a second issue 10 years later (Kapitan, 2009). Art therapist McNiff (1999) described the profession's inclusive domain of both traditional art media and digital media, which together comprised the "virtual studio" (p. 197). The first book to address digital technology in art therapy was authored by Malchiodi in 2000. Over the subsequent 20 years, art therapy has adopted and adapted to digital art media as digital technology became more widely accessible and ubiquitous, particularly among adolescents.

Carlton (2014), Diggs et al. (2015), Kapitan (2007, 2009), Parker-Bell (1999), and Thong (2007) drew attention to and urged the incorporation of digital media into art therapy in light of an enduring preference among art therapists for traditional art materials and the view that digital

media lack the sensory therapeutic properties of traditional fine art media. Art therapists have often felt an allegiance to conventional art therapy mediums and techniques. In a 2009 qualitative study of art therapists' comfort with digital technology, Asawa (2009) described an internal conflict among participants between the desire to incorporate digital technology and their loyalty to traditional art methods and media. Intrigued by what some viewed as art therapy's resistance to digital technology at the time, Peterson (2010) conducted a study on how art therapists adopt new media into their practices. He found they incorporated new media if and when they felt confident using it personally and had determined the new media's properties supported therapeutic goals and applications. Five years later, Choe's (2014) study confirmed that some art therapists continued to be conflicted about a perceived lack of tactile and physical properties of digital art materials. She noted one therapist who expressed the importance of having traditional media on hand for their therapeutic value of tactile and mess "in addition to digital programs" (p. 149.)

Carlton (2014), a proponent of digital media for art therapy, stressed its importance today as an essential therapeutic tool and addressed the unique, innate, visceral experiences one encounters when working with styluses, drawing tablets, keyboards, and screens. She characterized digital media's ability to work sequentially and nondestructively and the physical movements one must make to access and use tools to apply texture, color, palette, and composition choices. In a subsequent article, Carlton (2017) debated the assumption that digital media lacked tactile and physical properties and asked:

> Is not the base nature of touch an experience of sensory, interactive, or spatial feedback? Do not these digital media materials provide both haptic immediacy to more abstract biochemical and behavioral response experiences within and around the screen, software, and hardware? (p. 26)

Some clients need the tactile connection to materials, whereas others benefit from the properties

inherent in digital art media. For instance, using digital media with clients on the autism spectrum can offer a lower tactile sensory-stimulating option and also remove the need for verbal interaction and eye-to-eye contact with a therapist (Darewych, 2018). Additionally, given their compact nature and ease in disinfecting digital tools between sessions, patients can also benefit from creating art on iPads in a hospital setting (Kometiani, 2018).

Digital Technology in Art Therapy With Adolescents

Competent art therapists are intentional when incorporating digital media into their practice, irrespective of digital art materials' tactile and physical properties and the possible effect on the therapeutic experience. They consider the impact on the client, the appropriateness of its use relative to the client's needs, and the role it plays in the client's life (Orr, 2014). These requisites are particularly true with respect to the impact—both positive and negative—of technology on adolescents' lives. In addition to the general concerns art therapists have with digital media, some have argued against its use with adolescents who are already technologically overloaded and overstimulated (Klorer, 2009). There is some merit to this argument. For example, as a teacher at a public high school, I would often observe students walking across campus so focused on their phones that they were oblivious to everyone around them, checking social media profiles or sending texts to friends. To mitigate distraction, the high school implemented a policy of "no cell phones while in class," triggering an age-appropriate battle for autonomy, such as sneaking texts even to the peer seated right in front of them. Being wise to this desire, my students and I arrived at a compromise. They could use their phones to listen to podcasts or music during their studio time and would put their phones away during my teaching time.

A case can be made to offer digital technology alongside traditional media options for

clients, especially when working with adolescents. Incorporating digital media must be an added value rather than replace the therapeutic relationship. One must also consider the therapeutic value for each client. In Austin's (2014) words, "Given the adolescent's enthusiasm for technology and the degree of resistance to therapy normally encountered in this population, art therapists cannot afford to ignore the therapeutic potential of these emerging popular technologies" (p. 201). Today's adolescents are referred to as *digital natives* because information technology has been a part of their lives from birth; therefore, they view and filter information differently than previous generations (Prensky, 2001). Growing up accustomed to receiving information fast, they prefer to multitask, making sense of multiple pieces of data simultaneously.

Prensky (2001) contended adolescents characteristically seek immediate responses to their actions, often choosing not to pay attention to slow-paced information they find boring. However, he observed that positive cognitive changes, such as heightened multi-dimensional, visual-spatial skills and improved inductive discovery of dynamic representations, also occurred in adolescent digital natives. Repeated exposure to digital media may enhance the ability to simultaneously monitor multiple locations and produce faster response times to expected and unexpected stimuli. A noted downside is that the high speed of incoming information typically inundates students. There is little time for reflective learning, critical thinking processes, and experiential learning.

Prensky (2001) concluded that the cognitive differences of digital natives "cry out for new approaches to education" (p. 5) that offer "a better fit" (p. 5) capable of meeting their changing learning needs. Digital technology is a profound aspect of many clients' lives and much more so the lives of adolescents. Orr (2014) expressed her belief that "the everyday lives

of clients increasingly involve digital media and its creation of a visual culture" (p. 95). For art therapists working with adolescents, digital media can be a logical intervention and application, given their life-long exposure at a level not seen in earlier generations.

Digital media is a common means of adolescent communication and socialization and a developmentally appropriate medium to use with youth who find the creation of digital imagery familiar (Miller, 2012). Digital communication skills naturally extend to creating digitally. Ehinger (2017) asserted that therapists must meet their clients developmentally and technologically when incorporating digital technology. When they integrate digital arts into youth programs, art therapists demonstrate an awareness of the "lived" experiences of the digital native youth with whom they work and the impact technology has on their daily lives. For art therapists to understand clients, they must appreciate the contexts of clients' everyday lives.

Creating art with digital technology invites many opportunities not afforded by traditional art media, offering relatively risk-free creative encounters that can encourage adolescents' developmental need to explore their own identity and individuation. For example, the ability of a computer to save an image and edit or undo a mistake provides an adolescent with the freedom to explore and experiment without fear of failing (McLeod, 1999). Adolescents use digital cameras, smartphones, and scanners to create and artistically modify photographic imagery with ease. Images can be photographed, deleted, and retaken if necessary. The only limitation is the memory card size, which controls the number of photographs or videos stored. The flexibility of digital technology to explore and create without fear of failing can increase an adolescent's self-esteem and self-agency and lead to positive personality advancements in individuation and identity.

Austin (2009), who founded The Animation Project, reflected that art therapists already use fantasy, projection, metaphor, and symbolism in their work with clients and are in a rare position to provide a context of how technology impacts the creative and emotional life of the artist. Therefore, full proficiency with digital art technology as an innovative and therapeutic medium is an important addition to their skillset. Rather than limit themselves to a "valuable yet circumscribed role as critical observers in clinical settings" (Austin, 2009, p. 85), Austin envisioned art therapists becoming active contributors to "exciting technological innovation that is altering the creative landscape" (p. 85). Art therapists who do so can leverage digital arts for age-appropriate, pertinent, and emerging techniques with their adolescent clients. These options can also enhance the adolescent's continued artistic development and mental health.

Over the past 10 years, clinical descriptions have emerged regarding how art therapists use digital art technology in the therapy room (C. H. Moon, 2010; Malchiodi, 2011) along with books focused on use of digital and social media in art therapy (Garner, 2016; Malchiodi, 2018; Miller, 2017), digital photography in art therapy (Loewenthal, 2013), and video and filmmaking in treatment (Cohen et al., 2015). Although recognition of increased use of technology in art therapy exists (Carlton, 2014; Evans, 2012; Kapitan, 2007; McLeod, 1999; McNiff, 1999; Orr, 2012; Parker-Bell, 1999; Thong, 2007), the gap in efficacy research has meant its benefits for various treatment populations have not been substantiated. Nevertheless, descriptive inquiries have examined particular digital programs (Diggs et al., 2015; McLeod, 1999; Thong, 2007), the virtual studio of the art therapist (McNiff, 1999), and reviews of available tools and possibilities for use (Evans, 2012; Parker-Bell, 1999). This literature reiterates the significance of digital technology with modern-day youth and, as I argue in the following sections, the need for

developing a digital arts vocational model of art therapy that would address their emotional

needs and equip them with marketable skills.

Art Therapy, Art Education, and Digital Arts Vocational Skills Training

Junge et al. (2009) wrote that art therapists must learn to work "strategically and

effectively beyond the boundaries of office walls and the psychic limitations of our

consciousness and denial" (p. 109). Among therapists working with youth who are actively

searching for and applying cutting-edge and inventive techniques of treatment, Tyson (2002)

combined rap music, bibliotherapy, and music therapy in his therapeutic work with adolescents.

He asserted that "the development of empirical methods of working with at-risk and delinquent

youth that are creative and increases their motivation for treatment are of significant importance

to society" (Tyson, 2002, p. 142). Bader and Luke (2013) found that the digital arts were a

perfect "hook" for adolescents who are not committed to traditional school settings. Their

program provided individualized and creative learning that acknowledged the personal

experiences and backgrounds of the youth. Similarly, digital art therapy combined with a

vocational program for vulnerable youth would offer specialized instruction while being

considerate of developmental and personality needs. Digital and vocational contexts extend the

boundaries of how art therapy is delivered.

Inventive and cutting-edge therapy techniques encourage youth engagement and

participation; therefore, it is in the best interest of society to bring forth digital and vocational

therapeutic endeavors. If art therapists and the greater society wish to catch the interest of

vulnerable youth, learning opportunities must incorporate multiple modalities, and an emphasis

on digital technology tools is one such strategy (Hughes, 2016).

Jamerson (2013), a behavioral coach and therapist working with adolescents, began to

envision ways of therapeutically engaging youth with digital media by posing the question, "Why not use the technology that youth are connected to, to deliver service?" (p. 184). In response, he developed a novel "expressive remix therapy" (Jamerson, 2013, p.182) for working with adolescents. This "mash-up" (Jamerson, 2018, p. 267) of art therapy, narrative therapy, and digital media modalities appropriates images and words already in existence and transforms them into new and novel artistic creations.

Given their mental, cognitive, affective, and skills integration needs, youth would particularly benefit from participation in *third spaces,* which are neither school nor home (Oldenburg, 1989), and their potential to combat the often-negative stereotypes of adolescents. In-between spaces empower individuals by recognizing that everyone is needed to create social change, welcome diversity, and inspire opportunities for social engagement while fostering an appreciation of interdependence (Block et al., 2005; Timm-Bottos & Reilly, 2015a, 2015b). Timm-Bottos (2016) challenged art therapists to "venture forth into the unknown and trust one another and the variety of skills and methods each contribute" (p. 162) and did just that when she established neighborhood Art Hives. Her idea evolved from Oldenburg's (1989) thesis that a healthy life requires a balance between three arenas; home, work, and somewhere in-between. This in-between third space acts as an anchor for community life and creative social interaction. Bhabha (1994) further developed third-space theory by explaining that each person is unique, with a hybrid nature that shares priority and power. Third spaces are cocreated environments in which individuals dialogue with each other, take part in cultural practices, and redefine boundaries between self and others in a "safe and playful environment" (Timm-Bottos & Reilly, 2015, p. 103). Timm-Bottos' Art Hives model exemplifies a space in which adolescent and adult opportunities cooperate in cognitive, affective, and skills integration outside of the traditional

model of care. These in-between places offer a safe space for everyone's voice to be heard, which fosters group cohesion and develops trust and solidarity.

Potash (2011) concurred with Timm-Bottos' and Reilly's sentiments that art therapists can act as social change agents by "guiding art-making and art viewing" (p. 55) in spaces that cultivate empathy and build community. Potash described the unique skills that art therapists have to promote relationships and advance social justice and equality by offering connection and art creation opportunities in particular. Similarly, The Animation Project in New York functions as a third space in its combined digital art therapy and vocational skills training program to support adolescent social, emotional, and cognitive growth. The program has proven successful in helping youth develop social skills, increase coping strategies, and regulate emotions. Participation in digital animation vocational skills training often leads to mentorships and internships in the digital art animation field (Dean et al., 2019). These cutting-edge and inventive programs address the total bio-psycho-social needs of vulnerable youth.

Conclusion

The literature reviewed in this chapter supports the development of a digital arts vocational model of art therapy that integrates vocational skills training, art education, and art therapy. The goal of the model is to promote self-agency by learning practical vocational skills using an industry-standard graphic design or video editing software application and practicing those skills in an art therapy context. Historically, the collaboration of art education, art therapy, and vocational rehabilitation has been a positive endeavor. Ulman (2001), an early art therapy pioneer, viewed art therapy as "designed to assist favorable changes in personality or living that will outlast the session itself" (p. 25). She maintained that specialized instruction, which stresses technique and mastery of skills over real personality needs of the individual, is not art therapy.

In contrast, an emphasis on digital technology tools introduced as vocational skills in an art therapy format with impacted youth expands the field of art therapy beyond its often "limited disciplinary silos" (Timm-Bottos, 2016, p. 161). As argued in this chapter, if we wish to attract the attention and interest of youth, and especially vulnerable adolescents, there must be opportunities for learning through multiple modalities (Hughes, 2016). Given their frustrations with traditional settings and exposure to oppressive systems of education and care, it would seem that vulnerable youth in particular would benefit from innovative and cutting-edge opportunities to advance in their self-agency and individuation.

The educational system's primary goal is to educate students within the goals and priorities of societal stakeholders. Schools must achieve results with minimal funding available. They often struggle to keep up with the cost of educational resources. This struggle impacts funding allocation and limits the availability of supportive services for students with mental health issues. All children have the right to an education, but when a child is suffering from severe emotional problems, they expend all their energy just to make it through their day. Consequently, they are more likely to be challenged academically.

Many struggling students find insufficient support to help them achieve educational milestones and developmental skills that adequately prepare them for adulthood. Additionally, the societal push to demand that all students graduate and go on to universities has diminished vocational training as an alternative path to a career. Students who do not want to pursue college, or cannot due to poor academic achievement, are left behind and are at greater risk for future failures.

This problem for youth led me to explore the potential of a strengths-based model of art therapy that could open vocational potential through skill development in digital arts while

moving toward emotional health. I developed the framework of such a program aimed at adolescents struggling in high school during a supervised doctoral internship with vulnerable youth at a nonprofit program contracted by a local school district. My proposed digital vocational model of art therapy integrates vocational skills, art education, and art therapy and provides mental health support. Based on evidence from the literature, I structured the program to support the developmental goals of individuation, identity formation, and self-agency (Block et al., 2005; Dean et al., 2019; Hughes, 2016). The digital art component of the model was chosen because it is desirable to this population and motivates participation while delivering in-demand vocational skills and experience. The model is also relevant to the profession in that digital media appears to be underutilized in art therapy with adolescents despite their high level of interest and lack of arts education outlets for its development in the school system.

In this literature review, I considered the developmental tasks faced by adolescents during their journey to adulthood. Their quest to know themselves and their needs and wants plays a significant role in shaping their sense of self and growing personal identity. The dominant power dynamics of adult-driven institutions, such as schools and justice systems, often negatively impact adolescent self-agency and individuation. Vulnerable adolescents—distrustful of adults and living in discriminatory social and institutional environments—need strengths-based and trauma-informed treatment options. Their many social and psychological challenges and ACEs can manifest in learning problems and low academic achievement. However, because educational systems and alternative placements are challenged by competing interests (e.g., funding, state testing requirements, and the push for all youth to attend college), they struggle to meet the complete bio-psycho-social needs of these vulnerable youth.

Vocational education can be a valuable resource and provide skills for future job

opportunities. Furthermore, incorporating vocational skills with mental health support has been shown to impact self-esteem and self-agency positively. A particular benefit of art therapy in educational and clinical settings is that adolescents can use creative, nonverbal, and symbolic communications to control their own therapeutic experience. Finally, the addition of digital art media to the therapeutic experience of digital-native adolescents can provide an in-between, safe space to be heard and to foster group cohesion, develop trust, and build social connections and community.

CHAPTER 3: METHODOLOGY

With this research study, I examined a digital arts vocational model of art therapy for vulnerable adolescents with two primary aims: to determine how it might expand therapeutic opportunities for them and to identify any benefits of participation. A participatory arts-based research design was employed to mitigate hierarchal power and to engage and empower adolescents as participants in and agents of their social change. I joined with five adolescent girls on a collaborative journey to examine a model that considers the adolescent stage of life while offering a broader treatment option encompassing the total bio-psycho-social needs of adolescents that are relevant to the context of their lives. I included vocational skills training in the model to empower and promote personal strengths and abilities.

Research Design

This research was designed as a collaborative exploratory case study guided by participatory action research principles and art-based research (ABR) methods. An exploratory case study is used for research problems that have few or no previous studies from which to draw outcome predictions. In this case, the new program model was the entity or unit of study. Case study research "is a form of systematic inquiry that focuses on a particular entity to make sense of all aspects of it" (Kapitan, 2018, p. 123). Collaborative inquiry directly involves participants in understanding a situation and considering possible solutions or actions for positive change.

Participatory action research is distinguished from other qualitative research in its critical viewpoint that seeks to advance emancipation and mitigate oppression (Goessling & Doyle, 2009). Principles of self-determination and emancipation served as therapeutic goals on which the program model was grounded. Although the study was not designed expressly as participatory action research, it did embrace a "transformational perspective . . . in which power

is redistributed between researchers and participants" (Shamrova & Cummings, 2017, p. 401)—

in this case, reflecting the belief that adolescents can construct and reflect on their own lived

experience. A participatory design is particularly applicable for vulnerable youth who need

approaches that honor their language, creativity, and lived experiences while also providing

meaningful engagement for growth and development (Iwasaki et al., 2014).

The research problem was selected for its potential to serve both research and therapeutic

goals in that it utilized a participatory inquiry process for building an adolescent group's capacity

to reflect on dynamics that affected them while surfacing new knowledge that would be

emancipatory and liberating for them. The study was emancipatory in that it replaced the

traditional role of the researcher as "expert" with that of co-collaborator. Participants were

regarded as "coresearchers" who worked collaboratively and on an equal level with me, the

primary researcher, to document their experiences with the program model, analyze the data

collected, and identify results (Kapitan, 2018). The underlying premise was that the benefits of

the program would best be examined and described by those who experienced it. Coresearchers

are viewed as expert informants because they know the topic firsthand (Kapitan, 2018).

Another aspect of the study was the art-based research component by which I sought to

externalize and understand the adolescent's life experiences and use them as a powerful

motivator for transformative change (Harb, 2018). Art-based research produces artistic

expressions for the purpose of understanding and illuminating the subjective experience under

study. I added art-based methods to the research design because, similar to scientific research,

ABR centers on "illuminat[ing] aspects of the human condition" (Leavy, 2015, p. 3).

Additionally, ABR seeks to explore, reveal, and represent these illuminations through art-based

practices, such as visual art and film, throughout all phases of research. Art-based research is

distinctly helpful for research projects focused on describing, exploring, or discovering new information (Leavy, 2015). Art-based research also has been used in participatory projects that aim to dissolve the traditional "researcher and researched hierarchy" (Leavy, 2015, p. 26), thereby viewing all as valued and essential collaborators. According to Kapitan (2018), artistic modes of representation, especially in art therapy, use art imagery as a partner in self-awareness and self-agency, increasing the likelihood of finding one's authentic voice.

Research Objectives

The art therapy program model that was the focus of the case study aimed to improve practice. The objectives of the study were to (a) empower vulnerable adolescents by enlisting them as coresearchers and teaching them employable skills, (b) examine how these coresearchers experienced the program model concerning their needs, and (c) develop possible theories and hypotheses about the model and its potential for future research. The primary research question for this study was, "What are the benefits of a strengths-based and trauma-informed digital arts vocational model of art therapy with youth?"

Participants

Case study research seeks to explore a context in depth, rather than make generalizations about the case to a population. Data collection is typically extensive, involving multiple sources of information. Researchers choosing to study multiple experiences of a case typically choose at least one and no more than five participants to allow for depth in the results while managing the extensive data collection and analysis needed (Creswell, 2013). For my study, I also specifically required a small number of participants in order to provide a safe distance of six feet between computer stations in the computer lab due to the COVID-19 global pandemic.

I sought a small convenience sample of three to five coresearchers through referrals from

art therapy colleagues and local area high school counselors, school treatment teams, and

parents. I met online with a local high school counseling team and administration to describe my

case research study and program model. I explained that I was seeking referrals for students who

met my selection criteria as currently attending a local regular or alternative high school and

having psycho-social-academic vulnerabilities due to mental health barriers or adverse childhood

experiences (ACEs). These barriers could include depression, anxiety, self-harm, low self-

esteem, and feelings of marginalization or oppression. In addition, participants needed to be

interested in the digital arts and desired to learn vocational digital art skills. I excluded from the

study anyone who was actively suicidal, recently hospitalized for mental health reasons, or who

displayed consistent behaviors of defiance of authority or violence. Over the next 4 weeks,

counselors contacted me with referrals for students they believed met the criteria and would

benefit from the art therapy program. I spoke by phone with each counselor to understand the

reasons for their specific referral, after which I contacted and spoke with the student's parent to

assess appropriateness for participation, scheduling preferences, and transportation access to the

counseling center where the study took place.

I received a total of seven referrals; six from high school counselors and one from an art

therapist colleague. Two counseling referrals from the school were for a brother and sister. After

speaking to the siblings' parent, I made a decision to offer the program to the daughter only, as

the four other participants already included were females. I also reasoned that the brother 's

participation, due to his younger developmental needs, could discourage a sense of safety,

security, and open and honest communication among the female participants. He would also

remove the advantage of having a homogenous sample. I sought a homogeneous sample to

simplify analysis and facilitate group interviewing. In addition, I expected that homogeneity would foster increased comfort and openness in sharing with other group members with similar age ranges and lived experiences.

As a result of these procedures, five adolescent girls who were attending either a local high school or an alternative placement school joined the study as coresearchers. Demographic information was obtained from the school counselors and the therapist colleague who referred each adolescent. Three of the five young women participated for the duration of the study.

Informed Consent

Institutional review board approval was obtained from Mount Mary University before beginning the research study. Because the study involved school counselor personnel and students in their charge, I also was required to obtain review and approval from the school board's committee on human subject research. After the school board approved this request during the monthly school board meeting, I was able to begin working with the school counselors to obtain referrals.

Prior to the first study session, I met in person or by phone with each coresearcher and their parent or guardian to explain the study and address any questions. I explained that participation was voluntary; the student could leave the study at any time. Because participants would be engaged in an art therapy program that was the focus of the study, I made clear that each session would follow expected therapeutic procedures, ethics, and current standards of care. Group activities would consist of skills learning and training, verbal processing, and digital artmaking, and the participants would be sharing their observations, experiences, and insights in each group session. I delineated their rights, protections, research purpose, procedures, expected duration of the participation, risks, and benefits. After this meeting, parents and coresearchers

reviewed and signed the informed consent form (see Appendix A). Parents and coresearchers also signed consents allowing the use of their digital artworks and final video and audio recordings for research publications and program marketing tools (see Appendix B and C).

<div align="center">**Procedures**</div>

Setting and Program Structure

The study took place at my private practice in an art therapy studio located in the greater Los Angeles metropolitan area of southern California. The center provides counseling and art therapy services to children, adolescents, adults, families, and couples. The research study participants met as a group twice weekly in 2-hour sessions in the late afternoon for a total of 13 weeks. The program model was initially designed to last 11 weeks in total, with 9 weeks of group sessions and 2 weeks of collaborative data analysis. However, due to the difficult circumstances of the COVID-19 global pandemic that coincided with the study, the coresearchers agreed to extend the duration of the program as necessary, knowing that additional time might be needed for emotional processing and artmaking. Ultimately, the study required 2 extra weeks, for a total of 13 weeks. Eleven weeks focused on the digital arts vocational skills art therapy program, followed by 2 weeks of collaborative data analysis.

The art therapy program and research were conducted in a digital computer lab consisting of three student desks divided into two work areas. COVID-19 precautions and the risk of cross-contamination required the placement of plastic partitions to serve as protective barriers between work areas. Each work area contained an iMac desktop computer with Adobe Photoshop® and Final Cut Pro® software programs. A desk at the rear of the room had a larger iMac, which mirrored to a 70" smart TV for demonstrations of Adobe Photoshop tools and techniques.

To begin the first group meeting, I reintroduced the study to the girls by describing the outline of the project, the commitment involved, the art-based participatory methodology we would be using, and their coresearcher roles. I also went over the possible risks of participation listed in the informed consent and answered their questions. I reiterated that participation was voluntary and that they could withdraw at any time if they so desired.

Next, I gave a brief history of my development as a therapist and board-certified art therapist and my journey through a doctoral program in art therapy. I delineated my ideas for the program model, which we would be collaboratively examining through firsthand experience, reflection, and analysis. I discussed the importance of their role in all critical decisions and that I would encourage all questions, feedback, or insights at any time. To promote early engagement and buy-in, I invited the girls to dialogue with me and debate their choice of learning, which would be the focus of their participation in the program model: whether to develop vocational skills through video editing or graphic design.

The general format for each group session began with a check-in activity with a therapeutic component and then a demonstration of Adobe Photoshop tools and techniques (vocational skills development). Participants then had individual digital artmaking time, followed by a check-out group discussion focused therapeutically on their thoughts, ideas, and insights from the group session and their individual internal process and experience with the activities. The final unit did not have skills training and consisted of the check-in activity and individual digital artmaking development time only. The format was flexible; the group collaboratively decided if a particular discussion or activity warranted extended time.

The art therapy program was organized into three units of skills development and therapeutic goals (Appendix D). Unit 1 focused on creating a safe space and initiating

exploration, Unit 2 on creating a personal narrative through digital arts, and Unit 3 on returning to the community. I incorporated therapeutic check-in activities into each group session, which were specifically designed to promote understanding, empathy, confidence, and connection (Appendix E).

Goals for the first unit, which lasted 3 weeks, were to create a safe space, build group trust through the establishment of group rules, get to know each other, and initiate self-exploration. Therapeutic objectives were to begin identifying and normalizing feelings, introducing and practicing relaxation and mindfulness techniques, and working through opportunities and challenges from opening up and verbally and creatively engaging together. Through these activities, the therapeutic process of assessment, or the gathering of facts and presenting problems, occurred. For this unit, participants used Adobe Photoshop to create personal positive affirmation cards and a contour drawing self-portrait reflecting an emotion they commonly feel.

The second unit, which lasted 5 weeks, was dedicated to walking the coresearchers through the process of creating their own personal trauma narrative. I integrated therapeutic check-in activities with a focus on their current lived experiences, life history timelines and personal stories, identification and validation of feelings, and improvement of their emotional vocabularies. I continued to discuss and practice emotional regulation techniques with the participants. The therapeutic process involved inward searching and creative synthesis of their personal narratives. Various prompts were given to encourage their memories and included "a moment that changed me;" "my deepest fear;" "my secret dream;" and "looking back, what is now, and looking ahead." Group dialogue revolved around sharing personal experiences of marginalization and oppression by adults in their lives, social anxiety and bullies, and academic

difficulties that had brought them shame, hurt, anger, anxiety, and distrust. Conversations regarding feeling powerless versus powerful were encouraged, with a strengths-based focus on the therapeutic goals of empowerment and self-agency.

The final unit of the art therapy program, which lasted 3 weeks, addressed their resilience, final thoughts, and saying goodbye. Therapeutic check-in activities focused on empowerment, self-agency, hope for the future, reintegration into daily life after the program, and consolidating gains from the group process. Participants collaborated on an idea for a group art piece to reflect, make meaning, and acknowledge their growth and learning.

Data Collection

Data were collected from four sources: (a) the coresearchers' digital art portfolios, (b) my researcher blog, (c) the audio image recorded video elicitations and reflective interviews, and (d) my own video artwork. All coresearchers' vocational-digital artwork produced in the 13-week program was saved in digital portfolios, which displayed their creative process as evoked by participating in the program and their progress in their digital art skills. The researcher blog consisted of my written, ongoing field note reflections and therapeutic observations. The video elicitations and interviews (detailed below) structured the coresearchers' insights via verbal and nonverbal descriptions and reflections on their own program experiences.

Audio image recording (AIR) is a method developed by Springham and Brooker (2013) for art therapy research in which a video records the coresearcher describing their experience of creating an artwork while they hold and view the piece; in this case, each artwork in their digital portfolio was viewed on their respective computer screens. A reflective interview (RI) then synthesizes data from the AIR video recording by asking the coresearcher to view the video recording and add their thoughts, beliefs, or emotions that the viewing elicits in them, along with

answers to a series of semi-structured interview questions (Henry & Fetters, 2012). Springham and Brooker developed the AIR/RI method as a systematic means for conveying the richness of art therapy experience to third parties. For my study, the participants presented their artwork to the camera and described their lived experience of creating with digital arts media in the art therapy program.

The simplicity of a still image, coupled with the participant's audio description of that image, has been found to offer a robust and congruent way of communicating the experience of art therapy (Springham & Booker, 2013). The advantage of the video elicitation interview is that participants can revisit their learning from therapy after having a reflective distance from it. Viewing themselves in the video talking about their art places them in the position of a coresearcher who sees and hears their own words and artistic reflections mirrored back to them, giving them not only insights but a level of psychological safety and control over the process.

I videotaped the AIR video elicitation component as each coresearcher reviewed their digital portfolio and reflected on the experience of creating each artwork. Participants took approximately 20 to 30 minutes for this process. To maintain confidentiality, I attached my iPad to a standing tripod that I positioned to the side of each computer, which captured the coresearcher's voice, computer screen, and hands only.

To allow time for reflective distance from the emotional impact of the AIR, I conducted the RI the following week. Prior to the interview, I transferred the first video to the coresearcher's computer. Following the same videotaping procedures, I filmed each coresearcher's AIR as she viewed the recording of her initial unedited interview and added new elicitations and responses to four semi-structured follow-up questions (Appendix F). These

second sessions spanned approximately 40 to 60 minutes, with 20 to 30 minutes watching the previous videos and 20 to 30 minutes answering follow-up questions.

Data Analysis

Kapitan (2018) posited that art-based research is exploratory rather than explanatory in its aims, facilitating the development of unique perspectives that "allow one to imagine new possibilities" (p. 227) when working with research data. Accordingly, the coresearchers' digital portfolios and video elicitations served as an iterative process of data collection and analysis, which integrated emergent insights about the focal topic of interest (i.e., the vocational art therapy program). The two-step process of video elicitation and reflection created a systematic structure for surfacing insights and further clarifying them into meaning-making awareness of perceived benefits and challenges, voiced in the coresearchers' own words and artworks. The coresearchers' immersion in this art-based component produced rich input and insights on the program structure, personally meaningful reflections on their artwork and progress, and recommendations for program improvement.

To help organize results from the AIR and RI data, I conducted a thematic analysis to identify, analyze, and report patterns found across all datasets (Braun & Clarke, 2006). Using the microphone transcribe feature in Microsoft Word, I was able to play each audio file while Microsoft Word transcribed the audio into text. I then listened to each audio file again and edited any mistakes made by the program. To extrapolate the themes, I combined each coresearcher's transcription with my thematic analysis of the final transcript. This addition to the case yielded descriptions about the art therapy program from the study's sample of vulnerable youth.

Triangulation is the process of collecting multiple sources of data (e.g., notes, interviews, artwork) to reveal, assemble, and focalize connections, which strengthen the credibility of

results. In addition, to gain further insight into the context attached to the model and experience of the coresearchers, I engaged in art-based research of my own, providing a fourth data source and analysis process. Because art is subjective, different viewers will have different perspectives on what is seen in or as the data, which deepens learning for researchers (Leavy, 2015). Leavy (2015) commented on the value of researcher-created art as a data analysis method, writing, "There is a difference between approaches in which participants are creating or co-creating art in some medium and those in which the researcher is creating art" (p. 231). Art-based research, thus, holds a third space between knowing and discovering. Bhabha (1993) described the hybrid third space as incomprehensible through traditional lenses; art-based research uses artistic expression to access, understand, and examine lived experiences that defy understanding through traditional means (McNiff, 2008). Moreover, the performative quality of ABR is at base improvisational, meaning it actively moves and undergoes changes that open up new ways of seeing the data and, in turn, progressively renegotiates biases and perspectives (Kapitan, 2018).

My ABR component of the study was an art video that I created to organize my experience of repeated viewings of the girls' artwork and video elicitations and listening to their recorded narratives. Visually and auditorily immersed in the coresearchers' elicited language and reflection, I found myself moving past the limited understanding of my own lived experience, making unexpected and new connections while deepening my knowledge of each coresearcher's lived experience (Leavy, 2015). Thus, the ABR video helped synthesize the data as a whole and produced an art-based case record for the study.

Participatory research relies on collaboration; therefore, approximately 2 months after the completion of group, I again sought the involvement of the study's coresearchers and a psychologist colleague. I asked my collaborators to consider the themes I had identified through

the thematic analysis and my ABR process, and to provide their input or validation. Only one coresearcher was able to return to the center in person to assess and affirm the identified themes, while also elaborating on further insights on use of digital art technology in the model. I sent the two other coresearchers a link to the ABR video and emailed them a written list of the themes, which they corroborated and affirmed as well. My colleague also provided input and corroboration for the identified themes.

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Ethical Considerations and Validity

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Ethics of Coresearching With a Marginalized Population

The U.S. Department of Health and Human Services provides a thorough set of protections for research subjects under the Common Rule (Protection of Human Subjects, 2018). The Common Rule considers populations 2such as prisoners, children and minors, and individuals with "psychiatric, cognitive, or developmental disorders" (Schwenzer, 2008, p. 1348) as vulnerable to undue influence or coercion when participating in research studies. I further defined vulnerability for my study's participants as experiencing barriers to academic achievement, individuation, and identity arising from overriding (and often unaddressed) mental health issues and adverse or traumatic experiences. In addition, vulnerable youth can feel disconnected and distrustful of the social environments and institutional systems they occupy, including adults and authority figures in their schools. Research studies with vulnerable youth, therefore, should take into consideration the adolescent's current development and personal strengths and abilities, while engaging them as leaders and experts of their own lives.

Involving minors in research presents unique challenges with regards to research ethics and personal rights, in part because their ability to give informed consent is not ethically or legally attainable until the age of 18 (Schwenzer, 2008). Nevertheless, I found it appropriate and

necessary to conduct this study with vulnerable youth as coresearchers. Limiting their research participation is counterintuitive when their input is instrumental in creating beneficial treatment models that emphasize emancipation and empowerment (Schwenzer, 2018; Swartz, 2011). Vulnerable and marginalized youth "have a moral right to own and control knowledge produced about them" (Swartz, 2011, p. 48). Therefore, in choosing to conduct a study with the vulnerable adolescents who had been referred to me by colleagues and school counselors, I had to address important ethical considerations.

First, I focused on the basic ethical requirements of informed consent, confidentiality, and protection. Before the program began, I asked for each parent's consent for their minor's participation and the minor participant's assent out of respect for their autonomy and self-agency as a developing individual. A few weeks into the program, I also asked for consent from parents and participants for the possible use of their digital artworks, first to share with advisors via my researcher blog and later for dissemination possibilities. When discussing confidentiality with participants, I described my ethical duty to protect the privacy and confidentiality of their self-disclosures, including from parents and/or school personnel, and the exceptions to that privacy protection (i.e., if someone is being harmed or will be harmed). I assured them that otherwise I would not repeat anything they said in group sessions without their explicit consent. I reminded them that they could withdraw from the study at any time. I discussed with them the possible option of collaboratively creating a program manual at the end of group, which could include any artworks, insights, or statements made during the video elicitations they so desired.

Second, taking an emancipatory stance, I discussed the importance of their roles as coresearchers. I aimed to hold a mindful awareness of the fact that adolescents often need time to build rapport and trust with adults and can be unaccustomed to sharing their opinions and

experiences with adults. I reminded them of the significance of their input throughout the program sessions, beginning with asking their group choice of a digital art vocational skills pathway. Throughout the study, I took care to be aware of the inherent power differential and hierarchy between myself, in the primary researcher role and as an adult and vocational skills teacher, and the youth as coresearchers and minors. I did my utmost to respect their individuality, was careful to not boast about my knowledge, was slow to speak and interject, and was conscientious of being present and generous with my time and attention. Additionally, I listened to what each coresearcher had to say in formal group discussions and informal conversations before or after group or when only one coresearcher was in attendance. Maximum opportunities were presented to state their thoughts and ideas about group sessions and program activities, and we made changes in the moment based on their input as equal collaborators and coresearchers. I was authentic and truthful in all my discussions with the group in the hope of gaining their trust over the course of the program.

Third, I used multiple methods of data collection to mitigate imprecise conclusions that could occur from having only a single data source. Multiple research activities, beyond the coresearchers' observations and semi-structured interviews, were created to engage and encourage them to identify multiple insights and perspectives. Many of these activities were open-ended conversation starters allowing maximum opportunities for their voices to be heard, the building of relationships and trust, and the corroboration of data findings. The open digital art directives and the video recorded interviews both were ways I attempted to hand power back to the coresearchers. Employing the use of the RI and AIR interviews, coresearchers were "able to speak in their own voices and on their own terms" (Swartz, 2011, p. 60). All coresearchers had

the opportunity to watch the final ABR video and to discuss and consent to its use in the final

dissertation, other publications, and websites for dissemination purposes.

Lastly, while my goal was to explore how participants experienced the program, it was

possible that they would benefit only minimally from the research study. There was a risk for

feelings of discomfort, frustration, or emotions brought about by engaging in their personal

narrative in group therapy sessions with me, other group members, and the art processes. I

considered the possibility of participants having strong feelings related to their academic and

personal histories or experiencing discomfort when reflecting on their artworks during the video

elicitations. I worked to mitigate these risks as a therapist by establishing a structured

environment that provided containment for strong emotions and reflective distance for studying

and responding to the created images. I consistently reminded participants they were not required

to share their experiences in the group. The video elicitation and reflection took place in

individual, confidential sessions, and participant self-agency was supported and encouraged to

allow for freedom to opt out of the directives or any procedures and the study itself at any time.

Confidentiality

In addition to procedures to ensure confidentiality described in above, I followed federal

laws regarding the protection of confidential information for consenting clients in therapy. No

personal data was disclosed and only fictitious names were included in written reports from the

study. I deidentified coresearcher data by redacting identifying information from all filenames

and descriptions, artwork, and field notes and then replacing names with pseudonyms. When

filming the video interviews, I focused the video camera on the computer screen showing the

digital art imagery, so faces were not visible to the camera. I kept all digital art therapy

portfolios, audio-video recordings, and written insights and reflections on a password-protected

external hard drive. I kept external drives in a locked file cabinet in the locked digital art computer studio classroom. All information obtained was kept confidential and I was the only person with access to the data. Information obtained was stored electronically and password protected. Per the U.S. Office of Human Research Protections (code §46.115), all data in my possession will be destroyed 3 years after the end of data collection, including shredding of paper files and deletion of electronic files. Participants may keep their digital portfolios and AIR/RI videos as creative products of their own. Individual participants were not identified in any report or publication about this study.

Validity

With respect to validity in an ABR design, it has been argued that ABR should be judged in the same manner that works of arts are judged—in open, public reviews and critiques of the value of the work (Kapitan, 2018). Because this study is naturalistic, validity is also ensured by designing in credibility through its participatory structure and transferability to similar contexts and populations, which will be strengthened through follow-up discussions with the referring school personnel and future research studies.

The coresearchers played an integral role in the research and validity of the results. Their critical reflections on their individual and group processes were a vital component of my study. Internal validity was addressed by designing prolonged, persistent observation by multiple coresearchers throughout the 13-week study. In addition, I triangulated by engaging in and with various data collection and analysis methods and sources (digital portfolios, researcher blog, video elicitations, semi-structured interview questions, and my ABR process).

Reflexivity, or self-examination and introspection, should be a consistent process when working with adolescents, so as to allow primary researchers to critically contemplate their

position and biases and their implementation of methods and practices (Punch, 2002). My primary bias was the belief that digital art is a valid, useful, and important tool to offer in art therapy with adolescents, and that vocational skills are a needed tool when working therapeutically with this population. In addition, as a 50-something, heterosexual, white, Christian female, I understood that I might be viewed as a combination of mother, teacher, and therapist. I needed to be conscientious to not impose my own views and to enable my coresearchers to express themselves freely. I also needed to understand my age bias and inability to fully understand what it is like to be an adolescent in today's world. In addition, I discovered a bias with respect to my own struggle to find my identity and "voice." Am I an artist, teacher, art therapist, researcher? Am I a combination of all? How do I integrate these four parts of myself? Can I integrate them? I continuously sought to be conscious of my own internal identity struggle while maintaining space for my coresearchers' own identity development.

I maintained a self-reflective researcher blog as a reflexive strategy to process these biases and my own values, assumptions, and experiences, and to create transparency in my research process while documenting my journey of "altering methodologies and reshaping analysis" (Ortlipp, 2008, 696) to fit the reality of the unfolding case study. Throughout the process, I sought to be objective and transparent in any bias, examining in my research blog my own motives and interests. To aid external validity, my advisor and committee members provided feedback on my blog entries and challenged my bias and thought processes in phone calls and emails throughout the research study.

Adolescents can hold multiple biases regarding adults and authority figures, often with good reason. They might view adults as people who do not listen or care about them and want to control or take away their self-agency and autonomy, believing youth are unable or incapable of

providing important insights or knowledge. Understanding the possibility of, and reasons behind, such biases was the primary reason for my choice of a participatory and arts-based research design that aimed to mitigate the hierarchal power structure and to engage and empower adolescents as participants in and agents of their social change. My focus was not on the coresearchers' pathology, but rather on their strengths and abilities. Through the methods used, I wanted to honor their language, creativity, and lived experiences.

To help ameliorate mine and the coresearchers' biases, coresearcher digital portfolios and video elicitations served as an iterative data analysis process that integrated emergent insights about the focal topic of interest (i.e., the vocational-art therapy program) and distilled them into meaning-making awareness of perceived benefits and challenges voiced in participants' own words and artworks. Data were analyzed multiple times and in multiple ways, allowing the opportunity for insight and knowledge saturation. As the primary researcher, I transcribed and thematically organized my coresearchers' answers and comments from both their AIR and RI responses. When compared with their digital portfolios and observations from the researcher blog and my own ABR video, a rich and valid case record was produced, which highlighted overlapping, congruent descriptions and themes among all coresearchers.

Conclusion

My research study design proposed a collaborative journey with adolescent coresearchers to examine the efficacy of a digital arts vocational model of art therapy, how it might expand therapeutic opportunities, and what benefits may exist from their participation. The methodology sought to eliminate the traditional researcher-participant hierarchy of power by engaging and empowering the adolescent participants as coresearchers and agents of their social change. I proposed that an exploratory case study would best consider the benefits of a new model of art

therapy not previously studied. I illustrated the collection of rich data through coresearchers'

ABR, my researcher blog, AIR video elicitation, and RI processes. I transcribed each

coresearchers' video elicitations and identified results through thematic analysis that revealed

themes illuminated in the case. In the final step of analysis, I utilized my own ABR process to

create a digital video artwork, which synthesized and integrated the data sources. Coresearchers

and a professional colleague affirmed all findings.

Figure 1 is a flow chart that summarizes the data collection and analysis steps and

procedures used throughout the research program design.

Figure 1

Research Flow Chart

Research Flow Chart

1. Identify Coresearchers
3-5 youth, ages 14-17, identified as vulnerable by school counselors or therapists

2. Participate in Digital Arts Vocational Skills Art Therapy Group
(11 weeks, 2x's per week, 2 hours each group)

3. Data Collection
Digital portfolios - coresearchers artwork created during the group.
Researcher blog - primary researcher reflexive strategy to process own values,
assumptions, and experiences, and to create transparency in research process.

4. Data Analysis (Video Elicitation #1)
First Individual Sessions - 1 Week After Group Completion
Coresearcher walks through their digital portfolio and talks with primary
reseacher about their experiences creating the artwork.

5. Data Analysis (Video Elicitation #2)
Second Individual Session - 2 Weeks After Group Completion
Coresearcher watches previously taped session. Primary researcher
then asks semi-structured questions and video records answers and insights.
A. What was your experience watching your video?
B. What was your experience of the program ?
C. Do you think this program has been helpful?
D. If so, how did it help?
E. Is there anything you would change about the program
to make it more helpful?

6. Thematic Analysis and ABR
2 Months Post Group
Primary Researcher listened to coresearchers' AIR and RI audio files
and then transcribed and thematically organized coresearchers'
answers to semi-structured questions. Created ABR Video.

7. Construction of Case Study and Dissertation
2-3 Months Post Group
Coresearcher reviewed and confirmed findings from thematic analysis and ABR.
Primary Researcher comprehensively reviewed analysis and described the case study in a written dissertation.

CHAPTER 4: RESULTS

This exploratory art-based case study documented the experiences of a small sample of vulnerable adolescent girls who participated in a 13-week program designed as a digital arts and vocational skills training model of art therapy. Unique to the study, participants became collaborative research investigators of their own experiences through creation of digital art, recorded videos, and reflections from viewing their videos, from which added insights and thoughts emerged. In this chapter, I present the results in the form of a case study narrative of the program, as expressed in the vivid imagery and words of the vulnerable youth themselves. I begin the chapter with a brief description of the demographics of the sample, followed by my video synthesis of the case created after immersion in the coresearchers' art, narratives, and video elicitations. To conclude the case, the results from the thematic analysis are presented in accordance with the two aims of my research study: (a) whether a digital arts vocational model of art therapy implemented with vulnerable adolescents would expand therapeutic opportunities and (b) what were (if any) the benefits that the coresearchers derived from their participation in the program.

Demographics of the Sample

Five female adolescents began the research study; however, after the first unit in the program, two participants (Michelle and Annie) withdrew. Jennifer, Karen, and Lea participated in all three units and research procedures. Participant names in the following descriptions are pseudonyms. Demographic information was obtained from the school counselor and therapist colleague who referred each participant.

Michelle

At the time of the study, Michelle was a 17-year-old cisgender, White, high school senior who lived with her two parents and a younger sister. She was recently diagnosed with a bipolar disorder and was under the care of a psychiatrist for symptom management. Her younger sister also had a psychological condition. Michelle attended a local area high school via combined online and in-person classes due to the COVID-19 global pandemic. She was referred to the art therapy program by her school counselor, who cited inconsistent school attendance and low grades. Michelle's depression impacted her ability to wake up and get to school on time. During program sessions, Michelle presented as friendly and engaged and often was the first to talk during group discussions. She demonstrated a high level of creativity and talent and reportedly had taken several art classes at school.

Annie

Annie, a 15-year-old cisgender, Hispanic, high school sophomore, lived with her parents and had no siblings. She attended the same local area high school as Michelle and was also attending a combination of online and in-person classes due to the COVID-19 global pandemic. Annie's school counselor referred her due to the academic challenges and social anxiety she was experiencing. Annie was quiet, shy, and seldom talked in the group unless directly asked a question. When I demonstrated Adobe Photoshop tools, she had difficulty following along with the rest of the group. However, she appeared to enjoy experimenting with them independently.

Jennifer

Jennifer, a 14-year-old cisgender, White, high school freshman, and was enrolled in an alternative online high school program. Her family moved from northern California 2 years prior when Jennifer was in middle school. Jennifer's family was comprised of her parents, older

brother, and younger sister. She was referred to the group by her therapist and mother, who both expressed concerns about her depression, suicidal ideation, and high level of anxiety in social situations. Jennifer had prior experience with several different digital art applications, including Adobe Photoshop. She enjoyed working almost exclusively with the drawing stylus and pad.

Karen

Karen was a 14-year-old cisgender, Hispanic, high school freshman who lived with her mother and younger brother. She attended the same local area high school as Michelle and Annie and was in a combination of online and in-person classes due to the COVID-19 global pandemic. Karen was referred by her school counselor due to a drop in academic performance and school attendance after her father died by suicide. Karen described herself as shy and uncomfortable in social situations; however, she was friendly and willing to engage in discussions with others in the group. She had no prior knowledge of Adobe Photoshop before attending the group and progressed in her skills throughout the program.

Lea

Lea was a 17-year-old cisgender, White, high school senior with no siblings. Her parents were divorced and her living arrangement with them alternated every other week. Lea reported consistent conflict with her father and described him as emotionally and verbally abusive. During the program, she attended the same local area high school as Michelle, Annie, and Karen and also attended a combination of online and in-person classes due to the COVID-19 global pandemic. Lea was referred to the study by the school counselor and her mother, who both voiced concerns that she was depressed and had thoughts of suicide, in addition to her conflicted relationship with her father. Lea had experience with several digital art computer applications, including Adobe Photoshop. She was by far the most experienced digital artist of the group.

During the course of the group program, she gained acceptance to a nearby art college to study animation.

The Case Study Video

Digital technology has wide ranging possibilities for immediate expression. Through the use of digital art, the girls were able to create visual narratives while nonverbally expressing feelings and emotions associated with their lived experiences, including trauma. This form of self-expression, however, is not just nonverbal; it is also symbolic communication. There is a performative aspect of the digital arts, in that it is unscripted, visceral, and present, in-the-moment engagement (Kapitan, 2018). The girls not only engaged *in* creation but engaged *with* creation as well. They explored their own individuation and identity through the creative process in real time, which provided ongoing opportunities for empowerment and self-agency. In my role as researcher, I chose to engage in this performative, embodied practice myself, using the transdisciplinary digital art form of video art for the purpose of consolidating and intensifying what I saw, felt, and implicitly heard and understood.

I was moved by the powerful imagery the girls created throughout the program and the emotion and multiple meanings I saw presented in their art. Through the art-based video elicitation and reflective interviews, the girls provided a rich accounting of their experiences in the digital arts vocational skills art therapy program, and I was struck by the degree to which the interviews revealed authentic narratives. I found it necessary to organize the abundance of data into a coherent case record that would optimally present the results in the medium of the girls' own expressions in the art therapy program. Therefore, I turned to my own ABR to synthesize the case in the form of a digital video art piece. The video integrated my own lived process and experience of the program model with the coresearchers' perceptions and experiences in their

own voices. Mirroring the girls' process, I had multiple experiences with third spaces. As I engaged *with the girls'* creations, I was viscerally engaged *in my own creation*, but also engaged *with* creation, thus occupying "a third space in the material forms of practice" (Kapitan, 2018, p. 218). As I worked, I encountered another third space, described by Sava and Nuutinen (2003), where I found the "meeting of art and inquiry, picture and word" (p. 519). This meeting place was "not only of separate elements, nor of their synthesis, but of some third thing . . . strongly experiential, sensuous, multi-representative, a fleeting shadow, a shimmer, and ever changing" (p. 519). I discovered my own ever evolving identity; a journey that mirrored the girls' identity development process throughout the group experience, integrating pieces of myself—artist, teacher, art therapist, and researcher.

I began the video synthesis of the case by importing the audio image recording (AIR)/RIs of each coresearcher into a new video file in Final Cut Pro. Listening carefully to each elicitation, I selected portions of audio I felt were most reflective of the lived group experience for each coresearcher. I also searched the internet for stock video footage and still images from websites offering royalty-free media that captured the emotional and linguistic essence of the coresearchers' elicitations. I incorporated each of the girl's artworks into the video as well. I added instrumental music I found from an online, royalty-free music site, which I believed fit with the emotionality of the imagery and voices. As I listened over and over to each participant speak of her individual experience of the program, I focused intently on the individual's intonations, vernacular, and diction—much of which overlapped and repeated—reflecting their developmental stages.

While editing, I found myself naturally segmenting the case record into three parts or chapters. *Trauma*, the first chapter of the video, introduces the viewer to Jennifer, Karen, and

Lea relating, in their own voices, the lived experiences that led to the external and internal struggles now being felt as an inescapable darkness. As each speaks, her initial digital artwork overlaps video clips of imagery adding my own reflexive connections. Although they do not always name their experience as "trauma," the narratives reveal their vulnerability in the authentic words and images that their digital artworks and reflective process elicited. The second chapter, *AIR/RI Process*, offers a window into what it was like for Jennifer, Karen, and Lea to reflect on the digital art each created and consider why and how the program helped transform her experience, see something new and useful to her, and draw on her strengths. Finally, the third chapter, *Insights and Recommendations*, concludes the case narrative with affirmations and suggestions made by the girls regarding positives they found and things they would change to improve the digital arts vocational model of art therapy in the future.

Because it captures a totality of the case, readers are advised to view the video before continuing on to the specific thematic results, presented in the following section. The case study video can be found by following this link: https://www.youtube.com/watch?v=Twt9X5im18w

Thematic Results

Themes and significant findings were extrapolated from all four data sets, which were affirmed by both my coresearchers and colleague. Data was collected from coresearchers' digital portfolios, my researcher blog, AIR and RI elicitations, and my own ABR. Results of the thematic analysis are presented in the following section in accordance with the two aims of my research study: (a) whether a digital arts vocational model of art therapy implemented with vulnerable adolescents would expand therapeutic opportunities and (b) what were (if any) the benefits that the coresearchers derived from their participation in the 13-week program.

Expanded Therapeutic Opportunities for Vulnerable Youth

All three girls endorsed the program's structures and directives as being effective for helping create a safe (third) space in which they were able to connect with other group members. Creating a safe place and establishing group trust and connectedness were essential before the girls would be open to self-exploration. Working in the third space of the computer lab, a structured and safe environment, the girls were able to move towards empowerment through their digital art expressions.

Each group member described feeling safe, heard, and understood by all other group members, including myself. For example, Jennifer stated:

> I think [the group's] been helpful. This is the first time that I've actually gone to therapy in my whole life, I think so. Again, I wasn't really sure what to expect, but I think I actually do better with groups of people, which is kind of weird to me . . . [because] I'm not good with other people.

All the girls felt accepted by group members and expressed benefitting from having a place to go regularly and see familiar faces and hear friendly voices. Jennifer observed, "It's a lot easier for me to speak about things when I'm comfortable with a lot of people. . . that's just how the group made me feel." Lea mentioned, "It allowed me to realize it's ok to open up about certain things because you're not the only one that's going through something difficult."

A main goal of the program was to be nonhierarchical and emancipatory in nature. However, it became apparent to me that although the nonhierarchical structure is an ideal to aim for and be consistently cognizant of, it will always be present in some form or another. As the study's coresearchers, I needed the girls' help to assess and create the program model. At the same time, I was aware that my adult and teacher positions automatically set me apart from

them. Working to navigate this dynamic, I reencountered the struggle with my own identity between teacher, art therapist, and now researcher. I was seeing this dynamic play out in this third space. Because I am an adult and the girls are not, the power dynamic is always going to have to be navigated. Nonhierarchical relationship may be a goal and an aspiration, but with this population it has its necessary limitations. Nevertheless, I do believe that I was able to connect with my coresearchers as an equal in some crucial ways. This was illustrated one particular night when I shared with the girls that I had been having an emotional and frustrating day. Lea later reflected:

> I think sharing how you yourself felt . . . brought you down from like a teacher, an
> instructor, or a therapist, to just a person that was like us who was having a bad day or
> going through something rough, and it encouraged people to share.

That evening our group discussion was twice as long as usual. The girls felt supported when I shared that I had bad days too. My self-disclosure encouraged their self-agency and personal empowerment to share more deeply themselves.

The girls all described benefiting from learning and improving their vocational digital arts skills and techniques. They identified enjoyment from the opportunity to use the digital art program for expressing their emotions and life experiences and they verbalized a desire to continue developing Photoshop skills and using the program for future artwork. The ability to edit/undo, along with access to the wide variety of tools and filters, gave the girls an opportunity to experiment with textures, color palettes, and composition choices, which could easily be changed, allowing possibilities not found in traditional art media. To be able to try something without fear of failing seemed to give the girls the confidence and security to create their impactful artworks. For example, Jennifer found "a lot of different ways to work with filters and

brushes" and reflected that she probably would have never thought to make any art like this before on her own, so it was "good for creativity . . . a creative breakthrough." She expressed how learning new digital art vocational skills opened up future possibilities for her as an artist:

> It's just weird, because I spend way too much time on the computer, like on my phone. I still don't know how a lot of things work—like how to do things, and I'll get an art program, but I just have no idea how to use it, so it's just nice to have like this, kind of a better understanding of something that I can probably use to make more art in the future.

Benefits of Program Participation

Safety Within the Group. Creating a safe space and building interpersonal trust was an ongoing process from the beginning of the program to its termination. A few of the girls attributed feeling safe due to meeting regularly for group sessions for the extended period of the 13-week group. Jennifer emphasized that "it was just nice to see the same people and talk to the same people." The girls felt accepted by group members and maintained they benefitted from having a place to come regularly, seeing familiar faces and hearing friendly voices.

Connectedness and Community. All three girls experienced feelings of connectedness and community through their participation in the program and reported feeling supported by one another. Jennifer remarked, "It's almost like being back at school, except I had a friend group, which I don't usually have." The girls highlighted the opportunity to connect with vulnerable others who were "like" themselves with respect to their school and personal struggles, challenges, and personal needs. Lea noted, "It allowed me to be in a setting where I felt safe to talk about things that I usually never talk about with anyone." They also identified being motivated and inspired by one another's art process. Jennifer professed, "I have a lot of fun . . . seeing what everyone else is doing rather than just like focusing on my own thing, [be]cause I

also get inspiration that way, when I work with other people." Karen stated "I liked when we'd talk about whatever we were talking about, I liked hearing about other people, too."

Decreased Social Anxiety. At the outset of the group program, all five girls related histories of being bullied and being challenged by social anxiety. By the time the program had concluded, the remaining three girls expressed that they felt a reduction in social pressure, increased ease when conversing with others, and a heightened awareness of the positive impact of validation they experienced when they shared their stories and feelings. Jennifer observed "I usually have a hard time pushing myself to be social, but it . . . felt like more, like I didn't have to force it. It just came naturally."

Safety Within the Art—Healthy Distancing and Externalization of Traumatic Experiences Through the Art Process. All girls acknowledged that this study was the first time they had used their artwork to express feelings about their lived experiences and described how safe it felt to share their feelings symbolically through the art. The art process and artwork provided them a controllable, nonverbal, and unemotional way of representing their feelings. For example, Lea's artworks depict her conflicted relationship with her father. Figure 2 expresses how she was impacted by her father calling her manipulative. Figure 3 illustrates her depth of emotion and hurt from not being seen or heard by her father. The transparent hands on her shoulders point to the manipulation and control she felt under his grasp.

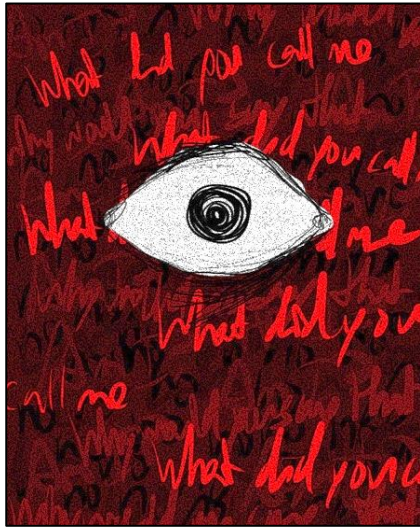**Figure 2**

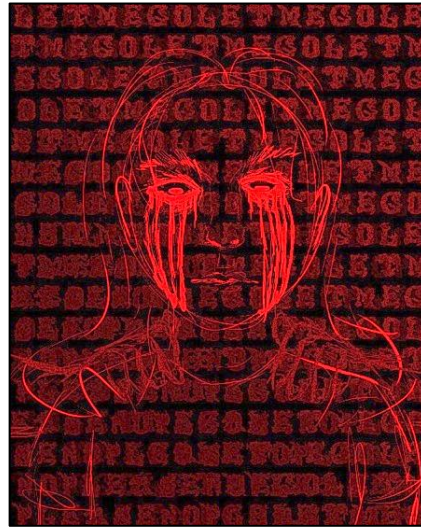*Lea "A Moment of Change 1"*

Figure 3

Lea "A Moment of Change 2"

Jennifer articulated that expressing herself through her digital artworks allowed her to distance herself from her strong emotions and feel a sense of safety and security:

> There are sometimes where I can talk about things that are bothering me or that have happened to me, but it's usually really hard without being really emotional about it. So it's nice to have something like a drawing, or some kind of art where I can show those feelings, but I don't really have to actually show them, because that feels a lot harder to me.

While the artwork helped the girls process their painful experiences, they also described how their digital artwork truly resonated with their emotions. Jennifer said:

> Sometimes my art has to do with emotional things, or like things that have happened in the past, but I don't usually portray them the same way that I have in this other [digital] art. I think maybe it's like to some people, it might not be that obvious, but when I look at it, I feel like it's a lot more in your face, like all the symbolism . . . whereas I'd usually make something that seemed sad, but you can't always tell what it is, or it wouldn't make a lot of sense to anyone else.

From these and many other examples, it appears that the girls' externalization of their trauma through their artwork served as a medium for healthy distancing from the traumatic experiences.

Karen's response to the prompt "a moment that changed me" (Figure 4) reflects a traumatic experience she had gone through. During the program, she reported that she was in therapy due to the sudden and tragic loss of her father. Karen shared that she hardly talked about the event with her primary therapist, whereas both her artwork and participation in the group had helped her process and "come to terms" with this significant loss. Karen said:

> I don't really talk about my dad in my weekly therapy, I just talk about what's going on in my life, and sometimes my dad. But I don't really like talking about it a ton. . . getting to talk about it in a different way was better for me.

In her AIR, Karen described the digital artwork she created about the night her dad died by suicide:

> I was hearing that someone else liked this one song. So I listened to it and like, a couple lyric changes and it is exactly like what happened. I mean not the night, but my life. "I thought that mom and dad were supposed to last forever. Things changed when you walked away. You left me wondering if you ever cared, I wish you'd stay but I'll be OK. 'cause we learn from life, it's not always fair. I'll be getting flashbacks of hearing you fight behind the door, now you know, you never call back. I don't even miss you anymore." Which I mean in this context, [the singer's] dad probably left, but really, my dad, he took the term a little literally when he left. "Cause I've been doing fine without you in my life. Are we getting flashbacks . . . having any flashbacks?"

Karen highlighted the figures of herself and her mom on their knees crying after receiving the news of her dad's death and added two photographs of herself with her dad when she was very young. When I asked Karen if she found the art therapy program model helpful, she stated, "Yeah. I don't really know how to explain it . . . just like, coming to terms with everything."

Figure 4

Karen "A Moment That Changed Me"

Utilizing Digital Art for Expression. Coresearchers reported the expansive selection of available tools, techniques, text, and filters in Adobe Photoshop offered multiple ways and options for creating imagery that expressed the lived experiences and emotions they wanted to convey. Accessibility to these various tools and filters allowed the girls the chance to experiment with textures, color palettes, and composition choices that could easily be changed, and invited opportunities not afforded by traditional art media. The expansive possibilities for immediate expression inherent in digital technology appeared to increase the girls' capacity to digitally create a visual narrative and nonverbally express feelings and emotions associated with their lived experiences, including trauma. For example, Jennifer often found it hard to begin an artwork as she was anxious about making mistakes or the image "not looking like I want it to look." She verbalized:

> Usually, with traditional art, I feel like I only really have one chance to get stuff out on a paper because, you know, it's not like there's an undo button, or it's not like you can just erase it and not have it show.

Jennifer was dealing with a family member's addiction and accompanying relational dynamics. She described her digital artworks as feeling more powerful to her than other art she had previously made, saying "others easily understood these." Jennifer said:

> I really liked how [digital media] made everything a lot easier, and there were more options. I could do more than just draw on paper. I liked doing Photoshop a lot more than traditional art. It was easier for me to get out whatever I was feeling. With traditional art, I've always felt a little restricted because I can't always come up with ideas that way. But with Photoshop, I had more ideas because it wasn't just drawing.

She reported feeling recognized by others for her artworks and felt safe, seen, heard, and understood by all of us in the group, including me, an adult. Jennifer found infinite freedom to "scrap an idea," which allowed her to enjoy the process of creating without fear of failing, shame, or others seeing her "mistakes" (see Figures 5, 6 & 7). Jennifer said:

> So doing things digitally, it's like, I can scrap an idea and no one will know that it was there—that I messed up or something and so I can just, I keep adding to it or keep doing stuff, and if I don't like it I can get rid of it and it won't be like that I messed up the rest of the artwork.

The girls reported having a framework and being given directions for ideas were beneficial to them because it helped focus their process and creativity, while still allowing flexibility to adapt or change where and how they wanted. Karen remarked:

> I don't come up with ideas for things I want to do artistically very well so having some sort of guideline was very good for me, like mostly freedom, but having something to give me an ideal helped me a lot.

Figure 5

Jennifer—Looking Back

Figure 6

Jennifer—What is Now
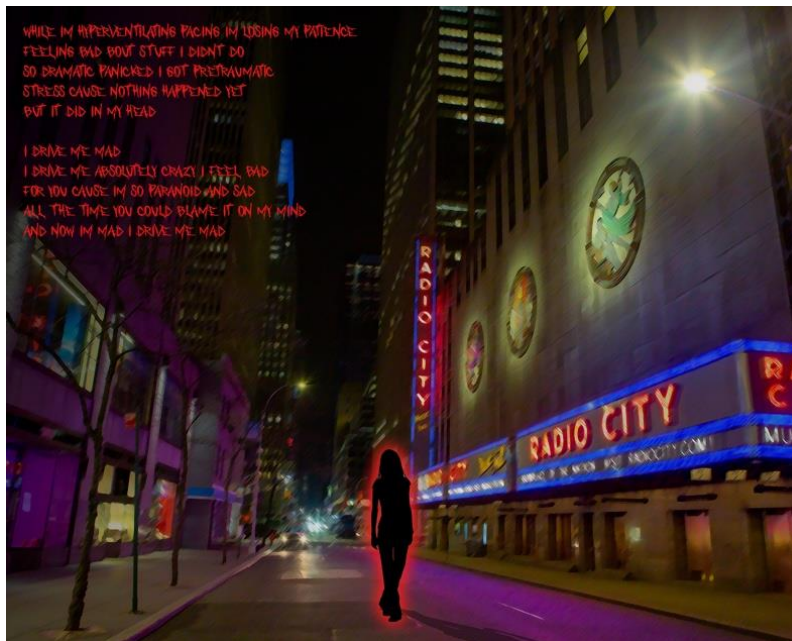
Figure 7

Jennifer—Looking Ahead

The girls also described feeling that the art directive options in the program supported freedom of expression without too much self-exposure.

Karen had expressed to all of us in several group sessions her love for music and a dream of becoming a singer. She made a creative decision for all three of her narrative images to include lyrics from songs to which she related (Figure 8). The lyrics included in each of her artworks reflect deep emotional pain, fear, heartbreak, and sadness. In the visual depiction of being alone as her "biggest fear," the lyrics Karen included provide the viewer a hybrid experience of imagery and words and the impact losing her father might be having on her feelings of security:

Figure 8

Karen—My Biggest Fear

I'm hyperventilating, pacing, I'm losing my patience, feeling bad about stuff I didn't do. So dramatic, panicked, pre-traumatic stress 'cause nothing happened yet, but it did in my head. I drive me mad, I drive me absolutely crazy. I feel bad for you 'cause I'm so paranoid and sad all the time. (*I Drive Me Mad*, Renforshort, 2020)

During her RI, Karen reflected on an insight her artwork provoked:

Sometimes I feel like, sometimes I don't realize it, but I kind of isolate myself. Because I don't want be alone but, I feel like if I ever am, I need to prepare for that. So, then I just don't talk to anyone. And it's kind of like my own thing that I do, and it's not, it's not anyone else who like makes me feel that way. It's just me. . . I go crazy sometimes, . . . where I feel really off, like I barely talked to my friends today. . . I just have that huge fear and it sucks.

Vocational Skills Development. All three girls came into the program with different levels of experience in the digital arts and Adobe Photoshop program. Karen, brand new to Adobe Photoshop, voiced being proud of the vocational skills she learned in group and expressed her plan to continue developing her skills on her own during the upcoming summer. Jennifer

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vocalized the impact learning new skills had on her ability to visually express herself through art. She observed,

> It's probably something that I prefer more than traditional art because I am pretty new to it, and I've been trying to figure out ways to get my ideas out on paper, but I could never really do that, and so, I have learned there are more opportunities with digital art.

All the girls endorsed the vocational benefits of learning and using the program skills and techniques for art therapy. Lea, who will be attending an art college in the fall to study animation, described practicing new ways of working with the program and increasing her skills while participating in group. She explained her thought process while creating her affirmation card (Figure 9):

> And making this, I really wanted to capture this kind of environment that I really like, and that's usually a forest at night with fireflies and everything. So I just tried to do some funky effects and what not. To make it look nice.

Lea continued throughout the program to push her skills and techniques in her digital art narratives. In her reflection on creating Figure 10, she said:

> I think I really fell into this nice sketchy style with all of these. I just stick with a pencil brush, but this is what I had to work with. I stepped outside of my comfort zone a little bit in making the figures more realistic in some regards and not as realistic in other regards, because I've never tried this kind of weird face style.

Figure 9

Lea's Affirmation Card

Figure 10

Lea—Saturday

Insights for Program Improvement

All three girls unanimously agreed that group discussions required more time than was allotted. They identified their desire for more time for group projects and group dialogues. Karen voiced, "I liked when we'd talk about whatever we were talking about. I liked hearing about

other people, too." Jennifer also recommended more discussion and opportunities to see what

others were creating:

> Like where there's still a lot of chances or opportunities to talk about certain things or what everyone is working on, maybe even share a little bit about the artwork as it's being made. I like seeing what everyone else is doing too.

Jennifer reported finding motivation and inspiration from viewing the creative processes of other

group members and related that she missed the opportunity to see each other's digital artworks in

progress. She also added her desire for more group art activities:

> I think maybe having more group projects . . . I have a lot of fun seeing what everyone else is doing rather than just like focusing on my own thing, because I also get inspiration that way, when I work with other people.

> Lea encouraged my own sharing in the role of art therapist and noted how it impacted the

dynamic of others beginning to share more. She also offered insight into her experience of the

program as the most advanced in digital arts and Adobe Photoshop. She described some

frustration with the vocational skills training aspect of the program:

> It was a little bit rocky at first, but I think once we started to step outside of the more educational aspects of it, it stopped feeling so much like a class and more of like a therapy session with people.

She recommended several possible solutions: "Trying to keep things more focused around just

understanding the basics of Photoshop, while still also applying them to projects related to the

purpose of the sessions . . . would be a good idea." She brainstormed ideas to help when

participants are at various skill levels in the group as well:

> I would say . . . have extra projects ready, some that aren't going to take too much time, but they're filler [while] still related, for advanced people if they get ahead . . . if they finish something, or if they already know or are confident with something.

Conclusion

In this chapter, I elucidated the results of the exploratory and collaborative art-based case study of a digital arts vocational model of art therapy. To assess validity of the results, I examined them using Kapitan's (2018, p. 230) key validity questions for art-based research, as follows below.

The first validity question asks, "Does the project effectively perform an essential public service that may be otherwise unavailable?" All three girls stated the benefits they found in learning and improving their vocational digital arts skills and techniques and using the digital arts for therapeutically expressing their emotions and lived experiences. The girls felt safe in the third space of the computer lab and found connectedness and community with other group members, including myself as a trusted adult who was aware of the hierarchical nature of the program and worked to maintain an emancipatory experience that would mitigate, as much as possible, any inequitable power dynamics present. As a new model, this program offers a hybrid "third space" not currently available to vulnerable adolescents between the boundaries of art, art therapy, and digital art vocational skills within a strengths-based and trauma-informed approach.

The second validity question poses, "Does the work produce an effect?" The answer to this question lies in the three-part performative, continuous self-study, and dynamic reconsideration of one's perspectives engaged in by each participant throughout the study. An initial effect took place when each girl created original digital artworks, affirming Kapitan's (2018) assertion that in the research context "art is both an object and an event that invites our transformation, our healing and reconciliation" (p. 218). A second effect occurred when each girl viewed her work and reflected on it in her AIR. Jennifer realized "I couldn't exactly figure out

what colors to use and when I did some research I found that black or grey is the color for fear and for stress. So I decided to use that." Karen voiced her emerging insight, saying:

> So this one I did for my emotion. . . sort of like the emotion I feel most of the time, isn't really an emotion, it's just like I feel blank. A lot of the time, there's nothing really going on. Just like what was happening is happening.

Lea also described emerging awareness as she studied her created art work, pointing out when she "tried to just trace [her] face as it was reflected on the screen." The final effect produced by the work came through the RI process as each girl viewed the video of herself seeing and talking about her digital artworks and then answered the semi-structured questions. Jennifer reflected, "I probably would have never thought to make any art like this before on my own, so it was good for creativity . . . a creative breakthrough." She described the effect that the work had on her ability to "show those feelings but not really have to actually show them," which would have been much harder to do. Karen also observed that her art moved her to "explain" her trauma "without having to talk about it."

Kapitan's final validity question for ABR asks, "Is that effect congruent with the purposes and questions posed?" The purpose of this participatory ABR study was to collaboratively examine the case of a digital arts vocational model of art therapy with a small sample of vulnerable youth to determine how it might expand therapeutic opportunities for that population and to identify any benefits they found in participating. I contend that the findings affirm the effects of the program model as congruent with the purposes and questions posed. In the following chapter, I will discuss this research and its implications for further research.

CHAPTER 5: DISCUSSION AND CONCLUSION

In my research I sought to examine how an art therapy model incorporating a digital arts vocational component could expand therapeutic opportunities for vulnerable youth. I utilized a participatory structure through which a small group of vulnerable adolescents would be empowered, both as coresearchers in the study and from learning an employable skill in the program. This exploratory case studied the potential benefits of the program model as determined by the coresearchers themselves. To ensure the "voices of youth and their communities [were] at the forefront through research investigations" (Cook & Krueger-Henney, 2017, p. 177), the youth participants provided insights through video elicitations. Results provide a beginning basis for developing possible theories about the model and future research studies.

The video elicitation method (Springham & Booker, 2013) proved to be particularly valuable for engaging vulnerable youth in meaningful reflection and analysis. In addressing how visual imagery impacts the human brain, Harper (2002) posited that exchanges based on images involve more brain capacity and "evoke deeper elements of human consciousness than do words" (p. 13). Visual elicitations may bypass various cultural, social, and economic differences between the researcher and coresearcher because the elicitation is "anchored in an image that is understood, at least in part, by both parties" (Harper, 2002, p. 20). Harper suggested that "if the interview has been successful, the understanding has increased through the interview process" (p. 20).

It became clear from the data analysis that the video elicitations did indeed increase understanding—as self-understanding for the coresearchers and researcher understanding on my part as a viewer and listener of their narrated works and reflections on the program benefits. In this chapter, I discuss the most impactful of these benefits beginning with increased discernment

of the in-between third spaces and the video case record, the implications for the field of art therapy, and recommendations for further research.

Third Spaces

As I have traveled through this process with my coresearchers, what began as an effort to create a third space for vulnerable youth has broadened into a deeper awareness of the meaning of third spaces. Through the participatory arts-based research experience, I found new ways of seeing and now consider the third space I myself occupy as hybrid between artist, teacher, art therapist, and researcher. My adolescent coresearchers are also in a third space: "in between" the home space of childhood and future adult, and moving within vulnerable and empowered spaces.

Oldenburg (1989) described third spaces as in-between spaces that are neither school nor home. Bhabha (1994) further explained that each person is unique with a hybrid, third space nature that shares priority and power. He described this hybrid third space as created when two cultural forms merge together, writing:

> the hybrid strategy or discourse opens up a space of negotiation where power is *unequal* but its articulation may be *equivocal*. Such negotiation is neither assimilation nor collaboration. Hybrid agencies find their voice in a dialectic that does not seek cultural supremacy or sovereignty . . . that give narrative form to the minority positions they occupy: the outside of the inside; the part in the whole. (1994, p. 58)

Sava and Nuutinen (2003) examined the hybrid or third space they found existed where image and word combine and the subjective and objective merge and called it the "borderline existence of the two or more worlds" (p. 246).

The "borderline existence" (Sava & Nuutinen, 2003, p. 246) of two worlds and third spaces can provide platforms for social engagement that foster an appreciation of interdependence. My research results illuminated the potential for the program model goal to create a unique third space in which possibilities are offered to enhance growth in self-

empowerment and self-agency. As evident in this art therapy case study, a program that provides a third space for positive youth development can yield opportunities for dialogue that empowers emotional stability, hope, and positive self-regard (Ginwright & Cammarota, 2002).

I discovered from the data that the computer lab in particular that had become the third space for the girls. Throughout the 13 weeks, they began to feel safe and connected, despite their very disparate traumatic experiences. The computer lab gradually began to transform from a room with equipment and digital application programs to a living space of empathetic knowing, seeing, learning, and caring. Lea stated that in the computer lab, "I felt safe to talk about things that I usually never talk about with anyone." Jennifer noted, "It's a lot easier for me to speak about things when I'm comfortable with a lot of people, and that's how the group made me feel." Perhaps these digital natives felt comfortable with the language this program spoke in. Possibly it evoked familiarity with the rapid pace and repeated exposure of the digital gaming and social media/digital imagery world these girls exist in. Maybe they found a comfort in the ability to creatively exit out, redo, or edit a move whenever they so desired. And, as adolescents in the stage of identity formation, the use of an ever changing and updating software and hardware technology may have touched on an implicit connection with their own developmental process and oft desires to "exit out, redo or edit" their adolescent lives.

The girls identified feeling emotionally and psychologically safe when they engaged in digital artmaking in the structure of an art therapy process in the third space of the lab. The art therapy prompts and therapeutic facilitated discussions guided them into using their digital artmaking to express and work through difficult emotions. The girls also reflected on the benefits of having a concrete framework in which to explore and being given directions for ideas, both from the art therapist and from inspiration by seeing how others in the group experimented

creatively with the software. They felt the art directive options supported freedom of expression without too much self-exposure, which may have been a characteristic of their vulnerabilities.

Jennifer stated having more "fun" in the program than she had initially thought she would. She shared that having infinite chances to "scrap an idea and no one will know" provided her freedom and allowed her to enjoy the process without fear of failing or others seeing her "mistakes." The ability to "edit-undo" a color choice, placement of an image, or line that has been drawn gives one the opportunity to "hide" or reverse a "mistake" without consequence or repercussion and can feel empowering and safe for vulnerable youth. Over the course of the group program, all three girls expressed varying levels of anxiety over "making mistakes," possibly a reflection of inconsistent expectations, insecurity, and lack of safety they experienced in their own family dynamics. The importance of safety was a consistent undercurrent throughout the group, tacitly yet loudly denotive of the lack of safety the girls felt most of their lives. Providing a safe place for adolescents to develop awareness and belief in themselves is essential when working with vulnerable youth.

All the girls acknowledged that it was in this third space where they were able for the first time to use their artwork to express feelings of grief and trauma. They discussed how safe it felt to share their feelings from traumatic experiences and their associated painful memories symbolically, describing feeling safe "under the protection of their artwork." This comment evoked for me the image of a child's "security blanket," held tightly and protectively while covering the eyes, smile, toy, or tears the child might want hidden. The girls also described how their artwork truly and authentically resonated with their emotions and helped them process their pain. It appears that the externalization through their artwork with a media that offered a wide choice of tools and techniques, possibilities to hide or reverse mistakes, and to create without

fear of failure served healthy distancing from their traumatic experiences, allowing them to begin to reintegrate their trauma into an evolving, coherent narrative. The coresearchers acknowledged feeling empowered as a result.

Reflections on the Video Case Record

The digital video that I created to compose the audio-visual case record was instrumental in my ability to synthesize so much data and make sense of it via an organic art-based research process that mirrored the improvisational and reflexive art creation processes of the coresearchers in the program. My video art process allowed me to immerse myself in my coresearchers lived experiences and provided time for deep and meaningful self-reflection. C. H. Moon (2010) claimed that the process of making art is meta-verbal, or beyond words. I traveled through this meta-verbal process as I listened to the verbal language of my coresearchers, becoming intimate with their voices.

When I later reviewed the literature for insight on the process, I discovered Cohen et al.'s (2015) assertion that "like therapy, editing is a process" (p. 29). Repeating the actions required in the editing process, like repeatedly listening to the audio files, gave me clarity and the ability to organize my inner thoughts and feelings to create my artistic response to their lived experiences (Cohen et al., 2015). Arguably, these same processes were experienced by the coresearchers who found empowerment and clarity through their use of digital art imagery and the ability to exit out, redo, or edit a move that could organize and make sense of overwhelming stimuli and experiences in their lives.

Adding and editing imagery to accompany their voices was challenging because of the multi-faceted possibilities of interpretation that accompany any image, much less the imagery of coresearchers that was not my own. I found the art-based research in this data analysis process

actually increased my empathic understanding of vulnerable adolescents and gave a space for powerful feelings evoked during my lived experience of both the art therapy group program and the case study. As Sava and Nuutinen (2003) noted, the experience of making an image for someone else is an expression for oneself as well. The authors described the attempt to connect the two experiences as a "search for that borderline or space in-between, where I cease to be and the other or others begin, or an effort to locate the point where I-you and you-I is manifested" (p. 519).

Plans For Dissemination

I believe the impact of the case study video is irrefutable and will be instrumental for disseminating the research results. In the words of coresearcher Lea, "I was impressed with how you managed to put together all those clips with music and footage to create a deeply emotional and impactful documentary of our experiences." With the permission of my coresearchers and their parents, the video case record and a summary flyer of the research findings will be presented during school site visits to promote the art therapy program. Results will first be shared with the school administration and counselors who helped identify participants for the study. In addition, the video and program information will be available for viewing on my counseling center website.

Observations of the Therapeutic and Educational Nature of Group Process

Creating a safe space and building trust was an ongoing process from the beginning of the program to its termination. Throughout the program, cohesion developed, albeit slowly. By the first session of the second week, I was made aware of the fact that my coresearchers might not have truly understood the group model.

On the afternoon of the third group session, I was at the counseling center preparing the

computer lab for the night's group when I received an email from a parent of a participant:

> I wanted to let you know that Michelle will not be able to continue with your art therapy research program at this time. She is struggling . . . and we misunderstood the nature of your project. At this time, I am trying to get her enrolled with a . . . treatment program to help her learn some coping strategies. I am so sorry to have to back out . . . We just have to stay focused on trying to help her get well right now.

I was devastated. Helpful treatment was exactly what my program was about. Why did this mother and daughter not understand that? What had I missed in my explanation and first week conversations with the group? *What had I done wrong?*

One of the answers I came up with in my own reflection was the possibility that I had not adequately explained the goals for the program. I thought back to the first day of the group and my explanation to my coresearchers that they would always be given the permission to "pass" on a group question or discussion if they desired. I was now wondering if that allowance discounted the goal of group connectedness and the support system I was hoping to achieve. That first night they all had been very quiet, and the only coresearcher who had actively offered her thoughts and opinions was the very one who had decided the group was not what she needed. I called Michelle's mother and explained my mistake, emailed her the program goals, and stated my hope that Michelle would be able to return.

Michelle did return for 2 more weeks. I began the group on the evening of her return by describing my intended goals of the program with all the girls and making sure that everyone understood that it was, at its core, an art therapy group. I projected the outline of the program on the front screen so everyone could see each unit's goals and objectives. I pointed out the main components of the program: therapeutic, educational, social, and vocational. I explained that the first 3 weeks were focused on learning about each other and developing a sense of safety and

trust in the group, developing new coping skills and tools, improving emotional language, all while learning new digital art tools and techniques.

The five coresearchers began to talk more openly during group discussions; however, all were still very quiet when working independently. Most of these girls struggled with social anxiety and low self-esteem, which I knew could make it even more difficult and scary to connect with new people. I spent the weekend before the next group session asking myself if there was something more I could do to help the girls feel more comfortable as a group. I settled on a check-in activity called "common ground." In this activity, group members pair up and have 3 minutes to find at least four things they have in common. They then move to a new partner with a little less time to find at least three things in common. This continues until all members have had an opportunity to talk with each other. I explained the check-in activity and started the first timed conversation; however, no one moved to pair with anyone else. I quickly realized I needed to actually suggest the first pairings before they felt comfortable starting.

After the activity, I asked each to share one thing they had found in common with each group member. I encouraged the participants' new knowledge of each other and reflected on the fact that all members had been recommended for participation in the group by their school counselors. I wondered aloud if anyone was curious to know what the other coresearchers were going through and if there were any commonalities to be found there. Lea stated that it would feel more comfortable and supportive if they all had that knowledge, and the others agreed. I asked if someone would like to go first, and Michelle shared that she was recently diagnosed with a bipolar disorder and was currently struggling with her depression. One by one, each coresearcher shared their own struggles—a parent's recent suicide, major depression, severe anxiety, ADHD, divorce, school attendance and grades, and parental

conflict. I thanked each person for sharing and reflected on the common underlying emotions that each situation might bring about and the safety and support this group could offer.

The rest of the session was spent creating personal positive affirmation cards with new skills and techniques in Adobe Photoshop. I ended the group asking fun "Would you rather?" questions. Everyone participated, laughing and defending the reasoning behind their answers. It was a fun and easy way to end. I found myself later reflecting on the small positive changes I had observed in the group dynamics. I believed the coresearchers had increased their trust and comfort level with each other and an openness to talk out loud and share personal thoughts and feelings was growing.

Lea and Jennifer were the only two who made it to the next session. Karen was sick. She had tested negative for COVID-19, although her mother had believed she had the flu. Michelle was exposed to COVID-19 at school and had to quarantine for 2 weeks. Annie wanted to surprise her best friend for her 18th birthday (she had also missed the previous session). These dynamics of facilitating a research study with high schoolers (adding yet another layer to my artist, teacher, and art therapist identity and voice) seemed precarious at times and even more so during a global pandemic. It involved a lot of what I called "tap-dancing." Absenteeism pronouncedly impacted the trajectory of the program experience. Exposure to COVID-19, other illnesses, family vacations, and "just wanting to spend time with friends" that I would have usually understood as a therapist evoked a few negative thoughts and feelings in me as a researcher with my own expectations and struggles during this time.

My rational therapist brain understood how the pandemic lockdown had infringed on the social interactions of adolescents, which are entirely appropriate and needed at this stage of their transition from childhood to adult. Throughout life, particularly in transitional stages, identity formation is a major developmental focus. Identity formation requires a process of self-reflection

on who one wants to be and where one's place is in society. This task of identity formation is a priority in adolescence (Crocetti, 2017). Peers play an important role in providing adolescents the security to move through the separation and individuation process from parents (B. L. Moon, 1998). Layered over this process was the fact that all of the coresearchers were frustrated and exhausted with the lockdown. COVID-19 had removed their face-to-face social environments and support systems. I understood how important social engagement was for these girls, yet my teacher identity was frustrated with the resulting disjointed teaching and my researcher brain was worrying about finishing in time to complete my doctoral program with my university cohort.

Clearly, these adolescents and I were mirroring each other's identity formation process. All of us were in a transitional stage of life, working to identify who we were and what part in society we wanted to play. I was finding myself in the borderlands of art therapist, teacher and researcher, whiule they were in the space in-between child and adult. At times, our agendas coincided and, at times, our goals collided—much in the same way the parts of our own individual "hybrid" of roles fought against the other at times.

I asked myself, do I move forward with the specifics of the vocational teaching with more than half the group absent? Should we still have the psychoeducation and check-in and check-out discussions with just the two of us? How does that affect the two coresearchers who are present and ready for the group? Is it easier for them? Harder? I chose to have the discussion with the two girls, reminding myself that it was why I had coresearchers. Both said they thought it best to wait another night before moving forward with any vocational teaching. Jennifer wanted to start over on an area of her artwork anyway. I gave Lea a few prompts to choose from so she could move forward with a new project.

Engaging with a group of adolescents as coresearchers in a collaborative dynamic was new for me. Having been an art educator for 22 years, I was full of confidence in my teaching abilities. Since becoming an art therapist more recently, I have learned, developed, and become more confident in my art therapeutic skills and techniques. However, throughout my doctoral education and, more notably, during the initial stages of the vocational skills training art therapy program, I found myself struggling with my confidence and finding a balance between the artist, teacher, and art therapist in me. Particularly, in my practice as an art therapist, I have been highly aware of my "teacher voice" and have consciously worked on not wanting to function in "teacher mode" with my clients.

I reminded myself of my time spent as a student teacher; practicing, learning, making mistakes, and changing approaches to better meet the goals and objectives I wanted my students to achieve. This experience as a teacher and an art therapist felt very similar. I had never been in this type of hybrid role before. And now I was also a researcher in a situation where I was aiming for a nonhierarchical structure, hoping to provide opportunities to empower my coresearchers. I also had never experienced this program with a group of adolescents, who were the focus of my research study. I had to allow for my own, as well my coresearchers', process in practicing, learning, making mistakes, and changing approaches to better meet the program's goals and objectives. I had to give the coresearchers space to find their third space between childhood and adulthood, and I had to find my own third space as a therapist, educator, and researcher. Sava and Nuutinen (2003) stated the need to accept this "meeting place as a mixed stream of fluids, as something multilayered, not known, always to be created anew, as the field of many understandings" (p. 532).

Michelle and Annie left the program towards the end of the first 3 weeks. Michelle withdrew to focus on her individual therapy and Annie felt fatigue from online learning and computers. During the ensuing group sessions, I continued to observe that the remaining girls were very quiet when creating their digital artworks, never talking to the others but absorbed in their creative process instead. However, during group dialogue check-in and check-out times, they began to actively contribute to a communal sharing of deeper emotions and personal histories. Their sharing created more group cohesion and increased feelings of trust. Not only did they share more of their biographies, they demonstrated increasing empathy when they began to validate the emotions of their coresearcher peers.

As an example, for a check-in activity in the 4th week, I asked if they would illustrate the "mountains" and "valleys" of their life and then write down a few words for some of the high points on the mountains and low points in the valleys. I then invited them to share their image with the group and describe one highlight and one low point. Admittedly, I was hesitant to ask too much, fearing I would be just another intrusive adult, or that they would feel overwhelmed, embarrassed, and ashamed. Instead, each coresearcher willingly shared their entire illustration. They freely shared their life stories, often touching on similar topics and shared narratives— moving to and from states, houses, and schools; bullying; family conflict; depression and anxiety, suicidal ideation, trauma, and low self-esteem.

As she shared, Lea became conscious and mindful about the passage of time and the attention she was drawing to herself in the discussion. She was often the quietest in the group and waited until everyone else had a chance to speak before she would add her thoughts and ideas. Her concern about "taking up too much time" was met with reassurance by the rest of the group members. I believe this was a pivotal moment for the group in terms of building cohesion.

Their acknowledgment and mutual recognition of each other's needs facilitated an open discussion with the entire group, adding their perspective and experiences as a show of encouragement and support. It was apparent to all of us that we had finally connected as a support group. It was beautiful to see each coresearcher open up, feel some safety in the group, and share intimate and personal stories.

As time for the research study ran out, the coresearchers and I faced another dilemma of moving forward or suspending the group during the pandemic and reconvening later in the year. I had to consider all the options through my art therapist, teacher, and researcher identity lenses. We had already considered the logistics of teaching vocational skills with more than half the group absent and how to improvise the sessions without risking the program model's goals. We debated if the plastic partitions between the computers and obligatory face masks made it harder to socially connect, and all three agreed it did. I also believed the COVID-19 protocols of plastic safety partitions between computers, face masks being worn by the girls, and necessary physical distancing contributed to the feeling of separateness and lack of connectedness. It was even hard for me to feel connected and get to know the girls when I could not see half of their face or facial expressions, and it was extremely difficult to hear what others are saying through the mask.

We all talked about how it would be different if there was not the need to wear the masks and keep distance between us or miss group and quarantine if one was sick or exposed. The remaining three coresearchers and I unanimously agreed that even under these circumscribed conditions, we benefitted from the group sessions and the program itself. Consequently, we decided to extend the group by 2 weeks (four additional sessions) to make up for some of the losses experienced due to the COVID-19 global pandemic.

Digital Arts Vocational Model of Art Therapy for Vulnerable Youth

The coresearchers found digital media to be helpful in expressing their emotions and trauma narratives in a safe way without feeling pressure to talk to an adult about their vulnerabilities. The process of walking through their trauma narrative with an art therapist using digital art skills allowed them to control their own therapeutic experience and the amount of information shared. The art therapy literature describes the nonthreatening nature of nonverbal, artistic expression of trauma, which minimizes re-traumatization when facilitated by a skilled art therapist (Harber, 2011; Riley, 1999b; Wymer et al., 2020). The ease with which digital arts software supports such expression expands this aspect with another set of tools that offer control and emotional distance. Thus, the program model appears to account for an adolescent's developmentally appropriate desire to explore their emotional world in a safe and controlled way, allowing room for creativity and experimentation and creating opportunities for increased confidence, identity development, and empowerment (Franklin, 1992; B. L. Moon, 1998; Riley, 1999a).

A comment from one of the girl's parents illustrated the benefit of artmaking to process painful experiences under the guidance of a skilled art therapist. On an evening when only Karen was present, she shared with me the story of her relationship with her recently deceased father. She shared the events preceding his death, possible contributing factors, and how this loss has impacted her life. Later that week, I received a text message from her mother who wrote:

> I really think [she] got a lot out of talking to you Wednesday. I think that's the first time she's allowed herself to talk about the night her dad died since right after it happened. I believe this program has been really good for her.

As mentioned earlier, Karen acknowledged that she rarely talked about the death with her primary therapist and attributed her ability to come to terms with her loss to her artwork and

group participation in the program. Among the identified benefits of the structured program model, the experience of safety led to freedom in creativity and flexibility.

All coresearchers identified increased feelings of safety, social connection, and community and lowered social anxiety. B. L. Moon (1998) described the positive therapeutic impact adolescent art groups can have when they provide safety, structure, opportunities for self-expression, interaction with peers, and a caring and accepting adult. Adolescent group cohesion and connectedness take time. Allowing adolescents to experience just "being" with a safe adult and other adolescents can be beneficial in and of itself. Attachment to the group can form if the group lasts a substantial amount of time, allowing members to grow together and move past age-appropriate self-centeredness toward empathic relationships (Riley, 1999b).

Implications for Art Therapy

Although there is a plethora of research supporting the effectiveness of youth development programs and their ability to build resiliency and positive coping skills in this population, there is an opportunity for additional research studies linked to integrating vocational skills, art therapy, and art education. I aimed to address the needs of this population by providing a multilayered approach to therapy as an effective intervention. As evidenced in the case study, learning vocational skills in a collaborative third space provided opportunities for positive youth development and success. This study therefore creates a foundation of knowledge for art therapists who are working with vulnerable adolescents and suggests a new model for broadening therapeutic options when working with this population.

The case study illustrated the experience of participation in a vocational skills model of art therapy that attempted to integrate some of the bio-psycho-social needs of this population outside of overburdened and underfunded school systems. Coresearcher accounts indicated that

the program may have increased their vocational skills, feelings of self-esteem and self-agency, and healthy social integration after participation.

Further research will help solidify and validate the program as an appropriate treatment model when working with vulnerable adolescents. Continued substantiation of the treatment model may further the field of art therapy, impacting how art therapists work with this population in consulting practices, as school art therapists, in residential treatment facilities, and the juvenile justice system.

Limitations of the Study

As previously mentioned, I conducted the research amid the 2020-21 COVID-19 global pandemic, resulting in extenuating circumstances beyond my control. However, I chose to move forward despite unprecedented conditions. The need for face masks, plastic shields between computers, and social distancing slowed the participants' ability to build trust and safety, increased absences due to exposures, and caused two coresearchers to drop out (one needing a higher level of care and another from computer and "Zoom fatigue" brought about by a year and a half of online school classes). These circumstances hindered progress in reaching the proposed goals and objectives of the program. Had the study taken place at a different time or under more typical program structures, it is likely that some results would have been different. However, considering the difficult social-emotional climate at the time in which the program took place, the results speak well of the program's ability to meet the needs of vulnerable youth made even more vulnerable to social isolation and academic failure during the COVID-19 global pandemic.

Extending its duration for 2 additional weeks beyond the original plan was deemed necessary by all coresearchers. However, the additional weeks pushed the program into the final 6 weeks of the school year. This became an issue for Lea, the only senior student of the group.

The additional 2 weeks might have impacted the results due to Lea's focus on senior school events and preparing for finals and Karen and Jennifer's focus and concern for completing online schoolwork in order to pass their courses.

As an art-based and exploratory case study, the findings are not intended to be generalizable to a population. The purpose was to create a rich exploration of the lived experiences of three vulnerable adolescents engaging in a new program model, which drew insights and possible implications for other vulnerable youth and art therapists working with the population. The small sample size of three coresearchers was a limitation in that it shifted the focus of the study to their individual and shared experiences and less on the program itself as the unit of study. A larger sample size of seven to 10 coresearchers would allowed for increased data regarding the benefits of the program; however, this would have eliminated the video elicitations by necessity as that would have provided far too much data. A future study could be designed to evaluate the program benefits in a focus group format, and video elicitations could then be utilized with a small sub-set of the sample.

Attrition contributed to the small sample and impacted the program goals. One student withdrew early on because, according to her mother, she felt her daughter's mental health condition indicated a need to be in a more intensive individual therapy experience. The second person who withdrew attended sporadically in the first few weeks after noticing that she was uninterested in the digital skills focus and exhausted with computer technology.

Demographically, all of the coresearchers were cisgender females. Although adverse child experience was a selection criterion, there was no formal screening of the presence of trauma in their past or current lives, and selection relied solely on the perspective of the referring school counselor. Therefore, a different sample with more severe or systemic trauma would

produce different results. A larger and more representative sample of the vulnerable youth population would have allowed for more data and possible increase in internal validity.

My own firm belief in the need for a treatment model for adolescents that provides support for all their bio-psycho-social needs, including vocational skills training through digital arts media, may also have been a limitation when interpreting the results. My bias is that digital art is a practical, valuable, and essential tool to offer in art therapy with adolescents and vocational skills are a needed tool to incorporate when working therapeutically with this population. The girls knew my bias, and, despite my hope of a collaborative and nonhierarchical study, another limitation might have been their desire to please me as an adult and help provide me with positive research results. In addition, my bias may have played out in the ABR video case record in my desire to pick and choose only the positives of the program benefits.

According to Leavy (2015), "truthfulness and trustworthiness in ABR may be thought of in conjunction with the concept of resonance" (p.273). Leavy (2015) further asked, "Does the work resonate?" (p. 273). It is my belief that the video is authentic and does resonate. I purposefully incorporated positive comments, constructive criticism, and suggestions for improvements in the video in my attempt to honestly represent the entire scope of the girls' elicitations. All three girls verified that the video rang true and was authentic as well.

The girls' exposure to Adobe Photoshop (the primary software program used for vocational skills building) ranged from familiar to unfamiliar, and the experience of those familiar with the program also varied. The model overlooked the impact this limitation would have on participant learning and comfort with the program. As an industry-standard graphic design program, Adobe Photoshop is a powerful and extensive digital art application with enormous creative potential. As such, the program has a high-skill ceiling and low-skill floor;

any individual can successfully use the program, but to do so at a professional level requires a large investment in training. The discrepancy between coresearchers' training level with the program and their expectations for vocational skills required more individualized and stratified lessons than had been considered when I planned the study. Therefore, future studies should incorporate a more individualized approach to skills development and directives. Participants should be offered options for engaging in lessons if they feel it is appropriate to their skill level; lessons should be taught to beginner, intermediate, and advance skill levels; and directive options should be created that allow for various skills levels and challenge. A multi-level program that starts with a beginner level group, leads into an intermediate group, and then moves into an advance group would be ideal. Participants who complete a level can then become mentors for that level as they themselves progress ahead.

Conclusion

Identity formation and individuation can be an arduous task for vulnerable youth who are often unaware of their own capabilities and available options. In this dissertation, I identified the need for a broader treatment model for vulnerable youth that encompasses the complete bio-psycho-social needs in the context of their lives. Educational systems and alternative placements are often challenged by competing interests with funding and state testing, and schools struggle to meet the full needs of these vulnerable youth. Vulnerable youth often feel disconnected and distrustful of the social environments and institutional systems they occupy, so a third-space hybrid of digital arts, vocational skills building, and art therapy was developed that emphasized adolescent strengths and considered youth as the agents and experts of their lived experiences.

An exploratory and collaborative art-based case study was chosen to mitigate differential adult-youth power dynamics and encourage ownership and emancipatory engagement in the

coresearchers with the goal of producing new knowledge for this population. This study aimed to identify any benefits coresearchers found from participating in the program model, in hopes of expanding therapeutic opportunities for vulnerable youth in school systems, treatment facilities, and other locales committed to working with adolescents. The case study identified ways the program helped these vulnerable youth connect and find community, work through their traumatic experiences, and experience empowerment through self-agency. Emotional safety was found in the physical space of the computer lab, in the connections and community found in the group, and in the art creation process, which allowed each the ability to control their own therapeutic experience, walking through their trauma narratives using digital art in a safe, creative, nonverbal, and symbolic way. The research presented in this dissertation is for the benefit of all vulnerable youth, the art therapists they work with, and the field of art therapy.

My coresearchers and I had no idea what we would find when we set out on this collaborative journey. Through my review of the literature and lived experience of the program model, my belief in the intrinsic power of third spaces developed and matured. Through the 13 weeks of the study, I found that I was mirroring my coresearchers' identity formation journeys through the hybrid, borderline third spaces existing between all of our multiple worlds (Bhabha, 1994; Oldenburg, 1989; Sava & Nuutinen, 2003).

The coresearchers' final group artwork demonstrated this process (Figure 11). Collaboratively, the girls decided the layout for their final piece would be composed as separate areas, one for each of them to design. They choose the theme of "journey," picked the space they would design, and made a decision to work independently to illustrate their thoughts regarding the theme and their own lived experiences of the program.

Karen worked with the left side of the group piece, Lea took the center, and Jennifer the

right. Karen incorporated lyrics of songs as she had done with her narrative pieces. She said:

Figure 11

Our Journey

> I wanted to do the stuff that has helped me through a lot of what's happened in the past 8
> months and 14 days. I [included] the people who I started listening to the past 8-9 months
> that have helped me through this, because I just I don't know what it would have been
> like, if I didn't have this music to listen to. And then there's my friends . . .

Jennifer depicted her journey, on the left side of the piece, based on her favorite video game. In

the game, characters who die become constellations in the night sky. Jennifer stated:

> Once they are gone, you can still see them in the sky. They are still there; they just aren't
> with you in the same way. You don't have to feel like they're gone, because they're not
> really gone. The characters make me happy, just the whole journey.

Lea completed the middle of the piece and reflected:

> I've got a little version of me there [who] painted this . . . giant piece for a gallery or
> something . . . because I'm an artist and I really want to continue with my career in art,
> and just having this idea of being able to paint myself in successfulness and not in pain, is
> something that I've always been working towards. . . It's a nice idea thing, being able to
> draw myself happy. Then the actual piece I am painting, I wanted to go for one of those
> heroic looking images where the person is like standing atop a high hill, brandishing a

sword with the light pouring down. I've got me in purple holding the sword. And then this was my dad. He's in the background, he's chained down. He can't get me anymore, and he's still trying to stop me, even though I'm happy finally and can reach toward the sword.

When all the individual artworks were combined. Karen voiced:

I like how this one with the stars, from an outsider point of view, is kind of up for interpretation. This one is like an overcoming little person. And you can tell that person is trying to not [or] doesn't want this one to succeed, but they did.

Looking at the completed collaboration, I noted how each piece reflected something I had come to know about the artist: Karen's love of music, Jennifer's loneliness, and Lea's dream of becoming an artist. I observed the repeated imagery of the night sky on the outside sections, even though neither Karen nor Jennifer had purposefully attempted to match the other. I thought about Jennifer's comments regarding the constellations in her image. She seemed the most impacted by the experience of connectedness, and I wondered if unconsciously she was working through the end of the group experience. "They are still there, they just aren't with you in the same way. You don't have to feel like they're gone, because they're not really gone." I also perceived the powerful imagery that, through happenstance, became the middle and focal component of the girls' collaboration: pointing upward, the victorious fighter is portrayed as overcoming the now chained and powerless monster, tying all the girls' imagery and symbolic experiences together.

An intent of this study was not only to expand therapeutic opportunities and identify any benefits found in participation of the model but also for school systems, treatment facilities, and other locales that are committed to working with adolescents to consider a more collaborative approach between school and community-based mental health professionals. This collaboration could offer strategies and solutions for challenges that might impact school systems' ability to therapeutically provide for vulnerable youth. School systems and community-based mental health professionals may benefit from learning about and embracing nontraditional, yet effective

methods of treatment. Finally, as evident in this case study of a new program model, the integration of digital art technology into mental health services would make therapy more amenable to digital native youth, decrease their negative stereotypes about therapy, and encourage involvement and participation.

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Appendix A

Research Participant Information and Consent Form Mount Mary University

Title of Study: How adolescents in need of alternative treatment opportunities experience a strengths-based digital arts vocational art therapy program.

Invitation to Participate and Purpose of the Research

Dear _____,

I am inviting you to participate in a research study that you may find helpful to your future goals. I will be leading a 9-week digital arts vocational skills art therapy group for teens that I invite to experience. I need your help to find out how the group runs, your thoughts and ideas about the digital art projects you will be creating, and any benefits or challenges you have experienced in the program. I hope to gain insight into the basic program details and possible design concerns you might see, to generate new ideas for skills lessons and projects, and to consider if the program is valid enough to study further in the future.

I will be teaching digital arts graphic design or video editing skills in either Adobe Photoshop or Final Cut Pro, and together we will collaborate on ideas for projects to practice your skills. There will be three or four other teenage participants in the group. We will work together to make decisions, identify any issues that arise, and problem solve how to change what isn't working. I will also ask you to keep a digital portfolio of the artwork you create in the program and, when it is over, I will ask you to participate in two individual video-recorded sessions in which you will be able to tell me about your digital artwork and group experience. The camera will only capture your voice and record what you are describing on the computer screen (and possibly your hand/finger pointing at details of your digital work).

At the end of the program I will ask for your input in creating a document that will describe the program design and details for others to learn from. We will collaborate together to decide what information is important to include, examples from the portfolios and videos sessions, and any benefits you and the other teens experienced. You will have the final decision of what, if

anything, of your own words or artwork you would be comfortable having included in the document.

The program will last 9 weeks and we will meet two times per week, for 2 hours each meeting. The follow-up video sessions and input into the document will last approximately another 2 weeks after the conclusion of the program (days/times to be decided collaboratively). Your participation is voluntary and you may withdraw from the research at any time.

Benefits and Risks: If you choose to participate in this study you will be an active member of the research team and have equal input with all other participants about the program. You may find that as a result you feel a greater sense of self-esteem, comfort in social situations, and confidence in your own strengths and abilities. Your participation in the study will help the field of art therapy and may change how art therapists work with teens in their own individual practices, school districts, and wherever teens need support or alternative treatment options.

One risk in this research study is that a personal narrative will be the subject of your digital portfolio and you may decide to focus on visually telling a hard experience you have gone through in your life. This activity may bring up strong feelings as well as some relief. You might also experience discomfort when showing and discussing the artwork you have created when we meet for one-on-one video-recorded sessions you and I will have together. I will help by paying attention to any strong reactions you may have and together we will discuss how to best give you support. I may need to consider if it is in your best interest to continue participating in the study and/or recommend a modified role if you do want to continue.

Confidentiality: Your digital portfolio, audio/video recordings, and my own notes from the study will be kept on a password-protected external hard drive. No personal information will be included on any file names or descriptions. The external drive will be kept in a locked file cabinet in the digital art computer studio.

Your face will not be video-recorded at any time; during the follow-up interviews, the video camera will be framed on the computer screen showing the digital art images only while you show me and talk about your artwork. You will have the option of keeping a digital copy of your

portfolio at the conclusion of the group. No identifying personal information will be attached to any imagery or quotes the coresearcher team chooses to include in the program manual.

Following guidelines set by the U.S. Office of Human Research Protections (code §46.115), all data that is collected during the study will be destroyed 3 years after the end of data collection. Paper files will be shredded, and electronic files will be deleted. Individual participants will not be identified in any report or publication about this study.

Contact Information: If you or your parent/guardian have any questions about this research study, your rights as a research participant, or would like to know any information about the outcome of this study, I can be reached at [phone number, redacted] or [email address, redacted] You can also contact my supervising professor, Dr. Emily Nolan at [phone number, redacted] or [email address, redacted] If you or your parent/guardian would like talk to someone at Mount Mary University regarding your rights or privacy as a participant in this study, please contact Dr. Tammy Scheidegger, Mount Mary University Institutional Review Board Chair, 2900 North Menomonee River Parkway, Milwaukee, Wisconsin, 53222-4597, at [phone number, redacted] or [email address, redacted]

Consent: By signing below, you are indicating you have read this letter and understand what this study is about, what participation involves, have been given the opportunity to ask questions, and have agreed to voluntarily participate. You may withdraw from participation at any time during; duration of group, final video recorded sessions, or creation of the program manual.

You may request a copy of this page for your records. Thank you for your participation.

Signature of Participant_____ Date _____

Signature Parent/Guardian of Participant _____ Date _____

Appendix B

Research Participant Art Therapy Artwork Release Form

Mount Mary University

I, _____, give permission to Julie Lusk, LMFT & ADAPT (A Digital Arts Program for Therapy) to use/and or photograph my/my adolescents artwork created during group therapy sessions for the following purposes:

Educational Purposes (Training, Research Publications)

Promotional Materials (Website, Media, Brochures, Program Manual)

I understand that comments and case materials may be used for scientific and educational purposes only. I understand that all images of artwork and any observations written with be presented in a respectful and professional manner. I understand that any of my personal information will not be used and any personal information on artworks with be covered up before being photographed or published. Confidentiality of all personal information will be maintained.

_____   _____
Client/Artist's Signature   Parent / Guardian Signature (if applicable)

Date:
_____

Appendix C

Research Participant Video Elicitations
Audio/Video Release Form

Mount Mary University

I, _____, give permission to Julie Lusk, LMFT &
ADAPT (A Digital Arts Program for Therapy) to use the audio and video recording of my
elicitation interviews from our research study.

Neither my name nor any other identifying information will be associated with the audio, audio
recording, transcripts, or digital imagery.

By signing, I consent for my voice and personal digital artworks to be part of a video analysis of
our research study and understand the following:

- Although the video and any artwork may only be featured and promoted for a limited
  time, digital media, publications, and website pages may remain accessible and visible to
  the public for a much longer period of time.

- Videos and digital images are vulnerable to being downloaded, saved, and shared by
  viewers.

- My voice will remain unedited so as not to take away the impact of my statements,
  however, no reference will be made to my identity; confidentiality will be maintained.

_____   _____
Client/Artist's Signature   Parent / Guardian Signature (if applicable)

Date:
_____

Appendix D

Program Model Outline

Unit 1: Creating a safe space and initiating exploration

- Getting to know each other, creating trust, establishing group rules

- Psycho-education objectives and activities: Identifying and normalizing feelings, practicing relaxation, communicating, opportunity/challenges in opening up and engaging creatively

- Vocational skills goals: Learning and practicing beginning digital art skills, depending on which vocational track the group chooses (i.e., Graphic Arts/Adobe Photoshop or Digital Arts Video/iMovie or Final Cut Pro Editing)

- Treatment goals: Creating a safe space, promoting and maintaining safety, establishing and building trust by enhancing feelings of safety and self-control, practicing self-soothing techniques, creating personal symbols

- Therapeutic process: Assessment (i.e., gathering of facts and presenting problems)

Unit 2: Personal narratives through digital arts

- Psycho-education objectives and art activities: Identify and validate feelings and improve emotional vocabulary

- Vocational skills goals: Learning and practicing intermediate digital art skills

- Treatment goals: Emotion regulation (e.g., differentiating feelings of powerless vs. powerful) and creating a personal story through visual means

- Therapeutic process: Inward searching (e.g., "What insights can I glean?") and creative synthesis

Unit 3: Returning to the community

- Psycho-education objectives and art activities: Strength finder, "hero" art piece, group art activity to build community support, "past, present, future art piece" for meaning-making reflections on learning and acknowledgment of growth

- Vocational goals: Learning and practicing advanced digital art skills

- Treatment goals: Re-integrating back into daily life, consolidate gains from group process and emotion regulation skills

- Therapeutic process: Improvement in inter and intrapersonal skills and resilience to cope with the future

- Closure: Saying goodbye, certificate ceremony, memory art piece; working through any final thoughts

Appendix E

Check-in Activities

Unit 1: Creating a safe space/initiating exploration
Treatment goals: Creating a safe space, establishing and building trust and safety by
enhancing feelings of safety and self-control, practicing self-soothing techniques,
identifying and normalizing feelings, practicing relaxation, opportunity and challenges in
opening up and engaging creatively

Unit 1 Check-In Activities

1. Ask group members to share how they feel by giving a **weather forecast**. For example: if
they feel overwhelmed, they can say, "thunderstorms with tornadoes in the area"
Magazine Collage – I am one who . . .

2. **What I actually mean when I say I'm doing ok**
Show examples of artist Mari Andrew's work (including an illustration of the question,
"What I really mean when I say I'm doing "ok"), which breaks such questions into pie
charts, graphs, mind maps, or illustrated figures with well-labeled parts.

3. **Common Ground Activity**
Pair up with each group member to find things you have in common.

4. **Mapping My Galaxy**
Create a visual picture of an imaginary galaxy (stars, supernovas, planets, etc.) and use it
metaphorically to map out and name your experiences and relationships. Consider these
questions:

What moves in orbit within the galaxies you inhabit?
What are the significant constellations of your solar system?

5. **Paint/color/draw an image or a scene that instantly makes you happy** (e.g., being with your best friend or pet, Disney World, a sunny beach, etc.)

6. **Redacted: Exploring Our Edits**
   "Redact: (verb) to hide or remove parts of a text before publication or distribution."
   Prompt: Where have you edited yourself this week? What has had to be removed/edited/concealed before bringing yourself into this world? Who gets to edit?
   > Compose a poem by blacking out existing text in a book page. (Because it's an editing of someone else's words, rather than a new creation, creating and sharing this type of poetry can be less vulnerable and easier to start for many people.)

Unit 2: Personal narratives through digital arts
Treatment goals: Creating personal story through visual means. Identify and validate feelings/improve emotional vocabulary. Emotion regulation (e.g., differentiating feelings of powerless vs. powerful)

Unit 2 Check-In Activities
7. **Trace your hands.** Decorate one of the hands by filling it with images & words that represent what you value, what you're passionate about, what makes you happy, who you love, etc. Then, decorate the other hand by filling it with images & words that represent the daily struggles you face, your mental health battles, your fears, the losses you've suffered, etc.

8. **Paint/color/draw mountains and valleys.**
   Within the mountains, write some of the "high points" in your life. Within the valleys, write some of the "low points" in your life. You can also paint/color/draw images & symbols within the mountains and valleys.

9. **Paint/color/draw a childhood memory**.
   Come up with a title for your piece.

10. **Paint/color/draw a nightmare** you've had in the past. Come up with a title for your piece.

11. **Current Issue I am Facing**

On the first frame visually represent the current issue you are facing.

Skip to the third frame and draw the optimal solution to your issue.

In the middle frame draw what needs to occur for your issue to be resolved.

Title each frame before you move to the next one, and list the feelings each image provokes.

12. **Perfect Imperfections**

Discussion: If someone makes mistakes in life, does that make them a bad person? Can someone admit to being imperfect and still be proud of himself or herself?

On a sheet of paper, write six sentences in the following form, "I may be [something negative], but [something positive]. For example, "I may smoke, but I'm trying to quit." "I may be mean sometimes, but I can be caring too." "I may have problems, but I'm still a good person."

13. **Mind Clutter**

Make two columns on a piece of paper. In the first column write down all of the "clutter" in your mind. Get it out of your head and onto the paper. Next, circle the things you have control over. On the next column, pick one of the things you circled and write down some steps you can take to address this matter to relieve your anxiety.

14. **Treasure Map**

On a piece of paper, label one corner, "The beginning" and another corner, "Success." Draw a windy path between the two points. Draw, collage, etc to create places along the path with creative titles, such as "Crossing the desert of loneliness," "Forgiveness and letting go," "Climbing the mountain of determination," "Resting in the shade of a caring friend," etc.

15. **Kintsugi "Golden Repair"**

Kintsugi (or Kintsukuroi, which means "golden repair") is the Japanese art of fixing broken pottery with precious metals, creating reconstructed pieces with seams of gold.

Each participant picks a thrifted piece of pottery, breaks it into pieces, and then repairs their piece with gold epoxy

16. **Words to Live By Collage**
Asking teens what words they live by can be a revealing exercise. Offer a personal example of what words you personally live by. Go around the art table and ask each member what motto they live by. If they do not know what their personal motto is - that is ok.

Have a wide variety of quotes available printed on paper and cut into strips. Ask each member of the group to create a collage that represents their "words to live by" quote.

Unit 3: Returning to community
Treatment goals: group art activity to build community support, re-integrating back into daily life, to consolidate gains from group process and emotion regulation skills
Improvement in inter- and intra-personal skills and resilience to cope with the future
Closure: Saying goodbye, memory art piece; working through and final thoughts

17. **I Will Survive!**
Discussion: Read the lyrics to the song, "I Will Survive" by Gloria Gaynor. What is a part of your life that you would like to say good-bye to? In what way are you   a Survivor? Draw yourself as a superhero with all the superpowers you would like to possess.

18. **Gratitude and Wishes**
Draw, paint, or color a tree, including its roots and branches, by creating intricate patterns that become more complex as they get farther from the tree's trunk. Add words or glue pieces of paper shaped like rocks in the soil at the roots to represent things you are grateful for in your life. Add words or glue pieces of paper shaped like leaves in the branches to represent things you wish for in life. Discussion: Why is gratitude at our roots and our wishes in our branches?

19. **Inspirational Hands**
Have each member trace out his or her hand on a piece of paper. Ask each person to cut out their traced hand, and letter their name on the palm of their cut-out.
Then, in a round robin, have your group pass each hand around the table. Ask each group member to write a positive quality about the person upon one of the fingers on the paper hand. When the hand reaches its owner invite each person to reflect upon the positive feedback and embellish their inspirational hand with doodling, ephemera or inspirational quotes.

20. **The Things I will Take With Me**

Have each group member draw/write the things they will take with them after leaving the group. Examples may include: coping strategies, memories, contact information skills learned, reasons they have hope, progress made, goals met.

Appendix F

Semi-Structured Questions Video Elicitation #2

The five semi-structured questions for the second video elicitation were:

1. What was your experience watching your first video?

2. What was your experience of this program?

3. Do you think this digital art therapy program has been helpful or not?

4. If so, what was it specifically about this digital art therapy program that was helpful to you, and how did it help? What were any challenges that you experienced?

5. Is there anything you would like to change about the program to make it more helpful?