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Queering Clinical Spaces Through Gender Discussions Development of a Method: Collage and Creative Storytelling at an Adolescent Partial Hospitalization Program

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Development of a Method: Collage and Creative Storytelling at an Adolescent Partial

Hospitalization Program

Capstone Thesis

Lesley University

April 27, 2022

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Expressive Arts Therapy

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Abstract

A lack of queer acceptance in all areas of life has been shown in large-scale studies to exacerbate the mental health needs of LGBTQIA+ individuals. LGBTQIA+ youth are at a particular risk for suicidality, self-harm, low self-esteem, and other extreme adverse mental health outcomes if their support network does not accept their identity, according to research. Because LGBTQIA+ youth are at a greater risk of adverse mental health outcomes, it is essential for higher levels of mental health care to address the needs of the queer community. The exclusion of queer-inclusive subjects from the partial hospitalization program (PHP) group curriculum limits opportunities for representation and validation of queer individuals. The group model of PHPs is an ideal space to develop queer-centered interventions that can help foster self-acceptance. Small scale phenomenological studies have been done on the effectiveness of expressive arts methods on self-esteem in adolescents. The expressive arts provide a space where difficult emotions can be processed through a variety of nonverbal and verbal artmaking modalities. This writer has conducted a two-session expressive arts method utilizing collage-making and storytelling to explore gender identity in the PHP setting. The results of the method highlight the necessity of talking about gender and sexual identity in adolescent PHPs. This method may be adapted for use in all levels of mental health care including outpatient, CBAT, PHPs, inpatient, support groups, and community outreach for queer advocacy.

Keywords: Expressive Art Therapy, Partial Hospitalization, Queer Theory, Self Esteem, Interpersonal Relatedness, Gender-Affirmative

Author Identity Statement: *The author identifies as a straight-passing, queer, White nonbinary femme person from New England of mixed European ancestry.*

Queering Clinical Spaces Through Gender Discussions

Development of a Method: Using Collage and Creative Storytelling at an Adolescent Partial

Hospitalization Program

Introduction

A general population partial hospitalization program (PHP) for adolescents aims to restabilize participants after a mental health crisis and perhaps instill a glimmer of hope for the future. The program needs to address a multitude of psychiatric diagnoses while maintaining a safe and secure environment for everyone involved. This can be a juggling act where serious mental health topics like disordered eating, hospitalization histories, substance use, and traumatic events may be avoided for the benefit of the group as a whole. The focus may in turn be life skills, anger management, goal setting, social scenarios, positive communication, or healthy relationship boundaries. The topics aim to be broader and more concrete than those of individual therapeutic processing. The risk of group discomfort or activation may be the reason why sexual and gender identity group topics are not common practice in all general population PHPs. However, gender and sexual identity exploration and processing is critical for all adolescents, especially at a higher level of care.

I have learned from my clients at the PHP that I have worked in for the last two years that binary assumptions are becoming an increasing burden on the younger generation. There is a difference in understanding of gender between the adolescent clients, young adult interns, and mature adult supervisors and clinicians. Some ethics codes suggest that if the client is not "out" to their parents, all clinical notes and references to the client should reflect the gender or sexuality that the parents are familiar with, so as not to "out" the clients. This is the ethical stance that many clinicians and supervisors have taken, even without a direct discussion with the client.

However, anecdotally, I have witnessed many clients come to the program seeking advocacy by clinicians within their family systems for the acceptance of their identity. Because many clinicians have not practiced having conversations about gender and sexuality in a place of advocacy, they often can be unprepared. The risk is that the clients feel unsupported, invalidated, and frustrated with the mental health system.

Contemporary literature is clear that adolescents who identify as transgender or gender nonbinary are at a higher risk for adverse mental health outcomes due to minority stress. Thus, individuals we treat in higher levels of care are likely to identify as gender or sexually diverse. Partial hospitalization programs should address queer needs. Queer theory can be looked to for guidance in how to shift the dialogue in mental health care from cis/heteronormative to queer inclusive.

Most adolescents are in a developmental stage of identity formation and may not have yet fully explored their gender and sexual identity. Therefore, they should be given the opportunity to do so in all areas of their life. Mental health care in particular should be the leading the charge of radical queer inclusivity in order to implement best practices. If sexual or gender exploration is not openly accepted in a mental health care environment, it may be perceived by clients as being not fully supported. An environment where linguistics are not queer-inclusive can create a cis/heteronormative bias where individuals feel unable to express themselves. The honoring of pronouns, chosen names, and gender/sexuality stories is critical for fostering self-acceptance.

In this study I aim to assess whether gender and sexual identity is a topic that needs to be included in regular conversations at a partial hospitalization program for adolescents. I will also explore how to facilitate those conversations in a trauma-informed manner using the expressive

arts. The method of research will be arts-based, which can act to preserve client agency, creativity, and engagement. The method of choice will be collage and creative storytelling.

Some considerations that must be made when developing this specific assessment can be found in trauma-informed, gender-affirmative, queer-inclusive and expressive arts therapy theoretical frameworks. The Expressive Therapies Continuum will be used to consider access points in the creative process that can address the developmental needs of the group. The Gender-Affirmative Lifespan Approach (GALA) identifies five core concepts that are essential to trans-affirmative care, and these include developing gender literacy, building resiliency, moving beyond the binary, exploring pleasure-oriented sexuality, and making connections to medical interventions (Spencer et al., 2021). The two most important concepts regarding this study are "developing gender literacy," and "moving beyond the binary."

Literature Review

Adolescence

Adolescence is a stage of life defined by identity formation and increased independence. Adolescents become less dependent on their family systems and more dependent on their social groups for influence during this time (Gadassi Polack, et. al., 2021). It makes sense, then, that identity is not fixed during this time in any sense of the word. Adolescents may be figuring out gender, sexuality, interests, aversions, and their overall personality. Because of this fluctuation in sense of self and in addition to increased reliance on peers for influence, it is also a stage of poor self-esteem. Adolescents' mental health may be affected by the poor self-image that can emerge because of their developmental stage. However, there are many other risk factors that can further negatively affect the mental health of this population.

Risk Factors for Adolescents

Trauma and Adolescence

The Adverse Child Experiences (ACE) study began in 1995 by the Center for Disease Control (CDC) (Steele & Malchiodi, 2011). The study had more than 17,000 participants whose exposure to childhood maltreatment and family dysfunction were being tracked along with health status and behaviors. Almost two-thirds of participants reported at least one adverse childhood experience and 1 in 5 reported three or more ACEs. The study emphasized the fact that exposure to childhood trauma is extremely common and can lead to adverse health or social outcomes including alcoholism, heart and liver disease, drug abuse, interpersonal violence and fetal death, among many.

Trauma is extremely common in a partial hospitalization (PHP) setting. According to the ACE study, almost two thirds of individuals will experience a traumatic event in childhood. Trauma is the cause of adverse mental health outcomes for many. It may lead to higher chances of a mental health crisis that results in hospitalization. Thus, the adolescents that seek help from a partial hospitalization are extremely likely to have experienced childhood trauma. Because of a high likelihood of trauma, the culture of the site is to limit activating topics and focus on tangible restabilization subjects. A focus on restabilization in the PHP model is explicated by the required incorporation of occupational therapy and psychiatric intervention. However, anecdotally, many of the adolescents I have worked with have expressed hopelessness and frustration with a therapeutic space that is focused on social rehabilitation and less on processing.

Covid 19 Pandemic

The Covid 19 pandemic that began in late 2019 has added significant stress on the adolescent population. According to quantitative article published by the American Psychological Association, "Children and adolescents may be at a particularly high risk for

deleterious mental health outcomes during COVID-19 given their position at a critical developmental stage in which social interactions, particularly with peers, are central" (pp 1633-1634, Gadassi Polack, R., et al. 2021). In the article, researchers found quantitative evidence that the Covid 19 pandemic disrupted typical adolescent processes of looking to peer groups for social influence. The article emphasized that adolescents during the pandemic became more reliant on their family systems for social interaction compared to prior generations.

The study included data from 115 individuals with mean age of 11.77 one year prior to the pandemic and compared it to the same 115 individuals at the mean age 12.64 during the height of the pandemic (Gadassi, et. al. 2021). The study concluded that there was a significant increase in depressive symptoms during the pandemic due to decreased positive social interactions and increased negative social interactions. However, the study noted that the older participants experienced less change in social interactions due to more advanced social skills.

The increase in mental health symptomology of adolescents due to the Covid 19 pandemic translates to higher acuity in the mental health system. Higher rates of hospitalizations have led to inpatient facilities having less available beds for individuals experiencing crises. As a result, more adolescents that have a high mental health acuity are attending partial hospitalization programs in place of or while waiting for inpatient placements.

Transgender and Gender Non-binary Youth Stress and Discrimination

Transgender and gender non-binary youth face challenges that make them more at risk for mental health crises. According to The Trevor Project, 71% of youth in the survey reported discrimination based on either sexual orientation or gender identity (The Trevor Project, 2019). In addition, 58% of transgender and gender non-binary youth reported being discouraged from

using the bathroom that matches their gender identity (The Trevor Project, 2019). Other qualitative studies have been done that further explicate the challenges that this population faces.

The 2015 U.S. Transgender Survey found pervasive mistreatment, harassment, and violence reported by transgender and gender non-binary individuals throughout all aspects of life. The study was the largest survey ever conducted to examine the experiences of transgender people in the United States at the time of publication (James, et al., 2016). The final sample included 27,715 respondents from all fifty states, the District of Columbia, American Samoa, Guam, Puerto Rico, and U.S. military bases overseas. The survey took measures to be accessible to respondents with disabilities and was available in English and Spanish. The participants, then, were limited to those who were able to speak and write in either of those two languages.

Although the sample population was transgender-identifying adults, the results indicated that those same adults experienced hardships in youth due to their identity. According to the data, 10% of adults who were out as transgender to their immediate family experienced violence from family members, and 8% were kicked out of the house because they were transgender (James et al., 2016). The survey found that 54% of respondents experienced verbal harassment, 24% were physically attacked, and 13% were sexually assaulted while in K-12 school (James, et al., 2016). Further, 17% experienced such severe mistreatment that they left a school as a result.

Family Systems Stress

Stress that directly affects transgender and gender non-binary youth through family systems is outlined in the article "Family Functioning and Mental Health of Transgender and Gender-Nonconforming Youth in the Trans Teen and Family Narratives Project" (Katz-Wise, et al., 2018). This article used quantitative analysis in order to describe transgender and gender-

nonconforming (TGN) youth's mental health and associations with family functioning in a community-based sample. The study used a sample of 33 families (96 family members), including 33 TGN youth, ages 13 to 17 years; 48 cisgender (nontransgender) caregivers; and 15 cisgender siblings (Katz-Wise, et al., 2018).

Particular stressors identified in the survey that affect transgender youth at the family level included physical assault or disowning, using the wrong name or pronouns (i.e., "misgendering") or not providing access to gender-affirming medical care (Katz-Wise, et al., 2018). However, the results of the survey indicated that better family functioning led to better mental health outcomes of transgender and gender non-binary youth. The study proposed that family members' capacity to support TGN youth may be related to the functional well-being of the entire family unit. The study used unadjusted and adjusted regression models testing associations between family functioning and TGN youth's mental health to synthesize the data. A major takeaway from the study in relation to working within a PHP model is that family functioning is often an influence on TGN stress. Building communication with the family unit can become an important part of supporting transgender and gender nonbinary clients.

Demonstrated Need for LGBTQ Youth Mental Health

Data collected by The Trevor Project's National Survey on LGBTQ Mental Health (2019) has demonstrated a significant need for LQBTQ centered services in youth mental health treatment. According to this national survey, more than half (54%) of transgender and nonbinary youth seriously considered suicide in 2018 (The Trevor Project, 2019). In addition, 29% of transgender and nonbinary youth attempted suicide in the same year (The Trevor Project, 2019). As a comparison, suicide rates in the general U.S. population are generally reported to be in the range of one to six percent (Moscicki, 1995; Weissman et al., 1999 as cited in Hendricks and

Testa, 2012). Perhaps the most critical finding of The Trevor Project for the purpose of my academic inquiry is that 87% of LGBTQ youth said it was important to them to reach out to a crisis intervention organization that focuses on LGBTQ youth.

The Trevor Project is the largest survey of LGBTQ youth mental health ever conducted (The Trevor Project, 2019). The project used a quantitative cross-sectional design with a total analytic sample of 25,896 LGBTQ-identifying youth between ages 13 and 24. The sample was sourced through targeted advertisements on social media between February 2nd and September 30th, 2018. The study used "targeted recruitment" to ensure adequate sample sizes with respect to geography, gender identity, and race or ethnicity (p 9, The Trevor Project, 2019). However, the majority (72%) of the sample was white, and there was no reported consideration regarding accessibility to disabled respondents. After the data collection period ended, the respondents totaled 34,808. Youth that responded to the survey that identified as cisgender and straight, as well as respondents with unlikely answers were omitted from the results. The Trevor Project's content and methodology were approved by an independent Institutional Review Board (The Trevor Project, 2019). According to the report, "The mission of The Trevor Project's Research Department is to produce and use innovative research that brings new knowledge and clinical implications to the field of suicidology and LGBTQ mental health" (p 8, The Trevor Project, 2019).

The study exemplified the need for safe spaces in the mental health system for LGBTQ youth. The data from the project provided a sound case for involving LGBTQ focused care at all youth partial hospitalization settings.

Theoretical Models

Minority Stress Theory

The 2015 Transgender National Survey shows that the effects of gender discrimination continue into adulthood. The conceptual framework that best explains the effects of stress on the transgender and gender non-binary population is the minority stress theory, as defined in the article "Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence" (Meyer, 2003). In this article Meyer attempted to explain how the social stress that gay and lesbian individuals endured negatively impacted their mental health. The article is outdated and referred to the LGBTQ population as "homosexuals," "gays," and "lesbians." In contemporary psychological practices, person-centered language requires a descriptor of a person to be coupled with a humanizing noun like "homosexual individual," "gay person" or "lesbian woman." Though the article is not current, the minority stress theory is a useful conceptual framework for influencing research directions with this population.

The minority stress model described stress processes specific to the gay and lesbian population (Meyer, 2003). Stress processes as defined in the article include traumatic events, life stressors, chronic stress and role strains, as well as daily hassles and even nonevents (Dohrenwend, 1998 as referenced in Meyer, 2003). Specific experiences of stress that Meyer identified as pertaining to lesbian and gay individuals include "prejudice events, expectations of rejection, hiding and concealing, internalized homophobia, and ameliorative coping processes" (Meyer, 2003, p 4).

Social theory was a pillar of the minority stress model as defined in the article. Meyer cited many social theorists to better describe the developmental need for acceptance and affiliation (2003). According to the article, when an individual experiences prejudice events or rejection from their social environment due to their identity, they struggle to maintain positive

self-concept. Meyer cited social theorist Thoits (1999) to further explain: "'Since people's self conceptions are closely linked to their psychological states, stressors that damage or threaten self concepts are likely to predict emotional problems' (p. 346)" (2003, p 5).

The likelihood that an individual experiences higher levels of stress due to their identity is multiplied by additional layers of minority identities, according to Meyer (2003). Individuals that identify with cultural, racial, class, or ethnic minority groups are at higher risk for social alienation and discrimination. Different aspects of identities intersect with layers of systemic oppression that increase individuals' experience of stress. Each identity layer has varying influence over an individual's experience depending on the setting. In a partial hospitalization setting, the identities of the clinical team along with the identities of other group members will influence the safety felt by each group member.

Queer Theory and Terminology

"Queer" has increasingly been used since the late nineties to describe populations that formerly would have been labeled "gay" or "homosexuals." The term "queer" provides for expansion in the understanding and expression of identity. Terminology in addressing transgender and gender non-binary populations is critical to a sensitive practice. According to *Feminism Is Queer : The Intimate Connection Between Queer and Feminist Theory,* by Mimi Marinucci (2010), the distinction between the terms sex and gender "issues an invitation to engage in a critical examination of various aspects of the social environment and to explore the possibility of changing that environment to avoid the perpetuation of existing gender roles" (p 94, Marinucci, 2010). Each person's identity is subject to the social environment that they are in. For example, when given the option to choose identity labels other than "she/her" or "he/him," more people are willing to try out alternative options (Marinucci, 2010). At the very least, as

clinicians it is our responsibility to create an environment where linguistics do not exhibit a "heterosexual bias," as stated in the American Psychological Association's 1991 statement.

Pronoun usage can be an arena for exploration and expression for queer people. For example, "ze" and "hir" are pronouns that have been proposed as nonbinary replacements for "she/her" and "he/him" (Marinucci, 2010). Their development showcases the difference between gender-neutral and gender-inclusive language. "Ze/hir" were originally intended as replacements for binary gender terms but have been accepted and integrated as additions gender expression vocabulary. "Language is (or works toward becoming) inclusive when multiple terms are used to refer separately and specifically to more than one, and ideally to all, relevant categories of people" (Marinucci, 2010).

The mental health system is behind regarding queer-inclusive language. In terms of both sexuality and gender, assessments often only have two or three categories to choose from. There are an expansive number of pronouns that people identify as. In a study of 25,896 LGBTQ-identifying youth, over 100 sexual orientations and 100 gender identities were reported (The Trevor Project, 2015). Discussions and explorations about gender are not consistent across the treatment team, however. The adolescents in a partial hospitalization may come in and not be able to choose the correct terminology to identify themselves at assessment, and then may never speak of gender or sexual identity throughout the program. Everyone experiences gender and sexual identity. Being given the opportunity to create an identity within the group without "heterosexual bias" (APA, 1991), or in this case cisgender bias, is an important opportunity to give to the group members at a partial hospitalization program.

According to Marinucci (2010) "the notion of gender as performance (Butler, 1990; Lorber, 1994) serves as a reminder that gender is not simply about language and thought, but it is

also about action and lived experience" (p 111). This is a concept that lends itself to the expression of experience within therapy. Gender is performed and expressed within the group whether it is addressed or not. The expressive therapy model can become an avenue for exploration.

Gender-Affirmative Lifespan Approach

An article published in 2021 by Spencer, et al. "The Gender-Affirmative Life Span Approach: A Developmental Model for Clinical Work With Transgender and Gender-Diverse Children, Adolescents, and Adults," outlines a multidisciplinary gender-affirmative lifespan approach to mental health care for transgender and gender-diverse, or TGD individuals. The Gender-Affirmative Lifespan Approach, or GALA, is a theoretical framework for work with transgender and gender-diverse clients. The framework proposes that transgender and gender-diverse clients be supported in mental health through developing gender literacy, building resiliency, moving beyond the binary, exploring pleasure-oriented sexuality, and making connections to medical interventions (Spencer, et al. 2021). The philosophical foundations upon which these therapeutic directives lay include trans-affirmative care, intersectionality, transparency, life span approach, interdisciplinary approach, and empiricism (Spencer, et al. 2021).

The authors that introduced GALA put particular emphasis on the health care disparities affecting nonbinary people. To support this emphasis, the authors identify the lack of research dedicated to nonbinary mental health, even compared to binary transgender individuals. GALA is based in psychotherapy research aimed at combatting internalized oppression. The authors propose that gender-affirmative care can improve mental health symptomology and overall health and wellness for nonbinary people as a result.

Expressive Arts Theory

Expressive Therapies Continuum

Yu-Pei Shen and Stephen A. Armstrong (2008) proposed how the expressive therapies could be beneficial to adolescents, given the formal operational stage of development that they are in. According to the article, most adolescents aged 11-14 are in the concrete operational stage of development (Shen & Armstrong, 2008). Because of this, a modality that is not fully reliant on verbalization is ideal for the processing and expression of experience. Expressive arts therapies provide a more accessible means of communication for adolescents that is beyond the verbal/cognitive plane. Emotions and needs may be expressed through modalities of sand tray, sound, breath, art making, acting, posing, or kinetic movement, to name a few. These modes of expression are accessible along different points on an Expressive Therapies Continuum (ETC) (Lusebrink, 1990).

The Expressive Therapies Continuum "organizes media interactions into a developmental sequence of information processing and image formation from simple to complex" (p 4, Hinz, 2020). The continuum involves four levels of interactions. The first three levels progress from interactions with media that are kinesthetic and sensory to ones that are cognitive and symbolic. The four level is defined by creativity, which can be accessed anywhere on the ETC. The ETC provides an access point for all clients, regardless of formal operational stage of development. Expressive arts therapies interventions can be designed with access points at any level on the ETC. The expressive arts therapist may pay special attention to access points that are preferred or seemingly blocked in the client's therapeutic process. This way, the therapist can cater the experience to the client. According to Yu-Pei Shen and Stephen A. Armstrong (2008), the lower two levels, the sensory/kinesthetic and the perceptual/affective levels, may be effective in

beginning an intervention with adolescents because they are in the concrete operational stage of development.

In my intervention, the first session involved all levels of the ETC. This is representative of an intermodal transfer, where different states of consciousness are accessed in sequence to creative process. The first session began with a cognitive overview of a concept. When the group became active participants in the process, my intervention focused more on sensory/kinesthetic and perceptual/affective interactions with the media. The collage-making process involved the sensory/kinesthetic experience of touching, tearing, gluing, and rearranging colors. It involved the perceptual/affective experience of responding to words and images in the collage materials and synthesizing them into a product. The sharing and discussion again brought everyone into the perceptive/affecting and cognitive/symbolic levels of creativity.

The second session began in the perceptual/affective level of the ETC. This is the level that I identified the group relying on the most. Since the session was relatively short and involved new members, providing an access point that is utilized easily by most members is an effective way to introduce a creative process. The group members each responded to a prompt and to one another to create a collaborative world/character/story. The members approached the activity with perceptive listening and emotional responses to the group process. In the end, the cognitive/symbolic level was presented with the question of whether the story relates to their lives.

Expressive Therapies and Self-Esteem

According to research done by Shen and Armstrong (2008), adolescents, particularly feminine-presenting individuals, experience much lower self-esteem than other developmental periods. Adolescents become more vulnerable to poor body image, body dissatisfaction, and the

development of eating disorders. Shen and Armstrong cite increased vulnerability, normative

stressors, and significant change as the main contributors to lower self-esteem in adolescence.

In relation to self-esteem development, Shen and Armstrong (2008) proposed that

expressive arts therapies can lead to "opportunities to change perceptions about self, others, and

the world as they try out new roles and solutions in the safety of the group" (Shen and

Armstrong, 2008, p. 120). Creativity fosters self-exploration and understanding because it

provides opportunities to translate internal experience to the external world. An individual may

witness and process their thoughts by viewing an artistic product or analyzing creative decisions.

Trauma and the Expressive Arts

Working with clients in a partial hospitalization program poses the unique challenge of

incorporating trauma-informed care in a fast-changing setting. The goal of the program is to

restabilize adolescents who have experienced mental health crises. Adolescents typically stay

between 5-15 days in the program. Therefore, the groups gain and lose members each day,

sometimes throughout the day. Without establishing any group safety or grounding, engaging

with difficult topics can be retraumatizing for individuals. One goal of my study is to establish

whether adolescents want and need to engage with the topic of identity within a setting that is so

inconsistent. Another is to ascertain how to best facilitate that engagement in a trauma-informed

way. Expressive arts therapy is a modality that utilizes multiple forms of arts expression

interdependently to create a transformative experience for individuals. When utilized in a

trauma-informed practice, expressive arts therapy may act as mode of exploration and

communication of feelings.

"When in survival mode, children do not have full access to their cognitive resources,

primarily located in the prefrontal cortex, because survival is primarily a mid-brain dominant

experience" (p 36, Richardson, 2015). To restore mid-brain dominance, interventions that reduce fight-or-flight arousal are necessary. The arts can be used both as a tool to reduce arousal and as a tool to access memories that were not stored cognitively during the trauma. Richardson's four-phase model of trauma-informed expressive arts therapy outlines stages of the therapeutic alliance where different methods may be utilized based on sensitivity to the client experience (Richardson, 2015). The first phase involves assessing and understanding the world of the client. The second phase focuses on establishing safety in the therapeutic alliance and resources for potential activation. The third phase includes processing the trauma through body-oriented expressive interventions. The fourth phase focuses on reclaiming power, reframing thoughts, repairing relationships, and thinking about the future. However, these stages require ample time and consistency. They also have been set for a closed therapeutic relationship involving only the client and family.

Clinical Applications

Collage in a Partial Hospitalization Setting

In response to the growing trend of decreased treatment length and higher level of client acuity in partial hospitalization settings, Randy M. Vick, MS, ATR-BC, LCPC, proposed six different prestructured art elements for use in art therapy groups (1999). In his article, he referenced collage as a powerful tool in short-term treatment. Vick (1999) proposed that using magazine words and pictures can act as an "idea buffet" to use as an easy starting point for group members at any stage (p. 70). The structure provided by the collage materials themselves reflects the structure that is necessary for an environment of psychological safety. Vick (1999) proposes a "here-and-now" approach to the partial hospitalization session because each session is unique (p. 69). The life of the group lasts only a single session, according to the article, and therefore

must be treated as a unique opportunity for connection. Therefore, collage can provide an easy entry point for group members to access creativity in a non-threatening way.

According to Vick (1999), "even the simplest production of a single image glued on the paper and titled can offer material for discussion since all the choices in selection, placement, and text are those of the maker" (p. 70). The collage product can offer the therapist a lot of information on the client. Collage making also provides the group with an opportunity for shared visual and content themes that can foster client to client interaction.

Drama Therapy and Trauma Groups

One modality of expression that has been successfully applied to trauma groups is psychodrama. Psychodrama is a complex practice utilized by drama therapists that involves an extensive repertoire of techniques and interventions. Psychodrama exists within a system proposed by Moreno (1953) which includes sociometry, psychodrama, and group psychotherapy. Psychodrama often utilizes the concept of surplus reality to provide a stage for a protagonist of the group to enact subjective life events with other group members taking on various roles (Giacomucci & Stone, 2018). However, surplus reality also can be utilized to create events that are unlikely to ever occur in daily life, where group members have complete control over the fantasy world. It is within this space that trauma work has the potential to occur safely in a group space.

New experiences and social interactions have the capacity to provide synaptic and structural changes in the brain with corrective potential (Cozolino, 2010, 2014; Siegel, 2012). Surplus reality provides a space where corrective emotional experiences can be enacted by group members. In the context of a fantasy exploration, group members can engage with experiences that they may not be ready to directly speak about or address to the group in a setting that

provides comfort in anonymity. Members can create characters that have as much or as little to do with their trauma as they feel comfortable with. However, the potential for corrective experiences and group witnessing remains present.

Drama therapy modalities can include psychodrama, storytelling, set designing, character development, poetry, art-making, puppetry, journaling and so much more. Within a partial hospitalization setting where many or most individuals have experienced trauma, expressive arts therapy can be the most effective in providing healing experiences for the group. The creative avenues can also become a limitless arena for identity exploration and expression.

Expressive Storytelling and Trauma

"By integrating a poststructural theoretical position in his practice of therapy, Michael White proposed that the complexity of life-how lives are lived, and how we conceptualize identity-is mediated through the expression of the stories we tell" (Madigan, 2019, as cited in Dennis, 2020, p. 13). Storytelling is a modality utilized by both drama therapists and expressive arts therapists to engage the clients with a shared creative world. Storytelling can be an arena for group members to offer their life experiences to the group in a way that is non-threatening because it is based in fantasy. The creativity behind the storytelling process also provides the group members with the opportunity to explore their identity, problem solve, and practice positive interpersonal skills. Having an active role in the group story telling process supports self-esteem development.

Method

A qualitative arts-based research approach was used in this study to inquire about the importance of gender identity for adolescents in a partial hospitalization program setting (PHP). The group therapy, two-day sequence project engaged with expressive arts methods that were

utilized to facilitate individual processing as well as group discussions on the topic. Following the two one-hour expressive arts therapy sessions, process journaling, observation notes and artistic responses were used to synthesize themes.

Participants

The participants of this study were ages 13-17 with varying psychiatric diagnoses. Most had diagnoses of generalized anxiety disorder or major depressive disorder. Some had dual diagnoses of substance abuse, disordered eating, psychotic features, autism spectrum, ADHD, and more. The individuals were attending the Partial Hospitalization Program (PHP) for Adolescents that was located in the Northeastern part of Massachusetts. This PHP serves clients from across the state, with most of the participants coming from the Middlesex, North Shore and Metrowest counties of Massachusetts. Participants come to the PHP either through self-referral, referral from an outpatient provider or school, or as a step-down from hospitalization. On any given day, there could be between 2 and 18 group members in the program. There are intakes almost daily that join at varying times during the day, so estimating the size of the group was not exact.

It is important to note that many of the clients in the partial hospitalization setting had recently experienced a serious suicidal attempt or similar mental health crisis. Some were just beginning their mental health journey, while others have been hospitalized several times over many years. Each individual was at different points on their mental health journey.

Research Questions

The goal of this research method was to assess the role of gender identity in the mental health of adolescents at a partial hospitalization setting. Three important research questions directed this study:

Firstly, what was the experience of gender identity for the adolescents attending the PHP?

Secondly, do the participants think that it is important to talk about identity in a PHP?

Thirdly, can the use of collage and creative storytelling be useful tools in the safe

discussion of identity for at-risk individuals?

Procedure

Outline of Group Format Day One

1. **Check -in: Introductions, safety, pronouns (5 minutes).**

2. **Psychoeducation on Gender (10 minutes)**

3. **Expressive Arts Therapies Intervention (15 minutes).**

4. **Reflective index card prompts (5 minutes).**

5. **Close (10 minutes).**

Group One. Day One

On the first day of the method, there were thirteen individuals in attendance. Two of the

group members were attending the program virtually through Zoom video conference. The group

began late at 10:11am after safety check ins. I had a version of The Gender Unicorn (TSER,

2015) drawn on the white board. The tables were equipped with collage materials including

construction paper, magazines, markers, pencils, stickers, and glue. The group was invited to

make themselves comfortable with water or snacks prior to the start of group. After, I invited the

group members to introduce themselves with names and preferred pronouns of the day.

From 10:11am to 10:20am, I presented the group with the topic of the day by reviewing

the basics of The Gender Unicorn, which involves gender identity, gender expression, sex

assigned at birth, physical attraction, and emotional attraction on continuums. Then, I directed

the group to begin exploring the collage materials. I presented the prompt: "Utilize the materials

to create a visual representation of your experience with identity, whatever that means to you." I wrote this on the board and in the Zoom chat for accessibility and asked if there were any questions. A few group members were confused about the prompt, so I reworded it in a few ways. I explained that the collage could be about the members' understanding of identity. It could represent their identity in this moment. The art could also represent a specific event relating to their identity. I explained that identity could mean gender/sexual identity, as in The Gender Unicorn, or any other aspect of who they were, if that felt more authentic. If there were any further questions, I stated that the confusion is a part of the process. Some of the group members engaged in conversation while they created.

After approximately twenty minutes of collage-making, I invited the group to share if they felt comfortable. A few of the group members had a lot to share, and others chose not to share at all. Then, on an index card, I invited the members to anonymously write one word, phrase, anecdote, or poem to summarize their experience with identity. On the other side of the index card, I invited them to explain whether they thought having conversations about gender identity is important at a partial hospitalization program.

Outline of Group Format Day Two

1. **Check -in: Introductions, safety, pronouns (5 minutes).**

2. **Expressive Arts Therapies Intervention (35 minutes).**

3. **Reflective index card prompts and close (5 minutes).**

Group Two. Day Two

The second day directly followed the first in order to progress from the first inquiry of research to the next with a similar group of individuals. The second session occurred in the same block of time as the first, at 10:00 a.m. after check-in group for a total length of 45 minutes. The

second session utilized group storytelling and character building to provide a space for gender

creativity without the pressure of a direct prompt. The group began with introductions of names

and pronouns, just like the first. After, we came up with a setting for our story to occur together.

For this group, I chose to invite them to create their own planet. Each member added

characteristics to the planet and were encouraged to illustrate as we added on. Then, the group

created a captain together that would fly us to the planet. At the end of the activity, the group

was given note cards on which they could write in their own character and tell a story about our

captain/planet. I collected these index cards as well if group members allowed.

Results

Method of Analysis

Data were collected through observational notes written during the method, notecards with the

group responses to questions, and artistic responses made after the completion of the sessions. I

chose to process the group in two ways. One way was to artistically represent the method myself,

keeping in mind the themes that occurred in the group. The second way was to respond to the

observational notes I made for each day, either artistically or through the use of charts.

Group 1. Day 1

Artistic Reflection on Immediate Completion of the Method

The poem below was created directly after the group process. It represents my internal

dialogue interacting with the external dialogue of the group as it unfolded. More than anything, it

paints a picture of the group process. My internal dialogue and ability to respond to the group as

it moves is extremely important to the process and outcome. The poem encapsulates group

uncertainty, some resistance, facilitator's self-doubt, frustration with materials, group interaction,

tangential dialogue, and an end that feels ironic, which I find typical in high-risk therapeutic groups.

My Group Experience in a Poem

What Are We Doing?

I don't get it.

Confusion sets in.

Is confusion too uncomfortable?

Am I uncomfortable as a person?

Should I stop now?

Why is there a gap between comfort and identity?

Ooh—that seems important.

Excuse me,

Nothing in here defines me.

These magazines have nothing for me.

I don't identify with them.

I don't think my moment is coming.

Don't be so negative

I'm not being negative

This is full of white people in the woods…

…Wait that kind of works for me.

Who I am is represented by marketed flannel

Truck drivers hitting on me…

Catfishing…

If you're twenty years older than me don't talk to me….

That one song….

Why do you keep saying it's good to be uncomfortable?

Snaps for everyone

You've done it!

You've defined the undefinable

Fill out this survey and go to the bathroom now if you need it

Before the next group begins.

Figure 1

Collage Example

Artistic Themes

After the collage group was finished, several group members offered their collages to me to keep. Others chose to crumple theirs up or throw it away. Each of these decisions offers insight to the individual experience of the topic. *Figure 1* displays an artistic response that I made the week after the group was led. After collecting the collages that were offered to me and observing the ones that were shared in group, I made this collage to showcase commonalities in
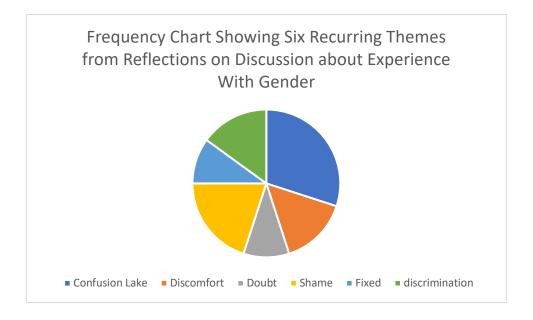
color, form, direction, placement, conflict, content and contrast. I included the crumpling of the paper to purposely show the life cycle of some of the collages made in group.

Form and Placement

From an artistic standpoint, many of the collages involved a single form that took up a relatively small amount of space on the page. The main forms were not symmetrical in any of the collages shared by the group. The forms were placed at different spots on the pages, but a few shared the placement that is shown in Figure 1. The form in Figure 1 sits at an uncomfortable spot on the paper, seeming to either fall down an imaginary hill or float at an awkward trajectory. The collages made by the group members often avoided the center of the page, seemingly avoiding comfort or surety. The color chosen as background in Figure 1 is a pastel pink because many of the backgrounds chosen in the directive by the members were pastel colors. The line in the bottom half of the page mirrors lines strategically included by the group members in their collages. The sticker on the form of the collage is of a masculine-presenting character. This choice is in response to the binary contrasts included in many of the group members' artwork.

Figure 2

Frequency Chart Showing Six Recurring Themes from Reflections on Discussion about

Experience with Gender

Frequency Chart Showing Six Recurring Themes from Reflections on Discussion about Experience With Gender

■ Confusion Lake   ■ Discomfort   ■ Doubt   ■ Shame   ■ Fixed   ■ discrimination

Importance of Index Cards to Generate Discussion About Gender

Four themes that were noticeable from this part of the method were:

***Individual Perspectives*:** Gender and Identity are important for a PHP.

Clarity: Addressing issues of what gender identity is.

Comfort: Addressing the development of group safety by discussing issues of gender.

Responses: Individuals who were in attendance via zoom chose not to respond in this exercise.

Group 2. Day 2

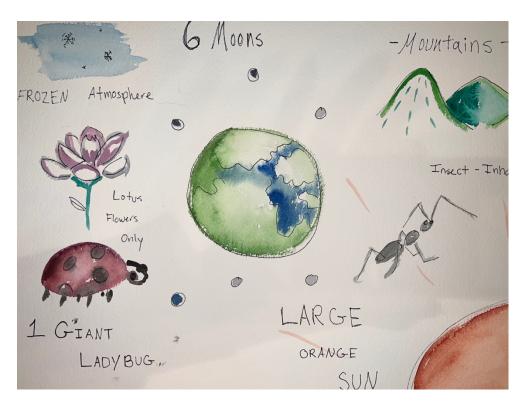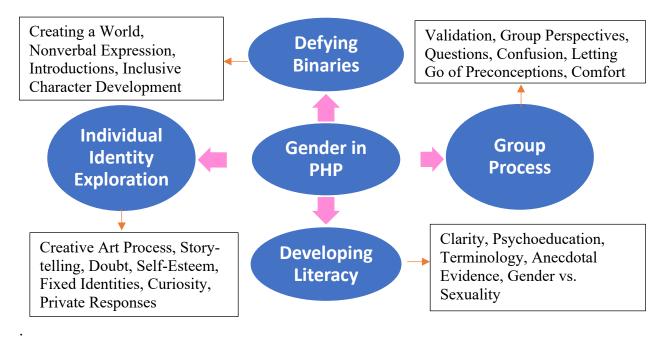**Figure 3**

 Creating a Group World

Figure 3 displays my artistic response to the method of creating a group planet. The group created a world by describing the size, shape, atmosphere, flora, fauna, distance from earth, lunar, and solar system. Three areas of interest were identified in my notes of this session. The first area of interest is group safety. The second area is group engagement. The final area of interest is creative identity exploration.

Transferring the Results into Findings

Taken together, the results from the two-day group series showed the importance and relevance of expressive arts therapies group techniques such as collage, metaphor, and index cards in major areas of group work. The framework below synthesizes the results into a model of practice that specifically addresses key areas learned from working with gender identity.

Figure 4

Gender Literacy at an Adolescent PHP: Synthesis of Findings


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┌─────────────────────────┐                              ┌──────────────────────────────┐
│ Creating a World,        │         ╭──────────╮         │ Validation, Group Perspectives,│
│ Nonverbal Expression,    │ ◄─────  │ Defying  │         │ Questions, Confusion, Letting  │
│ Introductions, Inclusive │         │ Binaries │         │ Go of Preconceptions, Comfort  │
│ Character Development     │         ╰──────────╯         └──────────────────────────────┘
└─────────────────────────┘
```

Creating a World, Nonverbal Expression, Introductions, Inclusive Character Development

Defying Binaries

Validation, Group Perspectives, Questions, Confusion, Letting Go of Preconceptions, Comfort

Individual Identity Exploration

Gender in PHP

Group Process

Creative Art Process, Storytelling, Doubt, Self-Esteem, Fixed Identities, Curiosity, Private Responses

Developing Literacy

Clarity, Psychoeducation, Terminology, Anecdotal Evidence, Gender vs. Sexuality

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Discussion

Though the sessions were each unique, they both added to the thread of group dialogue surrounding the exploration and acceptance of gender identity. The groups particularly addressed several of the problems associated with adolescent gender and sexuality that were referenced in the literature review. Two steps of the Gender-Affirmative Lifespan Approach (Spencer, 2021) were evident in the results. These steps include *developing gender literacy* and *moving beyond the binary*. In addition, the groups addressed needs of the adolescent population associated with socialization and self-esteem. Recommendations for utilization of this method include integration at all levels of mental health as well as in parent support groups and family work.

Group Process

Group Safety

The question in the beginning of the second session was developed to bring the group members into an empathetic space. The group members each answered the question in a fully thought-out manner. As they answered the question, I wrote their answers on the board. At the end of the warmup, I read their answers out loud to the group. I noted that the ideas presented by the group created a space where everyone could feel supported.

The members created a safe and collaborative environment on their own. They actively listened, helped when someone was stuck, let others talk, and complimented ideas that were relatable. One example of this was when one group member could not think of a characteristic to add to the captain, and other group members began to prompt them with questions that could help them think. Another example of group support was when one group member offered to illustrate the story for everyone after another member complimented their drawing skills. Of note, this group member had been relatively quiet prior to this group. One final anecdote showcasing group support and safety includes a group member defending the imaginary captain, whose pronouns were they/he. The group member noted that they would be the one to politely correct anyone who misgenders the captain. The members were not prompted about gender identity on this day.

Self as Instrument

Safety in the group is essential because it provides a setting where authentic exploration can occur. This is difficult in the adolescent stage, where low self-esteem can create social anxiety. This is an arena where self-as-instrument also plays a role. There may have been a difference in the outcome of the group if it were led by a cis-hetero man. There may have also been a difference if it were led by an older clinician that did not fully grasp a nonbinary

vocabulary yet. My presentation as a 25-year-old queer nonbinary femme person leading the discussion allows other queer nonbinary group members to feel solidarity and potential encouragement. I understand that my therapeutic presence is youthful and bright. This also can cause some discomfort in the group, if the members see me as too close to the adolescent stage. It doesn't present an opportunity for them to feel understood by the generation of their parents. This will further play a part in the discussion about family systems stress.

Group Engagement

The group was significantly more engaged in interactions with one another during the second session than the first day. The prompt provided the opportunity for the group members to engage with a relatively easy access point. This is because in a space where everyone is relatively new, creative engagement can feel unsafe. The cognitive/symbolic access point on the ETC may be easiest here because it is most familiar to the group members. People often live their lives in the cognitive/symbolic or perceptive/affective realm because they involve the thinking brain and interpersonal encounters. There was no pressure of a predetermined topic, and there was safety in the structure. This allowed the group members to introduce anything that they felt called to in the session.

Developing Gender Literacy

Gender-Affirmative Lifespan Approach

The groups directly reflected two important steps in the Gender-Affirmative Lifespan Approach, or GALA, introduced above (Spencer, 2021). The first step is *developing gender literacy* through psychoeducation and discussion of gender as it relates to the group members. The first group addressed this step through the presentation of The Gender Unicorn, and introduction of current names and pronouns. The next factor of GALA that was addressed in the

second session is *moving beyond the binary.* This organic progression beyond the binary came from the clients themselves. I would argue that developing characteristics of a new world void of social norms presented the members with the opportunity to be creative with their expression.

Developing gender literacy is essential for the treatment of trans and gender nonbinary individuals, especially in a group setting. In a group setting, it eliminates the confusion of cis/hetero clients that may not understand their trans/nonbinary counterparts. In groups where trans or nonbinary individuals are mixed in with straight and cisgender clients, the trans and nonbinary clients can be hypervigilant to microaggressions or potential bullying by their other group members. This hypervigilance is exasperated by the adolescent developmental period, where low self-esteem may cause individuals to on one side assume the worst and on the other to engage in bullying behavior. Talking openly about what gender and sexuality truly are can make ci/hetero clients more aware of potential identities. It also can alleviate some discomfort that trans, nonbinary and queer individuals feel in the group.

Moving beyond the binary is a practice that all mental health facilities can implement. By eliminating a binary school of thought, the "two genders" do not become the measure of normalcy. In the method above, asking the individuals what their pronouns "of the day" are is essential because it eliminates the fear of change. In addition, when developing a character together, having everyone take turns eliminates the biases that one individual may have and offers them the opportunity to accept the outcome of the character. The group members did not subscribe to binary expressions of gender in their group character. Organically, they produced a character that defied any binaries. This result shows me that the youth already understand gender to be nonbinary.

Individual Identity Exploration

Self-esteem

Self-esteem was brought up during the method in the themes of doubt, discomfort, confusion, and creative exploration. In the poem that I created as an artistic response to day one, important line that encapsulates the process of individual collage making is "why is there a gap between comfort and identity?" The first group expressed a lot of feelings of doubt in approaching the arts activity. There were many questions being asked about the process, including about boundaries and clarifications. I made the first prompt purposely open to the interpretation of the group, beyond the direction: create a collage that represents your experience with identity, whatever that means to you.

The prompt was purposely left open to interpretation for organic exploration of self. However, the use of collage materials offered the group a sense of cohesion and direction. According to the research done by Vick, the use of magazines, stickers, etc. potentially acted as an "idea buffet" to use as an easy starting point for group members at any stage (1999, p 70). During the presentation of collages and discussion portion of the group, the group members were given the stage for identity exploration via storytelling and group process. Many of the group members chose to share their experiences with gender with the group. The sharing of experiences allowed for acceptance and validation from other group members. A corrective experience with gender exploration thus can ensue.

In the second session, the group members were presented with various opportunities to develop self-esteem. The main opportunity in a story-telling circle is the act of taking turns to create in a group space. Because each member got to add on to the planet and character, everyone's creativity was respected and welcomed. Showing interest in each person's imaginal capabilities can give confidence incrementally. The last part of the exercise involved writing

individual stories on index cards. This individual continuation of the group activity allows for the sense of imagination to continue into an individual process.

Family Systems Stress

According to long term studies on LGBTQIA+ adults, family acceptance played a huge role in mental health outcomes (The Trevor Project, 2019). Many individuals coming into the PHP struggle with advocating for themselves at home. Some have families that do not understand gender or sexuality that is not binary. I personally have had clients, frustrated with being misunderstood, ask for me to advocate for them in family meetings. Because I present as a young woman, advocating for clients to their parents' generation can be tricky. I have had many parents ask to speak to my supervisor or director solely because of my age and status as a clinical intern. I have had one client, prior to a family meeting addressing trans-affirmative care, ask me to sit back in a meeting and let the director speak because they didn't think their parents would believe me when I explained gender and sexuality.

Family stress was a topic of discussion in the end of the first session. This session provided the group with a chance to speak about their experience with gender and sexuality in the family unit. The second session, though not geared towards anecdotal storytelling, produced a character that could be placed into each individual's life in different ways. The character could adopt whatever role that the group members wanted. Some individuals referenced the character made as person that people would recognize as a dad. There are endless ways to psychoanalyze the content of the group. However, based on the limitations of this essay, I will leave it up to the imagination of the reader.

Importance of Index Cards in Individual Identity

Providing the group members with the opportunity to reflect and explore the topics individually serves many purposes. The first purpose is that the individual reflection allows for the synthesis of material. The second is that it allows the group members to create an ending to the group that reflects them and their own interests. Finally, the group members are able to terminate the group process by having something physical to represent the group. The index cards promote self-esteem development by returning agency to the individual.

The individuals were able to explore what they believe their gender story is on the index cards at the end of the first session. Themes of these identities included shame, doubt, confusion, discrimination, discomfort, or fixed identity, as represented in Figure 2. These findings contribute to the understanding of self-esteem, identity, and adolescence.

Limitations of the Procedure

The intervention was limited based on the PHP model. The day began at 9:00 a.m. with an hour-long check-in group to assess for group safety. Everyone in the group was assessed using a mental status exam, as well as a suicidal assessment survey. Questions were asked about sleep, appetite, medication, substance use, audio or visual hallucinations and self-harm. It was important that my method group could support the needs of the adolescents on any given day. Therefore, I personally led the check-in group and adjusted my plan according to the assessment.

The time of day in which the session occurred had an impact on the engagement with material. After check-in groups, the first group of the day is psychotherapy. This is the group in which I chose to utilize my arts methods with the group members, because it is preceded by a safety check-in and immediately followed by another group. This allowed me to assess the group's safety prior to talking about a difficult topic with them. If the group were having a day where their symptoms were preventing them from engaging safely with the topic, it is important

to know beforehand. The safety and benefit of the group come first. However, the selection of the first psychotherapy group for this directive also limited engagement with the material. In the beginning of the day, many group members are tired and present low. Also, some come in late during the first group. Most importantly, the check-in group almost always runs late, and takes away from the amount of time available in psychotherapy. This limited the ability to complete multiple intermodal transfers in the expressive directives because the time would not allow.

Another limitation of the study is the small sample size utilizing only two groups. In an ideal study on a PHP, it would be important to repeat the procedure with multiple entirely different groups of people. The group dynamic is always shifting, and each group would undoubtedly respond in unique ways to the prompts.

Recommendations for Clinical Implementation

This method can be adapted for usage in PHPs in multiple ways. The current curriculum at the PHP site that I work in does not offer psychoeducation curriculum on gender or sexual identity. The topics instead include anger, self-esteem, relationships, coping skills, and life skills. I propose that identity topics be incorporated once per week in the psychoeducation/discussion model as in my day 1 session 1. I suggest that in addition, creative identity exploration be incorporated weekly in expressive art therapy groups as in my day 2 session 2.

Session 1 also offers a framework for running an in-service group for the clinical team. Because everyone on the clinical team engages with the clients, there should be opportunities to explore self-as-instrument. This method can provide opportunities for the clinical team to explore their own relationship with gender and sexuality.

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THESIS APPROVAL FORM

Lesley University

Graduate School of Arts & Social Sciences

Expressive Therapies Division

Master of Arts in Clinical Mental Health Counseling: Expressive Arts Therapy

Student's Name: Kierstyn Brady

Type of Project: Thesis

Title: Queering Clinical Spaces Through Gender Discussions

Development of a Method: Collage and Creative Storytelling at an Adolescent Partial

Hospitalization Program

Date of Graduation*: May 21ˢᵗ 2022*

In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor*: Dr. Rebecca Zarate*