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# The effect of school-based creative expression group therapy on the self-concept of female adolescents

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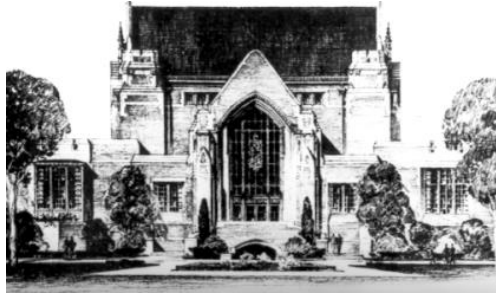
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**Authors**

Tiffany Somerville, Danielle Pincente, Kelsey Oglesby, Paige Spangler, David Ehlers, Samantha Kledzik, Jacki Pickowitz, and Angela Yoder



**Booth Library**  
**Eastern Illinois University**  
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**2017 Entry Form**

**Rationale for group:**

As full-time graduate students in the Counseling program, each of us is extremely pressed for time which limits our ability to work on original research. Because we do not complete a thesis for our program, there is little opportunity for research involvement. Each of the group members had an interest in becoming part of the research team, and each individual played an important role in the completion of this research. Tiffany Somerville was a co-leader of the eight-week group, and she also wrote portions of the literature review, results, and discussion sections. Danielle Pincente played a significant role in data organization, scoring, and interpretation; she also contributed to portions of the literature review and the results sections. Kelsey Oglesby was a co-leader of the eight-week group, and she also wrote a portion of the literature review. David Ehlers, Samantha Kledzik, and Jacki Pickowitz contributed significantly to the literature review as well.

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Title of entry: The effect of school-based creative expression group therapy on the self-concept of female adolescents

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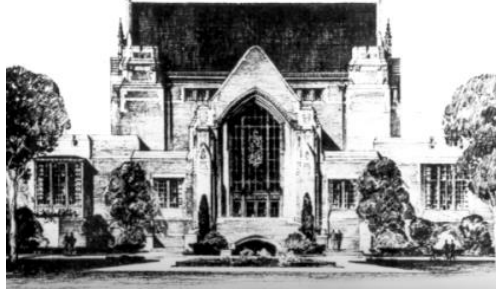
If the submitted work was prepared for a class assignment, please give your professor's name (or if a thesis, your faculty adviser): Dr. Angela Yoder is the faculty mentor for this project.

However, this paper was not completed as a class assignment or a thesis. The paper is intended for future journal publication.

Category: (check one)

- |                                     |               |                          |               |
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**Use of Library and/or Research Resource Narrative**

Names of student applicants: Tiffany Somerville (E12398569), Danielle Pincente (E12376394), Kelsey Oglesby (E12338142), David Ehlers (E12299763), Samantha Kledzik (E12100960), and Jacki Pickowitz (E12481602)

Title of entry: The effect of school-based creative expression group therapy on the self-concept of female adolescents

Describe below what role the Library or archival collections played in the success of your research. (You may use additional sheets.)

Booth Library's resources were utterly indispensable to our research; our project would never have been possible without Booth Library's wide variety of available resources. In order to better understand adolescent development, we explored the original works of groundbreaking psychologists such as Jean Piaget and Erik Erikson. For this type of information, it is essential to find a primary source that explains the original theory in the creator's own words. Booth Library had many classic books in the stacks that were crucial to our research of adolescents. In addition, Booth Library also had several current books on topics like play therapy and creative expression that proved vital to our development of the literature review. The bulk of our research was sourced from Booth Library's extensive EBSCO collection. We found excellent articles on every topic necessary for our paper; some of those articles contained the most recent

findings on research about adolescents, group therapy, and creative expression. Other articles contained seminal information from groundbreaking authors. Booth Library's collections provided us with much-needed research on a myriad of topics in both book and article format. We are so grateful that we were able to serve a portion of our community through conducting a school-based counseling group for adolescents. In addition, we hope that our research can eventually help other clinicians provide effective group therapy for other adolescents. The group itself could never have happened without the resources we utilized at Booth Library.

The effect of school-based creative expression group therapy on the self-concept of female adolescents

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### Abstract

Adolescents face a wide array of social, emotional, and academic problems in today's world during what is often described as a challenging and complicated stage of development (Perryman, Moss, & Cochran, 2015). During adolescence, the peer group becomes more important as teens begin to search for and establish their identities. Therefore, group work can be an advantageous way of reaching the adolescent population. Creative and expressive art techniques allow a safe way for adolescent girls to express themselves and relate to others around them. They learn in a group setting that they are not alone in the world and that others struggle with similar challenges. Together, they are able to learn healthy coping skills and a positive sense of self in a setting and manner that is developmentally appropriate. Additionally, social-emotional health has been strongly correlated with academics in the literature: the better a teen's social-emotional health is, the better their grades will be. Although the use of creative mediums in working with adolescents has been relatively well-established, many teens are intimidated by the idea of creating art work. The researchers propose a manual of creative expressive interventions designed to allow clients to create art with easy-to-assemble projects, thereby decreasing stress and anxiety related to art, while still allowing a creative process (Spangler, 2015). In this single-case research design, researchers utilized the Piers-Harris Children's Self-Concept Scale 2 to measure the effects of a creative art expression group on adolescent females at a high school in the Midwest. Participants provided responses before the intervention for 3 weeks to establish a baseline (A), for 8 weeks during treatment (B), and for 3 weeks following the completion of the study (A). Preliminary results of the pilot project are presented along with application-based materials.



As one of the most vulnerable groups in our society, adolescents tend to bring an assortment of multifaceted and challenging issues to counseling (Carty, Rosenbaum, Lafreniere, & Sutton, 2000). Adolescence has the potential to generate turmoil and disorder due to intense developmental growth within physical, social, emotional, cognitive and psychological arenas (Westergaard, 2013). Adolescents often cope with the stress of such change in unhealthy ways leading to isolation, depression, and increased suicide rates (Carty et al., 2000). With change occurring at such an extraordinary rate, many young people are left overwhelmed, possessing a strong need for support (Carty et al., 2000).

A large service gap continues to exist between adolescents who need and those who receive mental health care (Lewis, 2008). Around 20% of adolescents have a diagnosable mental health disorder (Kessler et al., 2005), while 70% of those adolescents do not receive the services that they need (Chandra & Minkovitz, 2006). Failure to provide services contributes to further problems including higher incidence of suicidality, juvenile justice system involvement, school dropout, poor school performance, strained family relationships, substance abuse, and involvement in risky sexual behaviors (Schwarz, 2009). Between 67-70% of adolescents in the juvenile justice system have a diagnosable mental health disorder (Schwarz, 2009). Mental health disorders are commonly observable starting in adolescence (Schwarz, 2009). However, it is less common for females with serious emotional or behavioral difficulties to seek out treatment than their male counterparts, especially in a school setting (Jones, Pastor, Simon, & Reuben, 2014). Providing school-based service access decreases barriers to receiving treatment and increases the likelihood that teens receive mental health care (Schwarz, 2009).

### **Adolescent Development**

The adolescent's transition into adulthood is replete with psychological, emotional, and sociological changes. Piaget (1973) stated that between ages 11 and 14, individuals enter the period of formal operations, the final stage of Piaget's theory of cognitive development.

Adolescents within this stage can use inductive reasoning and apply the scientific method in a variety of situations (Piaget, 1973). With respect to intellectual development, the primary goal of adolescence is the appropriate evolution of complex, abstract thought as evidenced by the ability to process theoretical ideas that are not necessarily represented concretely within the adolescent's phenomenal field (Piaget, 1973). Despite remarkable cognitive gains, each adolescent develops at his/her own rate, and many may not master abstract thinking before progressing from adolescence to young adulthood (Piaget, 1973).

Very young children are inherently egocentric until they can comprehend the existence of others' emotions; adolescents, however, appear to exhibit a new form of egocentrism (Elkind, 1967). Adolescents experience an enormous amount of physiological and psychological changes, and thus they focus much of their mental energy on their own development. In addition, adolescents transition to spending the majority of their time around their peers instead of their family; thus, peers become arguably the most significant influences on adolescent behavior. Peers also seem to provide support for the adolescent as tensions peak between the adolescent and their parental figure(s) (Fuhrman & Buhrmester, 1992). Consequently, adolescents assume that their peers are always watching them, and they become self-conscious (Elkind, 1967).

The adolescent's intellectual growth and inherent egocentrism impact the ability to form a sense of identity (Erikson, 1963). Adolescents must conceptualize how they are perceived by others in relation to their own self-image (Erikson, 1963). In addition, they must reconcile their

myriad beliefs about social values, upcoming tasks of adulthood, sexual attraction, and countless other difficulties of adolescence (Erikson, 1963). Erikson (1963) argued that these tasks occur as part of the development stage of “identity versus role confusion” (p. 261). Typical adolescent behaviors of clique formation and cruelty toward others are often defenses against the development of role confusion (Erikson, 1963). Adolescents who experience role confusion may exhibit a variety of emotional and psychological disturbances (Erikson, 1963).

### **Significance of Group Work for Teens**

Adolescents face varying degrees of change, so counseling young people is quite different than counseling adults. Often mislabeled as “mini adults,” adolescents face unique challenges of transition, intense growth, uncertain futures, and development of identity, often without a well-developed arsenal of coping skills or abilities to self-regulate (Westergaard, 2013). Resulting maladaptive behaviors are thought to be expressions of “low self-concept,” which adolescents learn through social experiences with significant individuals and their perception of such experiences (Egbochuku & Aihie, 2009, p. 3-4). Therefore, peer groups can be understood as one of the most common and powerful influences over young people (Carty et al., 2000).

Connectedness and peer influence are essential to an adolescent’s development and moral reasoning. According to Quigley (2004), being associated with a community is a “commonly missing developmental piece in the life of a high risk juvenile” (p. 134). Authentic connections with peers are critical for overall wellness, as well as academic and social success during the adolescent years (Skudrzyk et al., 2009). Peer groups encourage interpersonal learning and altruism, which nurture the development and enhancement of self-esteem, identity, and intimacy (Skudrzyk et al., 2009; Aronson, 2004). Peer groups offer a sanctuary through universality,

making group counseling a powerful, practical and productive option for adolescents (Aronson, 2004).

**[This excluded portion provides further evidence for the significance of group work with adolescents. Group counseling plays upon the natural inclination to affiliate with others, especially peers, during the time of adolescence. References: Westergaard (2013), Quigley (2004), Aronson (2004), Skudrzyk et al. (2009), Carty et al. (2000), Egbochuku & Aihie (2009)]**

### **Creative Expression in Therapy**

According to Malchiodi and Crenshaw (2014), using nonverbal forms of communication can be seen as a basic form of communicating, especially with younger populations. For clients who may not have the verbal means of expressing thoughts and feelings, this nonverbal and creative way of communicating can be essential (Malchiodi & Crenshaw, 2014). Art-based techniques, expressive arts and structured techniques have been found to be effective modalities for preadolescent therapy (Shokouhi, Limberg, & Armstrong, 2014). These interventions have been found to improve clients' ability to cope with violence, self-esteem issues, self-awareness problems, and trauma (Shokouhi et al., 2014). Art-based techniques are appropriate for clients of all ages in providing "multisensory experiences for self-exploration, personal communication, developmental objectives, socialization, and emotional reparation" (Malchiodi & Crenshaw, 2014; p. 3). But, creative, expressive techniques are particularly useful for adolescents as they frequently struggle to communicate their full experience via talk therapy.

According to Malchiodi (2012) art therapy becomes a "whole body experience" where the five senses may all be utilized instead of only using the frontal cortex. In addition, art often requires the client to engage their right brain, which has the potential to elicit different responses from the client. Siegel (2012) recognized the left side of the brain as generally responsible for language, while the right side of the brain controls "non-word-based ways," such as drawing a

picture or using visual images to describe feelings or events (as cited in Malchiodi & Crenshaw, 2014). In addition, art-based techniques can serve as a bridge between what clients are feeling within and what can be expressed verbally; therefore a form of communication can still be used between the client and therapist during times when clients struggle to put their full experience into words (Fard, 2015). Creative expression techniques can be modified in order to individualize treatment for clients in developmentally appropriate ways, which may not be the case when utilizing talk therapy.

### **Effectiveness of Creative Expression and Art-based Therapy**

Perryman, Moss, and Cochran (2015) studied the effects of utilizing expressive arts and play in a group setting with at-risk adolescent females and found results consistent with previous research in this area. Utilizing a phenomenological approach and grounded theory, teen participants were interviewed following a creative expression group therapy. Researchers found initial feelings of insecurity regarding use of art, followed by increased self-awareness/self-exploration, stress relief, group cohesion, awareness of transfer of new skills outside of group, and improved sense of accomplishment (Perryman et al., 2015). By utilizing creative expression and art-based therapy through a child-centered theoretical lens, participants were able to express themselves in a developmentally appropriate and healthy manner while engaging in self-exploration and identity development, which are critical developmental tasks (Perryman et al., 2015).

Sassen, Spencer, and Curtain (2005) explored the Relational-Cultural approach in a program called Art from the Heart in which researchers set out to utilize art in group therapy in order to creatively engage participants and improve social competency, social connections, self-esteem, and to learn the difference between growth fostering and exploitative relationships

(Sassen et al., 2005). The selected adolescent participants were at risk of suspension or psychological problems. Each phase included use of expressive art activities within a group setting with a focus on improving social skills and interpersonal sensitivity (Sassen et al., 2005). Researchers found that art-based techniques were effective in building participants' self-esteem, self-awareness, and awareness of others' feelings and emotions (Sassen et al., 2005). Sassen et al. (2005) concluded that utilizing creative expression in a group setting helped at-risk teens build meaningful connections and improve overall psychological functioning.

### **Rationale for Humanistic Approach**

Humanistic approaches share many common characteristics including the therapist's appreciation for a client's subjective experiences, belief in the client's ability to make positive and constructive choices, and the importance of the therapeutic relationship in setting the stage for healing (Bratton, Ceballos, & Ferebee, 2009; Corey, 2005). Humanists view human nature as positive, with an innate desire to reach their maximum potential (Day, 2008). By creating a therapeutic environment within a secure therapeutic relationship, the counselor will help the child develop the capacity for self-regulation (Munns, 2011). Through this healing experience, where the teen accepts herself, she is freed up to be able to develop self-awareness and self-understanding (Cochran, Nordling, & Cochran, 2010).

Bratton, Ray, Rhine and Jones (2005) conducted a meta-analysis of 93 studies on the effectiveness of play therapy and other humanistic-nondirective approaches versus non-humanistic-directive approaches. Researchers found a large effect size in the humanistic-nondirective approaches ( $d = 0.92, p < .03$ ) as compared to a moderate effect size for non-humanistic treatments ( $d = 0.71, p < .001$ ) (Bratton et al., 2005). While both treatment modalities

were deemed effective, humanistic play therapy treatments had a stronger impact in terms of effectiveness (Bratton, et al., 2005).

### Method

**[This excluded portion explains the research design. We used an A-B-A design with a baseline or no treatment (A), treatment phase (B), and follow-up or removal of treatment (A). We calculated a *percentage of nonoverlapping data* (PND) statistic to determine the efficacy of the group. References: Ray & Schottelkorb, 2010]**

### Participants

Researchers worked with the school counselor at a consolidated high school in the Midwest to identify appropriate participants. After obtaining IRB approval, researchers attempted to identify at-risk female adolescents between their junior and senior year of high school who struggled with low self-concept and with negative emotionality, social problems, and/or difficulties within their family system that may be impacting their overall self-concept and functioning. Researchers specifically excluded adolescent girls with high levels of reported pathology such as suicidality, homicidality, history of psychiatric hospitalizations, history of legal problems and/or hallucinations/delusions. Lastly, a consideration for inclusion in the group was readiness for the social aspect of group counseling. The school counselor was unable to locate more than 5 junior and senior high school girls for the group who met these criteria. At the school counselor's urging, and after careful consideration regarding the potential dynamics of such a group, freshman and sophomore adolescent females were also included in the study, resulting in 8 total participants. Parental/guardian consent was secured, as well as client assent.

Single-case research design requires a stable baseline in order to appropriately measure the intervention. Three data collection points are recommended by Ray (2015) as a minimum number of observations for establishing a baseline. Optimally, researchers are urged to collect five to eight data collection points due to the inherent variability of child and adolescent behavior

(Ray, 2015). Because researchers had a limited amount of time to conduct the group, a decision was made to begin the group after three data collections in order to complete the group before one of the co-leaders left the site at the end of the semester. Protocols were collected at approximately one-week intervals, with the participants filling out protocols as soon as possible if they missed the date to complete the Piers-Harris 2 due to absence or some other cause. Two participants incorrectly endorsed more than one answer on each item of the protocol given for week one. Although researchers attempted to correct this by asking the school counselor to administer them again, participants only filled out a new questionnaire for the week. Therefore, these two participants were dropped from the results section of the study but remained in the therapy group.

### **Instrument**

**[This excluded portion describes in detail the Piers-Harris Children's Self-Concept Scale 2 which produces a total score for self-concept. It is a 60-item self-report questionnaire. T-scores of <29 = potential psychiatric issues, 29-39 = low, 40-44 = low average, 40-59 = average, 56-59 = high average. References: Piers and Herzberg (2002)]**

### **Procedure**

Researchers utilized a child-centered approach to the creative expression art group, as described in Perryman et al. (2015). Co-leaders were graduate-level clinicians in their third semester of internship. Both group leaders had completed graduate-level courses in group counseling and play therapy, and were under the supervision of a licensed clinician and Registered Play Therapist. All sessions took place in a classroom that was unused during group time in order to decrease barriers to accessing treatment. Researchers followed a treatment guide developed by Spangler (2015) that includes descriptions of activities, materials needed, a list of processing questions and possible client reactions/themes.



The group met once per week for 54 minutes (due to class schedules for students) for a total of 8 weeks. Baseline data was collected by the school counselor for 3 weeks prior to and 3 weeks following the intervention and was measured by the Piers-Harris 2, which was filled out by participants. Directly following the group, participants would fill out the Piers-Harris 2 each week. Activities are briefly described below. Researchers worked with the author to categorize interventions into three categories: Beginning, Middle, and End, based on level of difficulty and emotional depth required from participants.

### **Therapeutic Art Activities** (Spangler, 2015)

Spangler (2015) developed 15 therapeutic art activities in order to help alleviate client anxiety when making art in therapy. These activities are designed to be very user-friendly as they have simplified steps, require limited drawing and free-form creation, and help the client focus more on the process and content of the art rather than the product itself. The recipes are particularly good for clients who are resistant to the idea of drawing or creating an image from scratch, as most or all of the materials are provided for these art projects.

**Patterns of my heart.** This activity allows the client to create a heart image that depicts the things that are most important to them. The participant uses color and patterns within their heart image to express each part of their heart dedicated to the subject or things that they love.

**All about me puzzle.** This activity allows the client to create a puzzle that expresses who they are. The client uses color and words to label each puzzle piece to depict an aspect or part of themselves.

**Stamp a story.** This activity allows the client to create a story by using ink pads and stamps. This project eliminates the fear that often surrounds having to draw images. When the

main images are represented through stamps the client may feel more at ease about adding other small elements through drawing and color.

**Draw a story.** This activity allows the client to create a story based on their set-up of miniature animal or people figures. The use of miniature figures helps to inspire and lessen anxiety about coming up with a drawing idea. The client sets up a story with these figures, draws these figures in a conflict, and lastly draws the figures in a resolution to the conflict.

**Postcard.** This activity allows the client to create a postcard on cardstock paper with a collaged image on the front. The client can then use the postcard to write a positive message to someone important or to write a positive message to themselves.

**House.** This activity uses a wooden house shape and scrapbooking word stickers or other materials that can be used to allow the client to show their dreams for their family and home.

**Peace or values book.** This activity allows the client to create a simple book filled with collage images that create feelings of peace or that help define their values. Each page represents a value or something that makes them feel peaceful.

**Altered book.** This activity uses a short children's book to be repurposed and altered into a new story by using a variety of materials to add into the story pages.

## Results

Results are provided for each participant below. See Table 1 for presentation of the Mean and Standard Deviation for each participant at baseline, intervention, and follow-up. The percentage of nonoverlapping data (PND) was calculated for each participant in order to measure potential effectiveness. Scruggs and Mastropieri's (1998) recommendations for interpreting the data were utilized and are as follows: < 50%=ineffective, 50-70%=questionable effectiveness, 70-90%= effective, >90%=very effective.

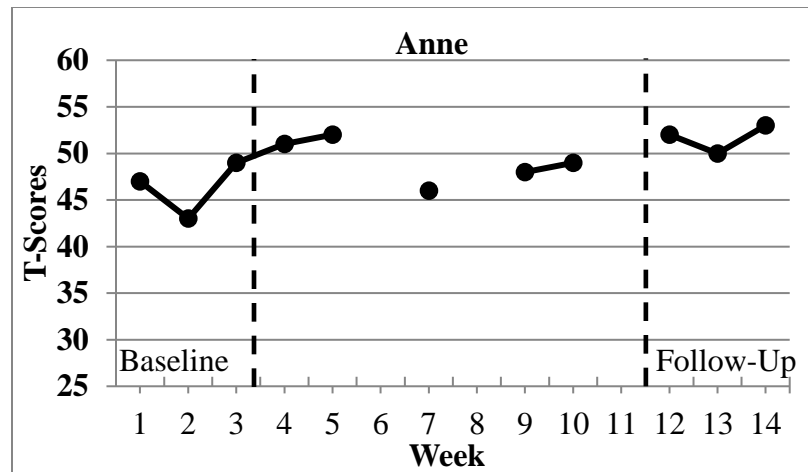
Table 1

*Means and Standard Deviations of Piers-Harris Children's Self-Concept T-scores*

Participant	Baseline		Intervention		Follow-up	
	M	SD	M	SD	M	SD
Anne	46.33	3.05	49.2	2.39	51.67	1.53
Sara	41.67	2.89	46.43	2.37	51	4.36
Katie	41.33	2.31	46.67	3.23	53	4.59
Emma	35	1.73	37.89	1.46	37.33	3.79
Casey	45	1.73	47	2	49.67	1.52
Rachel	44	2	37.43	5.22	37.33	2.08

**Participant 1 – Anne**

Anne was a 17-year-old Caucasian girl and a senior in high school during the time of the study. She reported living with her mother, father and brothers. Group leaders noted that Anne was relatively subdued in the groups and spoke more about her interests, such as hunting, rather than about her family or other problems. She reported very few problems during the length of the group and tended to take the group topics more in stride as compared to the other participants.

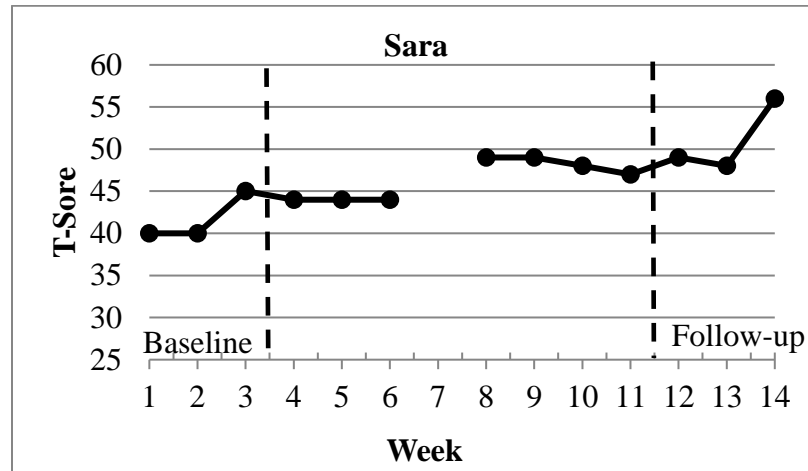


Anne's results indicated a slight upward trend throughout the intervention and follow-up phases, though her scores remained within the average range as compared to the general population. She had the highest baseline scores of the group ( $M = 46.33$ ,  $SD = 3.06$ ), and her scores increased throughout the intervention phase ( $M = 49.20$ ,  $SD = 2.39$ ) and into the follow-up phase ( $M = 51.67$ ,  $SD = 1.53$ ). PND effect size for the Total score indicated the intervention was likely ineffective at 40%. Her relatively higher self-concept scores as compared to some of the other members of the group could indicate that she entered the group with a more secure self-concept. Throughout the group sessions, she expressed little negative emotion, and her projects were typically superficial. Her lowest score of the group occurred in session 4; in this session, after hearing another member share about losing a loved one, Anne became emotional over the loss of her grandmother. She expressed that crying in the group made her uncomfortable.

### Participant 2 - Sara

Sara was an 18-year-old Caucasian girl and a senior in high school at the time of the study. She stated that she lived with her mother, father, and three of her four sisters. Sara openly identified herself as a "bully" in the group and preferred to put up a "tough" exterior. She expressed bitterness related to her parents' marital problems with which she seemed to struggle. By the end of the group, Sara had made a definitive decision to join the military after graduating

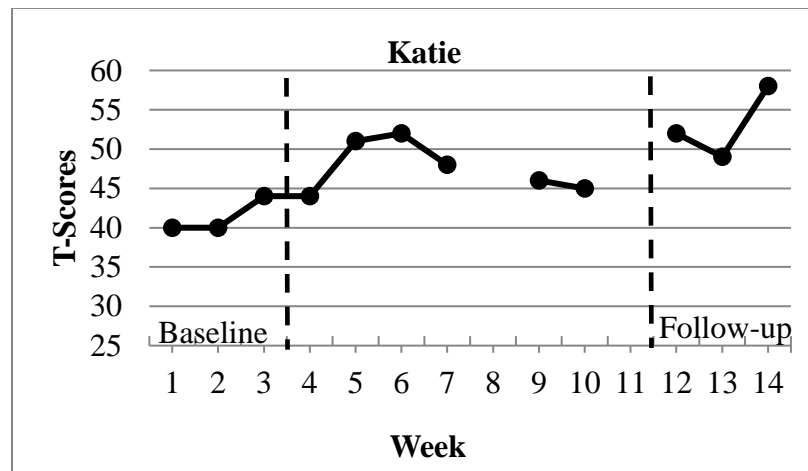
high school, despite her parents' objections. In addition, it is notable that she connected in a meaningful way with the other girls in the group, with one participant noting how she had originally been scared of Sara but eventually viewed her as a friend.



Sara's results indicated an upward trend beginning approximately halfway through the intervention phase and continuing through the follow-up phase. At baseline phase, her mean was low-average, and her means at the intervention phase and follow-up phases were within average ranges as compared to the general population. Her scores at baseline ( $M = 41.67$ ,  $SD = 2.89$ ) increased throughout the intervention phase ( $M = 46.43$ ,  $SD = 2.37$ ) and at follow-up ( $M = 51$ ,  $SD = 4.36$ ). The PND for Total score indicated questionable effectiveness at 57%. In the first session of the group, Sara monopolized the group's time by sharing about her own work and interrupting others while they were sharing. She reported that she felt like she had no friends. However, by the end of the group, Sara allowed others to share, and she expressed positive feelings toward each member in the final session. The co-leaders hypothesized that the factors of interpersonal learning and group cohesion within the group setting may have contributed to her increase in self-concept.

### Participant 3 - Katie

Katie was an 18-year-old Caucasian girl and a senior in high school when the study took place. Katie shared at length about a potential reunification she had with her half sibling. She reported a variety of family relationship problems. It is notable that during the next to the last group therapy session, Katie reported a level of hopelessness that warranted further risk assessment. After meeting with a co-leader after group, she disclosed having been hospitalized for a suicide attempt two years prior to the group. After her hospitalization, she had received outpatient counseling for depression at a nearby counseling center over the course of several months. At the time of the intervention, she was not seeking counseling. The school counselor was notified and agreed to make a referral, as well as continue to see Katie at the school to monitor her functioning.



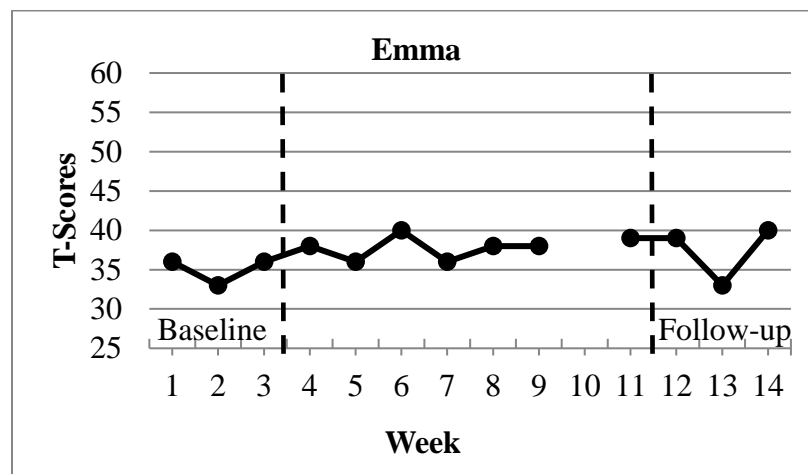
Katie's scores indicated an overall upward trend with some inconsistencies. Her baseline scores were within the low-average range as compared to the general population ( $M = 41.33$ ,  $SD = 2.31$ ), and they increased throughout the first four sessions of the intervention phase.

However, she was absent for session 5, and her scores decreased in sessions 6 and 7, culminating with her lowest score of the group phase in session 7. It was in this session that Katie disclosed her passively suicidal ideation to the group. Katie denied any explicit suicidal ideations, but instead that she hoped "something" would happen to her so she would not live until the age of

25. She seemed hopeless and flat during this session, which may have influenced her self-concept score as well as her absence in session 8. However, her scores did indicate a slight overall increase from the baseline phase throughout the intervention phase ( $M = 47.67$ ,  $SD = 2.37$ ) and follow-up ( $M = 53$ ,  $SD = 4.58$ ). The PND for the Total score indicated effectiveness of the intervention at 83%. It is possible that the social support she received in the form of involvement of the group co-leaders, counseling/risk assessment from her school counselor, and/or the encouragement of the other group members helped to slightly increase her self-concept after her concerning disclosure.

#### Participant 4 - Emma

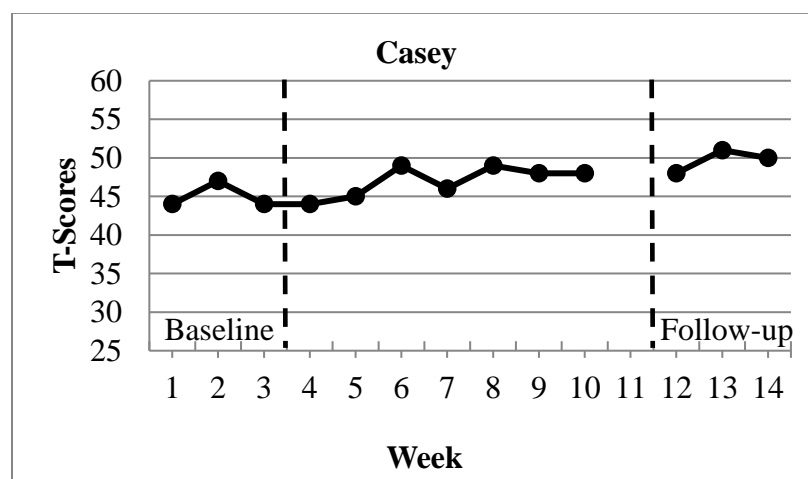
Emma was a 15-year-old Caucasian girl and a freshman in high school. Emma presented with a depressed mood and affect at the beginning of group. She did not verbally engage much during group counseling sessions. However, one week following the final group session, she approached a co-leader of the creative expression group to disclose that she had been feeling very depressed and wanted to seek counseling. She denied any previous experience with counseling or other mental health treatment. The school counselor was contacted in order to make a referral for the client.



Emma's results indicated a consistent pattern of low self-concept scores as compared to the general population. There was little variation between the baseline ( $M = 35$ ,  $SD = 1.73$ ), intervention ( $M = 37.89$ ,  $SD = 1.46$ ), and follow-up ( $M = 37.33$ ,  $SD = 3.79$ ) phases. The PND for Total score indicated effectiveness of the intervention at 71%. Emma disclosed in session 4 that her grandfather was dying, but she was restricted from seeing him due to family conflicts. She was extremely tearful when discussing this situation. In addition, at the first follow-up point after the group was complete, she spoke to a co-leader in private about how she had been feeling very depressed for several weeks. Her ongoing depressive symptoms as well as her disconcerting family situation may have contributed to her consistently low self-concept scores.

### Participant 5 - Casey

Casey was a 14-year-old Caucasian girl and a freshman in high school at the time of the study. She lived with her mother, father, and brothers, and she reported that she was extremely close with her family. During the course of the group, she also discussed having a new boyfriend and reported having positive feelings associated with that. Group leaders noted that the positive feelings associated with having a boyfriend were reflected in many of her expressive activities.



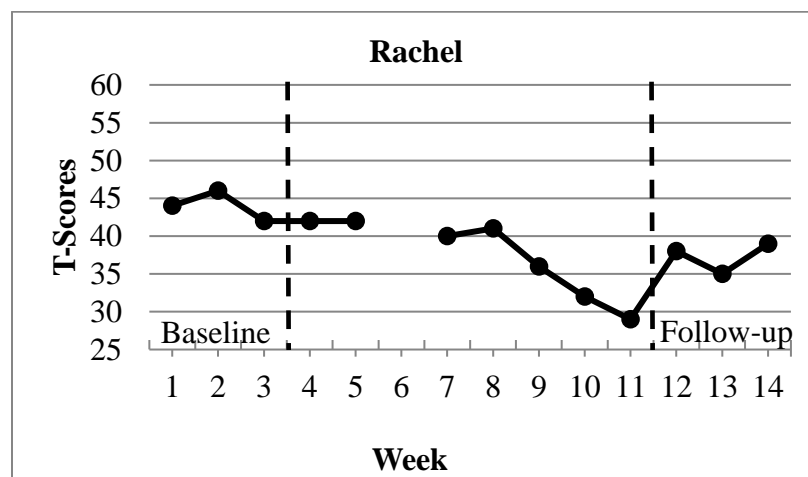
Casey's results indicated a relatively consistent pattern of average self-concept scores as compared to the general population. Her baseline scores ( $M = 45.00$ ,  $SD = 1.73$ ) are similar to



those she reported throughout the intervention phase ( $M = 47.00$ ,  $SD = 2.00$ ) and follow-up ( $M = 49.67$ ,  $SD = 1.53$ ). The PND was calculated for her Total self-concept score and indicated questionable effectiveness at 57%. Casey was remarkably optimistic throughout the intervention phase, and the other members of the group expressed that they appreciated her positivity. Her projects typically centered on the theme of perseverance even in hard times. Her scores suggest that her self-concept was relatively well-established before the group began.

### Participant 6 - Rachel

Rachel was a 15-year-old Caucasian girl. At the time of the study, she was a freshman in high school. She reported that her parents were divorced, and she lived with her father. According to Rachel, she very rarely was able to visit her mother, which troubled her and appeared throughout the group as a theme in her art work. Approximately one week after the final group session, she was hospitalized after she reported to the school counselor that she was experiencing auditory hallucinations.



Rachel's results indicated that her mean self-concept score decreased from the average range to the low range as compared to the general population. Her scores decreased from the baseline phase ( $M = 44.00$ ,  $SD = 2.00$ ) to the intervention phase ( $M = 37.43$ ,  $SD = 5.22$ ). Her mean score then stayed consistent throughout the follow-up phase ( $M = 37.33$ ,  $SD = 2.08$ ).

When examining Rachel's scores, there is a noticeable downward trend beginning at the first session of the intervention. This downward trend culminated in a very low score of 29 for the final group session; according to Piers & Herzberg (2002), this score indicates an increased likelihood for a psychiatric disorder. During this session, Rachel was hesitant to share her work despite eagerly volunteering to share in several previous sessions. She explained that she felt her creation was too "depressing" to share with the group. Not surprisingly, her PND indicated no effectiveness at 0%. As noted earlier, Rachel was hospitalized shortly thereafter for reports of auditory command hallucinations. The symptoms she experienced likely contributed to both her low self-concept scores, as well as the dramatic fluctuations in her scores.

### **Discussion**

The results of this study suggest that the creative expression therapy group was at least somewhat effective for four out of the six adolescent female participants. Although their self-concept scores remained in the average range, positive trends were noted, with two participants moving from the low average range to the average range for the Total Self-Concept score. The remaining two participants reported symptomology after the group was nearly completed that should have restricted them from being in the group. One participant noted she had been previously hospitalized, with the other participant later reporting psychosis, which likely impacted the results.

**[This excluded section describes external factors that hypothetically may have impacted the self-concept scores of the group participants. Some mitigating factors of adolescent self-concept may include parental acceptance, family conflict, and cohesion. References: Flahive and Ray (2007), Piers and Herzberg (2002), Demo, 1992; Henderson, Dakof, Schwartz, & Liddle, 2006]**

### **Limitations**

A major limitation of this study from the researchers' perspective was certainly time constraint. Due to a co-leader leaving the site at the end of the semester and some scheduling problems with the school, researchers had to complete the group in 14 weeks. This limited both the number of baseline data points that could be collected, as well as the number of group sessions for the intervention phase. Both co-leaders felt the group was in the working phase during the time the group was scheduled to end, therefore potentially limiting the therapeutic effect, as there were only 8 group sessions and several absences by many of the participants. Each participant was absent for at least one group session, with one participant missing three sessions. Although leaders noted a sense of group cohesion, the short period of time coupled with absences may have interfered with participants' abilities to benefit fully from group. Other researchers have utilized 10 to 12 treatment group sessions (Packman & Bratton, 2003; Paone et al. 2008; Flahive & Ray, 2007). The length of the session was also a problem for group leaders to contend with, as 1.5 hours is typically recommended for creative expression groups due to the extended time that artwork requires. At the same time, it is important to point out that other researchers have found statistically significant results with 50-minute group sessions, although the groups were with preadolescents rather than the age group in this study (Packman & Bratton, 2003). In general, time is an issue in school settings, as students may only leave classes for a short period of time. Additional time would have provided for increased processing and therefore, could have impacted results.

Identification of participants solely through consultation with a school counselor was a limitation of the study and resulted in two adolescents mistakenly participating in the group that should have been screened out and referred for more appropriate services. It is notable that although a concerted effort was made to exclude participants with serious psychopathology by

working in conjunction with the school counselor, another adolescent female was originally referred by the school counselor who had only been released from the hospital for one week. Researchers immediately excluded this potential participant, referred for more appropriate services, and initiated another discussion regarding exclusion criteria. Yet, problems remained. The researchers believe this problem highlights a relevant and critical problem for school counselors today who struggle with heavy caseloads. The American School Counseling Association recommends a ratio of one school counselor for every 250 children, yet the average is closer to double that. Researchers recommend future studies continue to address the service gap in school settings, while attempting to utilize additional measures to screen participants such as parent report or participant interview.

**[This excluded portion explains some other limitations, including developmental level of participants, researcher bias in visual inspection of the data, and the administration of the last protocol falling directly before winter break, which may have increased mood. Reference: Piers and Herzberg (2002)]**

### **Conclusion**

Adolescents struggle with multifaceted and unique challenges, while simultaneously experiencing potent developmental changes which may, at times, compromise their self-concept and ability to cope effectively. Researchers estimate that upwards of 20% of children and adolescents who require clinical services do not receive appropriate intervention (Kessler et al., 2005). Additionally, talk therapy is limiting for many adolescents who struggle to put their experiences, thoughts, and feelings into words (Bratton et al., 2009). Results from this study appear to confirm what other studies have found: adolescents benefit from creative expression therapy groups (Bratton et al., 2009; Flahive & Ray, 2007; Paone et al., 2008). However, the study has many limitations and therefore, results should be viewed with caution. The authors propose that future studies should focus on improving the screening process, increasing the

number of group sessions and perhaps the length in order to strengthen the treatment effect.

Additionally, inclusion of other measures of change is further recommended.

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## Annotated Bibliography

Aronson, S. M. (2004). Where the wild things are: The power and challenge of adolescent group work. *Mount Sinai Journal of Medicine*, 71(3), 174-180.

The article helped express the influential nature of group work. They emphasized peer group interaction and how this type of support is beneficial for healthy development. This article was used to provide evidence for the efficacy of group work with teens.

Bratton, S.C., Ceballos, P.L., & Ferebee, K.W., (2009). Integration of structured expressive activities within a humanistic group play therapy format for preadolescents. *Journal for Specialists in Group Work*, 34(3), 251-275.

This article pointed out several characteristics that are typically portrayed within the humanistic model. It also discussed the cohesion in implementing expressive activities within a humanistic approach.

Bratton, S.C., Ray, D., Rhine, T., & Jones, L. (2005). The efficacy of play therapy with children: a meta-analytic review of treatment outcomes. *Professional Psychology: Research and Practice*, 36 (4), 376-390. DOI: 10.1037/0735-7028.36.4.376

Researchers conducted a meta-analysis that showed the overall effectiveness when utilizing a play therapy approach as compared to a more directive approach. The researcher's data verified the efficacy of using play therapy in relation to other therapeutic approaches and it solidified the argument that play therapy can benefit children and adolescences who suffer from various emotional and behavioral difficulties. Bratton's research is widely known among play therapy enthusiasts and being able to find this article in the EIU library database made it easier to plead our case.

Carty, L., Rosenbaum, J. N., Lafreniere, K., & Sutton, J. (2000). Peer group counselling: An intervention that works. *Guidance & Counseling, 15*(2), 2.

This article examines the effectiveness of group work with adolescents, and it found that group work is incredibly beneficial with this population, especially in the area of universality because many adolescents suffering from depression, for example, feel isolated. This resource helped lay the groundwork for justifying the need for our research due to the high need for support for this population.

Chandra, A., Minkovitz, C. S. (2006). Stigma starts early: Gender differences in teen willingness to use mental health services. *Journal of Adolescent Health, (38)*, 754.

This resource provided us with the saddening fact that out of all adolescents with a mental health concern, 70% of those adolescents do not receive the services that they need. Because proximity to services was identified as a barrier to treatment, hosting a group in a school seemed to be an easy way to overcome that barrier and make services easier to access.

Cochran, N.H., Nordling, & W.J., Cochran, J.L. (2010). *Child-centered play therapy: A practical Guide to developing therapeutic relationships with children*. Hoboken, NJ: John Wiley & Sons, Inc.

This book serves as an instructional guide for play therapists, especially with respect to developing a therapeutic relationship in the context of child-centered play therapy, which is a humanistic approach. The authors argue that child-centered play provides safety, control, and an avenue for healing for troubled children. We used this article to add to our argument for a humanistic approach in a group setting.

Corey, G. (2005). *Theory and practice of counseling psychotherapy* (7th ed.). Belmont: Thomson.

Corey (2005) depicted multiple characteristics that are expressed within a humanistic approach. The writer helped develop the foundation and direction of the paper's rationale for using a more nondirective approach.

Day, S.X. (2008). *Theory and design in counseling and psychotherapy*. S.X. Day (2<sup>nd</sup> ed.) Belmont, CA: Brooks/Cole.

Day (2008) talked about the humanistic model that further described the importance of using a nondirective approach. Day's (2008) book helped provide the reader with a better understanding and reason why a humanistic approach would be most beneficial for our current study.

Dekovic, M. & Meeus, W. (1997). Peer relations in adolescence: Effects of parenting and adolescents' self-concept. *Journal of Adolescence*, 20, 163-176.

This study examined how relationships with peers, parenting styles, and adolescent self-concept are interconnected. Results indicated that supportive parenting can increase adolescent self-concept. This article was used in the limitations section to provide information about how parenting can be an external factor that affects self-concept.

Demo, D. H. (1992). The self-concept over time: Research issues and directions. *Annual Review of Sociology*, 18, 303-326.

This article is a review of literature on the topic of self-concept. Demo describes how prior research conceptualizes self-concept as primarily stable over the course of the lifespan. However, Demo also points to more recent research that indicates self-concept is indeed affected by environmental factors, including family dynamics. This article was

used in the limitations section to explain how the self-concept data may have been affected by factors outside the group.

Egbochuku, E. O., & Aihie, N. O. (2009). Peer group counselling and school influence on adolescents' self-concept. *Journal of Instructional Psychology*, 36(1), 3-12.

This article was used to highlight research that has shown an improvement in important skills for teens in a group setting. Additionally, this article helped explain how social experiences impact an adolescent and that group work can help make these experience a positive one.

Elkind, D. (1967). Egocentrism in adolescence. *Child Development*, 38(4), 1025-1034.

This article described the nature of adolescent egocentrism. Adolescents are highly focused on themselves as well as their peers. The egocentrism described by Elkind provides evidence that working with peers may be effective for teens.

Erikson, E. H. (1963). *Childhood and society*. New York: W.W. Norton & Company, Inc.

This book highlighted how adolescents typically progress through Erikson's stage of identity versus role confusion. It is helpful to better understand that all adolescents struggle with forming an identity, and this struggle can often be observed through psychological disturbances.

Fard, F. J. (2015). The expanding reach of art therapy. *Art Business News*, 34-37.

This article highlighted the importance of art-based activities serving as a crucial part of allowing clients to express themselves in a different form of communication other than only verbally speaking. They expressed the significance of expressing oneself in a way that can be better understood by others. When adolescents are unable to put into words how they feel, art therapy allows them to express this.

Flahive, M. W. & Ray, D. (2007). Effect of group sandtray therapy with preadolescents. *Journal for Specialists in Group Work*, 32(4), 362-382.

This article described a 10-week group in which 56 preadolescents participated in creative expression group therapy. Results of the study supported the hypothesis that group intervention may be effective in reducing externalizing behaviors. This article was used to provide further evidence that group therapy can be effective for adolescents.

Furman, W. & Buhrmester, D. (1992). Age and sex differences in perceptions of networks of personal relationships. *Child Development*, 63, 103-115.

This article described changes in personal relationships that occur at various ages. For the purposes of this paper, it was helpful to see that adolescents become more reliant on their peers as they experience tensions with parents. Data is presented that indicates adolescents choose to spend more time with their friends than their parents.

Henderson, C. E., Dakof, G. A., Schwartz, S. J., & Liddle, H. A. (2006). Family functioning, self-concept, and severity of adolescent externalizing problems. *Journal of Child and Family Studies*, 15, 721-731.

Results of this article indicated that family dynamics can impact adolescent self-concept. In particular, high levels of conflict and low levels of cohesion at home seemed to be connected with lower self-concept. This article was utilized in the discussion section to provide evidence that adolescent self-concept can be impacted by external factors, especially family dynamics. This information was useful because several of the group members reported family conflict, and those stressful dynamics may have impacted their data.

Jones, L. I., Pastor, P. N., Simon, A. E., Reuben, C. A. (2014). Use of selected nonmedication mental health services by adolescent boys and girls with serious emotional or behavioral difficulties: United States, 2010–2012. National Center for Health Statistics. (163), 1.

This resources showed that it is less common for females with serious emotional or behavioral difficulties to seek out treatment than their male counterparts, especially in a school setting. This made us look at how important it was to create a treatment option that was fun and interactive, acting as an attractive aspect for adolescent females.

Kessler, R. C., Berglund, P., Demler, O., Jin, R., Walters, E. E. (2005). Life-time prevalence and age-of-onset distribution of DSM-IV disorders in the national co-morbidity survey replication. *Archives of General Psychiatry*, (62), 593-602.

This article stated that around 20% of adolescents have a diagnosable mental health disorder. This fact provided us with an idea of the level of need with this population.

Lewis, S. E. (2008). Barriers faced by teens needing psychological services. *Brown University Child & Adolescent Behavior Letter*, 24(11), 3.

Adolescents face a host of issues that are often overlooked by the adults around them.

These issues can impact every area of their lives, including school. This results in a high amount of adolescents who need mental health services and a low amount of adolescents who seek treatment. This service gap showed us the importance of providing services in a school setting so as to literally meet the students where they are.

Malchiodi, C.A. (2012). Humanistic approaches. In C.A. Malchiodi (Ed. 2), *Handbook of art therapy* (pp. 75-88). New York, NY: The Guilford Press.

This was cited in order to explain how the body is impacted by art therapy. Within partaking in art therapy a person can utilize multiple senses and therefore experience something different than only using their speaking capabilities.

Malchiodi, C. A., & Crenshaw, D. A. (2014). *Creative arts and play therapy for attachment problems*. New York City, NY: The Guildford Press.

This book was utilized to explain the importance of creating a new form of communication for children. The source explained how utilizing creative expression techniques allowed for a more positive experience for young clients. The source allowed explanation for how creative activities allow an adolescent to express themselves in ways that are developmentally appropriate for their age range.

Munns, E. F. (2011). Integration of child-centered play therapy and theraplay. In A.A. Drewes, S.C. Bratton, & C.E. Schaefer (ed.), *Integrative play therapy* (pp. 325-370). Hoboken, NJ: John Wiley & Sons, Inc.

Munns' (2001) chapter focused on the importance of the therapeutic environment and the significance of being intentional when establishing the environment for the child. The writer showed how this impacts the child's ability to self-regulate emotions.

Packman, J. & Bratton, S. C. (2003). A school-based group play/activity therapy intervention with learning disabled preadolescents exhibiting behavior problems. *International Journal of Play Therapy*, 12(2), 7-29.

This article describes a play therapy group conducted in a school setting. The authors hypothesized that 10-12 treatment group sessions are necessary for a productive group. However, the group described in this paper was only able to meet for eight weeks due to



logistical difficulties within the school setting. This article was used in the limitations section to explain how shortening the group may have impacted its effectiveness.

Perryman, K. L., Moss, R., & Cochran, K. (2015). Child-centered expressive arts and play therapy: School groups for at-risk adolescent girls. *International Journal of Play Therapy, 24*(4), 205-220. doi:10.1037/a0039764

This study assisted in providing research consistent with prior studies on the impact of creative expression therapy on teen girls. The results of the study indicated that creative expression allows adolescents to express themselves and engage in identity development. This study was useful in providing evidence that creative expression is developmentally appropriate and useful for adolescents.

Piaget, J. (1973). *The child and reality: Problems of genetic psychology*. New York: Grossman Publishers.

This book was utilized as a primary source on Piaget's theory of cognitive development. Piaget explained the intellectual development typically experienced by adolescents, which was helpful for structuring the group. Because this paper focused on work with adolescents, it was necessary to first understand their development. This book helped strengthen our argument that creative activity is appropriate and helpful for adolescent development.

Piers, E. V., & Herzberg, D. S. (2002). Piers-Harris Children's Self-Concept Scale (2<sup>nd</sup> Ed.) (Piers-Harris 2) [Manual]. Torrance, CA: Western Psychological Services.

We used the Piers-Harris 2 as a measure to collect data on the group members' self-concept. The manual provided information on appropriate administration, scoring, and interpretation. In addition, the manual provided evidence for the measure's high validity

and reliability, which indicate the Piers-Harris 2 is a useful measure of self-concept. The manual also provided some information on potential limitations of the measure, including high face validity and the inconsistency of adolescent self-concept.

Putnick, D. L., Bornstein, M. H., Hendricks, C., Painter, K., Suwalsky, J. T., & Collins, W. A. (2008). Parenting stress, perceived parenting behaviors, and adolescent self-concept in European American families. *Journal of Family Psychology, 22*(5), 752-762.

This longitudinal study looked at how parental stress, acceptance and controlling behaviors impact self-concept. The researchers collected data from families when the identified child was aged 10 and 14. Results indicated that high parental stress and low parental acceptance are connected with low self-concept. This article was used in the limitations section to provide information on external factors that may have affected the group members' self-concept scores.

Quigley, R. (2004). Positive peer groups: "Helping others" meets primary developmental needs. *Reclaiming Children & Youth, 13*(3), 134-137.

This research article helped explain how group settings allow for a sense of community, as a community's support is crucial for a developing teen. It also detailed how adults are able to help support adolescents in group settings.

Ray, D. C. (2015). Single-case research design and analysis: Counseling applications. *Journal of Counseling and Development, 93*, 394-402.

This article provided information on how to establish a baseline before beginning the intervention phase of the single-case design study. Though it is helpful to understand how much data is needed to establish a proper baseline, the logistics of conducting group therapy in a school setting prevented us from collecting as many data points as were

recommended within this reference. Ideally, we would have chosen to follow this reference's recommendations with respect to data collections.

Ray, D. C. & Schottelkorb, A. A. (2010). Single-case design: A primer for play therapists. *International Journal of Play Therapy, 19*(1), 39-53.

This article provided suggestions for how to conduct a single-case design study in the field of play therapy. We referred to this paper to make crucial decisions regarding our data collection and analysis, including the A-B-A design. This article was helpful in providing instructions for calculation of the *percentage of nonoverlapping data* (PND) statistics which was used in part to determine the effectiveness of the group.

Sassen, G., Spencer, R., & Curtin, P. C. (2005). Art from the heart: A relational-cultural approach to using art therapy in a group for urban middle school girls. *Journal of Creativity in Mental Health, 1*(2), 67-79. doi:10.1300/J456v01n02\_07

This article provided information that was helpful in understanding group therapy with teen girls. Additionally, this research supported the importance of creative activities and their impact on teens risk of interpersonal issues.

Schwarz, S. W., (2009). Adolescent mental health in the United States. National Center for Children in Poverty. Retrieved from: [www.nccp.org](http://www.nccp.org).

Failure to provide services contributes to further problems including higher incidence of suicidality, juvenile justice system involvement, school dropout, poor school performance, strained family relationships, substance abuse, and involvement in risky sexual behaviors. Between 67-70% of adolescents in the juvenile justice system have a diagnosable mental health disorder. Mental health disorders are commonly observable

starting in adolescence. Providing school-based service access decreases barriers to receiving treatment and increases the likelihood that teens receive mental health care.

Scruggs, T. E. & Mastropieri, M. A. (1998). Summarizing single-subject research: Issues and applications. *Behavior Modification*, 22(3), 221-242.

This article provided suggestions for interpreting the percentage of nonoverlapping data (PND) statistic. The authors recommended that results of 50-70% = questionable effectiveness, 70-90% = effective, and >90% = very effective. These parameters were necessary to determine if the data indicated the group was effective.

Shokouhi, A. M., Limberg, D., & Armstrong, S. A. (2014). Counseling preadolescents: Utilizing developmental cues to guide therapeutic approaches. *International Journal of Play Therapy*, 23(4), 217-230. doi:10.1037/a0038146

This reference provided evidence in research that found creative expression activities allowed for clients to build skills to combat symptoms of traumatic experiences. This article was able to highlight the importance of using activities with clients to aid in the process of coping with these past experiences.

Skudrzyk, B., Zera, D. A., McMahon, G., Schmidt, R., Boyne, J., & Spannaus, R. L. (2009).

Learning to relate: Interweaving creative approaches in group counseling with adolescents. *Journal of Creativity in Mental Health*, 4(3), 249-261.

This article explains some creative techniques that can be used in a group setting. In addition, the article provides evidence that art in a group setting can uniquely accommodate differing learning styles and emotional differences. This was used to highlight the specific benefits teens gain from group therapy and how these skills transfer on into other areas of their lives.

Spangler, P. (2015). Art for creative expression. Unpublished manuscript.

Spangler created a “manual” of creative activities to be used in a group setting. The manual contains 15 therapeutic art activities that are designed to emphasize the process over the product. That is, the activities have specific directions, and they include putting art materials together, which can be less intimidating than being asked simply to draw or paint a picture. The group leaders chose eight activities, one for each week of the group.

Westergaard, J. (2013). Counselling young people: Counsellors' perspectives on ‘what works’ – An exploratory study. *Counselling & Psychotherapy Research*, 13(2), 98-105.

This article explain how teens can often become uninterested in therapy, yet the support of group has proven to elicit a higher interest. This further supported the need for services because of the large impact mental health issues have on every area of functioning.

Additionally, the article was used to explain the importance of a therapeutic process in a group setting.