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An Integrated Theoretical Approach for Applying Evidence-Based Practices to Art Therapy

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Overview

The field of psychology consists of empirical research, theory, and mental health services. Of these mental health services, art therapy is offered as an approach for psychological healing. However, some art therapy practices and theoretical frameworks are in direct contrast with research-based psychology principles. Art therapy is not one of the empirically supported therapies, and many of the interventions that art therapists employ are not supported by robust empirical research. Evidence-based practice is an approach to therapy that uses scientific methods to shed light on therapeutic interventions that are efficacious. In the field of art therapy, patients may not be receiving the best possible treatment due to the lack of well-researched evidence-based practices. Without scientifically testing these art therapy interventions, clinicians may not be able to tell if their efforts are doing a patient more harm than good, which creates an ethical dilemma. This dilemma gives rise to the questions that will be addressed in this paper, such as: How can an integrated theoretical approach serve to incorporate evidence based practices into art therapy? Specifically, how can interventions from cognitive-behavioral and mindfulness therapies be applied to an art therapy setting?

What is Art Therapy?

Art therapy is an approach to psychological healing that utilizes art media, the creative process, and the visual-spatial matrix. Patients may be asked to work with a variety of media such as paint, markers, color pencils, clay, collage, and more. Art therapy interventions are designed with the intention of boosting self-esteem and fostering self-awareness (American Art Therapy Association, 2013). Art therapy has been used to treat diverse populations in need of healing and help patients explore emotional conflicts (Malchiodi & Coolidge, 2000). Within the

field, there are multiple theoretical approaches, although the two general categories are *art as therapy*, which places emphasis on the creative process; and *art psychotherapy*, which focuses on interpreting and analyzing the final product (Malchiodi & Coolidge, 2000). The art therapy field continues to expand and grow; however, there is still a lack of sound scientific investigation to test the efficacy of many of the art therapy interventions currently in use (Huet, 2015; Reynolds, Nabors, & Quinian, 2000). The rate of scientific investigation lags far behind the continual development of the field.

What is Evidence-Based Practice?

Evidence-based practice is an approach to clinical decision-making that stresses the scientific evaluation of evidence (Lilienfeld, Ritschel, Lynn, Cautin, & Latzman, 2013). Evidence-based practice, or EBP, gained momentum in the 1990s when medical practices were expected to be supported by robust empirical research (Lilienfeld et al., 2013). The goal is to utilize the best scientific evidence available to determine the efficacy of an intervention, and the robustness of the evidence can be evaluated by a hierarchy, with meta-analyses and randomized controlled trials at the top (Lilienfeld et al., 2013). The forms of evidence at the top of the hierarchy are more structured in their methodologies: they strive to minimize the influence of other variables on the outcome of a therapeutic intervention, therefore testing the efficacy of the intervention more precisely. EBP differs from more intuitive approaches, which consists of decisions based on experience and seat-of-the-pants judgement calls that are liable to human error and biased misperceptions (Bauer, Peck, Studebaker, & Yu, 2015; Lilienfeld et al., 2013). In contrast, clinicians can employ EBPs to give patients the best possible treatment outcomes supported by careful scientific research (Bauer et al., 2015).

Obstacles to Implementing Evidence-Based Practice in Art Therapy

While EBP may be a methodical way to shed light on therapeutic interventions that are efficacious, clinical psychologists are often hesitant to implement forms of scientific research into their therapies (Bauer et al., 2015; Lilienfeld et al., 2013). Potential obstacles may include practitioner attitudes and the inconvenience of implementing EBP.

Practitioner attitudes. The controversy around evidence-based practices in art therapy may be due to the pervasive mentality that something as unique as an individual and something as subjective as art cannot be researched through an experiment, nor can it be quantified. Clinicians may be skeptical of how group statistics from research experiments, including randomized controlled trials, can be applied on an individual level (Lilienfeld et al., 2013). Clinical psychologists, including art therapists, may argue that evidence-based practice has no place in the subjective, qualitative, client-specific therapeutic strategies that they employ in their profession.

The attitude that clinicians have towards EBP may be considerably negative if they conceptualize art therapy as something that cannot be pinned down by scientific research. Pioneers and early influential figures of art therapy may have been a proponent of this perspective, describing scientific research as “an intrusion into the esoteric essence” of the practice or a “potential theft of something precious; rather like researching love or a religious experience” (Schaverien, 1995, p. 25). When art therapists have this sort of sentiment for their discipline, EBP may be seen as unnecessary or even threatening.

Furthermore, the majority of clinicians believe that informal evidence gathered from years of working in the field holds more weight than the findings of research experiments when

it comes to making clinical decisions (Lilienfeld et al., 2013). In a survey of 508 members of APA Division 12 (Society of Clinical Psychology), ratings revealed that past clinical experience was the most influential aspect in informing treatment decisions, followed by advice from colleagues (Stewart & Chambless, 2007). Ratings showed that considering the recent research on treatment outcome was only moderately influential in informing their clinical decisions (Stewart & Chambless, 2007). Another survey examined the treatment decision making process of 404 licensed clinical social workers (Pignotti, 2009). Clinical experience was the highest rated item for informing treatment by far, followed by influence of theoretical orientation and then influence of the social worker's personality type (Pignotti, 2009). Other aspects that informed clinical decisions included treatments that emotionally resonated with the social worker and the social worker's intuition, both which ranked higher than utilizing the research that appeared in peer reviewed journals (Pignotti, 2009).

In light of these findings, clinicians may have frustrations with EBP supporters who seem to be insulting clinicians' experiences and practices. EBP has not been received well by some clinicians, perhaps due to its implication that decisions based on the expertise of therapists are inferior to decisions based on the results of meta-analyses and randomized controlled trials (Bauer et al., 2015). With this sort of ivory tower mentality, the researchers are in their highly controlled lab environments while the clinicians are on the front lines in the real world. The clinicians are expected to integrate the findings from the researchers' randomized controlled trials into real world practice, although the translation is easier said than done (Lilienfeld et al., 2013). Logistical complications of applying research findings to clinical fieldwork could include the need to account for unforeseen variables and the need to accommodate unexpected problems; the clinician may be unable to consult a research literature for that specific type of setting,

individual, diagnosis, etc. Without specific research on the many variables and intricacies of their clinical case, clinicians may feel that their own judgement is their only resource. The gap between research and practice may foster attitudes of resistance to EBP by clinicians, who may feel that their practice has been insulted and invalidated by the constant request to consult the research literature instead of trusting their own clinical experiences and intuitive decision-making.

The high cost of implementation. Even if practitioners approach EBP with an attitude of openness, another obstacle hindering the implementation of EBP may be technical inconvenience. Implementing EBP may feel like a necessary chore in order to receive funding for clinical practice (Gilroy, 2006; Lilienfeld et al., 2013). However, the process of familiarizing clinicians in EBP may be an obstacle in and of itself. Acquiring additional training can be overwhelming, time-consuming, and tedious (Bauer et al., 2015; Haas, 2000). There may also be a lack of funds for purchasing scientific journals to keep up with the EBP literature, as well as limited means of attending EBP workshops (Lilienfeld et al., 2013). Furthermore, the field of art therapy has not received much funding for researching art therapy evidence-based practices, so the lack of EBP resources in the field may be attributed to inadequate financial support (Bauer et al., 2015). The inconvenience of implementing EBP in practice may contribute to its lack of popularity in the field of art therapy.

Future directions for evidence-based practice in the field of art therapy. A study conducted in 2015 administered a survey to 47 clinicians who tended to utilize art therapy interventions in their practice (Bauer et al, 2015). The results revealed the type of relationship that these clinicians have with EBP. The clinicians reported that they incorporate art therapy into 72% of their sessions. However, they reported implementing EBP in less than half of their

sessions: about 44% of the time. Nevertheless, 48% of the clinicians indicated that “Trainings that help integrate EBP into my art therapy practice would benefit me greatly” and 36% said that training would somewhat help them (Bauer et al, 2015; p. 140). In terms of providing empirical evidence for art therapy interventions, 76% of the clinicians indicated that “I believe research on the efficacy of art therapy needs great improvement in order to provide an evidence base” (Bauer et al, 2015; p.141). This particular sample of clinicians indicated some enthusiasm about implementing EBP into art therapy, which may represent where the overall field is headed. The study found that clinicians born after 1976 were far more well-versed and experienced with EBP than older clinicians, who were less acquainted with EBP’s scientific approach to treatment (Bauer et al., 2015). The generational shift shows that young clinicians are comparatively more familiar with EBP, which may shape the ideological future of the field. The researchers of the study remarked that the results were surprising, since the clinicians seemed to be much more open to EBP than the art therapy literature might suggest (Bauer et al., 2015). Nevertheless, the implementation of EBP is still obstructed by practitioners with more reluctant attitudes and the difficulty of spanning the gap between research and practice. Combined with the inconvenient costs, evidence-based practices rarely penetrate the discipline.

Lack of Evidence-Based Practice in Art Therapy

The field of art therapy lacks studies that are capable of determining the efficacy of art therapy interventions, and several professionals in the field have made a call to action to combat this issue (Huet, 2015; Reynolds, Nabors, & Quinian, 2000). Many of the interventions that art therapists employ are not supported by robust empirical research. Instead of utilizing experiments with quantitative measures, many publications in the field are qualitative case

studies and art analyses. Much of the art therapy literature focuses on theoretical concepts and interpreting art for diagnostic use (Huet, 2015; Malchiodi & Coolidge, 2000). Case studies are also pervasive in the literature, and they provide real-world, up-close-and-personal descriptions of how patients interacted with an art intervention (Huet, 2015). Case studies can be a valuable source of qualitative information. However, a lack of more rigorous testing of interventions – complete with quantitative pre-post assessment and a control group – leaves room to question if these interventions are truly effective.

In light of the deficit of EBP in art therapy literature, some professionals in the field have asked for more robust scientific research (Bauer et al., 2015; Burleign & Beutler, 1997; Huet, 2015; Reynolds, et al., 2000). A meta-analysis in the late 1990s uncovered only one randomized controlled trial, and the other studies found were few in number and inconclusive in their outcome (Burleign & Beutler, 1997). The other studies included an experiment with no control group and two case studies, which were unable to indicate the efficacy of interventions. As a result of finding so few studies that could provide evidence of efficacy, the authors concluded that no substantial evidence was found in the literature to support the efficacy of art therapy interventions (Burleign & Beutler, 1997). The current issues of *Art Therapy: Journal of the American Art Therapy Association* have encouraged further research in the field, since there is a need to develop more outcome studies that investigate how the process of art therapy benefits patients (Huet, 2015). After conducting a thorough search of the literature, Bauer et al. could not find any empirically supported art therapies (2015). Examining the literature reveals the deficit of EBP in the field of art therapy, which raises concerns about the true efficacy of the interventions.

Why is the Lack of Evidence-Based Practice in Art Therapy an Ethical Dilemma?

Implementing art therapy interventions without researching their outcomes creates an ethical dilemma. Therapists are responsible for caring for the welfare of patients and alleviating their suffering by doing them more good than harm (Haas, 2000). Furthermore, the field of psychology “is based in science, so that its approaches to healing and treatment should be based on valid evidence” (Haas, 2000, p. 247). Psychologists and therapists are responsible for providing sound and honest research for their interventions. Without this research, they do not have empirical evidence to support the efficacy of their interventions, meaning that clinicians run the risk of wasting patients’ time and money on treatment that is not actually healing them. Even worse, clinicians can also risk unintentionally hurting patients with an untested intervention. The importance of EBP can be vividly illustrated by investigating the misattribution of an intervention’s success, as well as taking a look at a few case studies that illustrate unintended negative outcomes.

Causes of spurious therapeutic effectiveness. Firstly, clinicians may be susceptible to mental fallacies characteristic of human beings. For example, clinicians may be unaware of several causes of spurious therapeutic effectiveness, which are various psychological phenomena that lead to the misattribution of an intervention’s success (Lilienfeld et al., 2013). These causes of spurious therapeutic effectiveness may give the illusion that a therapeutic intervention is efficacious, but in reality, improvement is the result of factors other than the said intervention.

Placebo effects are one phenomenon that can deceive clinicians, who may see improvement in a patient and attribute it to their intervention, when in reality, the patient’s mere expectation for improvement generates positive outcomes (Lilienfeld et al., 2013). Spontaneous remission occurs when a disease resolves on its own via the natural healing process. If an

individual is receiving therapy over a period of time, the clinician may think that the treatment is responsible for any improvement, rather than spontaneous remission (Lilienfeld et al., 2013). In a similar vein, multiple treatment interference may occur if the patient seeks out other interventions simultaneously, and the clinician will be unable to distinguish if it is their treatment that is causing the patient's improvement (Lilienfeld et al., 2013). Finally, if patients are investing a great deal of time and money into a treatment, they are likely to report that it was effective in an effort to justify it (Lilienfeld et al., 2013). These causes of spurious therapeutic effectiveness reflect the clinician's desire to attribute client recovery to the therapeutic intervention rather than other factors that were not controlled for in research trials (Lilienfeld et al., 2013). The causes of spurious therapeutic effectiveness skew the interpretation of results that are gathered unscientifically, which may lead a clinician to assume that their well-intended treatment intervention is benefitting their patient when it may in fact be ineffective.

Case studies that illustrate how intention does not equal impact. Unfortunately, a clinician's good intentions do not always equate to positive impact on the patient. In order to hammer home the ethical dilemma of interventions failing to meet the criteria of evidence-based practices, here are a few examples of what can happen when interventions aren't researched. Back in the mid-twentieth century, lobotomy was used as a method of treating schizophrenia, depression, and other mental disorders (Lilienfeld et al., 2013). At the time, practitioners of prefrontal lobotomy insisted that the majority of their patients improved after the procedure, citing their observations and experience as evidence (Lilienfeld et al., 2013). However, a more thorough scientific investigation revealed that surgically removing pieces of someone's brain did not remedy their mental illness at all (Lilienfeld et al., 2013). Quite the contrary to the intent of the procedure, lobotomy came with a plethora of risks and health complications that could

seriously harm patients (Lilienfeld et al., 2013). If lobotomies were tested for their efficacy in experiments at their conception, then many victims could have been spared of the procedure's negative side-effects.

While lobotomy may seem like an outdated and even barbaric procedure by today's standards, there are contemporary treatments for psychological disorders that may warrant scrutiny. Common sense tells us that 'blowing off steam' makes us feel better and has positive outcomes, but this belief may be misguided. Research shows that people who engage in aggressive actions to release their anger may be re-enforcing maladaptive behaviors and be more likely to repeat aggression in the future (Bresin & Gordon, 2013; Bushman, 2002). Experiments indicate that blowing off steam after a frustrating situation increases the chances of lashing out again and does not relieve the frustration, against what common sense might suggest (Bresin & Gordon, 2013; Bushman, 2002). Compared to a group that had a distraction task, the catharsis group that hit a punching bag after a frustrating experience reported higher levels of anger and were likely to act more aggressively in retaliation towards the initial provoker (Bushman, 2002). Without this knowledge from scientific research, a clinician may encourage a client who struggles with emotional regulation to 'blow off steam' as a way of managing their anger because it seems like common sense. This intervention, according to the literature, would be detrimental to the patient and reinforce maladaptive behavior. In order to ensure that treatments do more good than harm, art therapy interventions should be scientifically investigated to dissipate ethical concerns about efficacy.

The benefits of evidence-based practice. In light of the causes of spurious therapeutic effectiveness and the case studies, it is unethical to practice an unproven intervention. This is due to the risk of making unsubstantiated conclusions about therapeutic efficacy and inflicting

unintentional harm. However, EBP may prevent these negative outcomes by improving accountability in therapeutic services. First of all, clinicians must keep up with the research in order to follow the experimental findings that point to the most effective interventions (Bauer et al., 2015, Haas, 2000). This knowledge buffers the risk of a clinician administering an outdated treatment as part of therapy, which may have a detrimental influence on patients (Bauer et al., 2015). Nevertheless, situations such as these can be avoided if clinicians are reviewing the research literature and applying the newest findings, so in this way, EBP guarantees that patients receive the best possible research-informed treatment. Furthermore, EBP is less susceptible to mental fallacies that come with human intuition, since these are addressed by experimental designs such as randomized controlled trials. Randomized controlled trials and meta-analyses are robust methods to test if interventions are objectively benefitting patients. In light of the benefits of EBT, the causes of spurious therapeutic effectiveness, and the case studies that illustrate how intention does not equal impact, bringing EBP into the field of art therapy is an important objective to meet.

How Can an Integrated Theoretical Approach be a Possible Remedy?

The lack of sound research in the field of art therapy has led to limited evidence for the efficacy of art therapy interventions. There are two perspectives for how to reconcile this ethical dilemma. On one hand, some researchers have made a call to action to conduct more randomized controlled trials of art therapy interventions (Huet, 2015; Reynolds et al., 2000). However, this approach may be an underfunded and slow process, since running experiments to test the efficacy of interventions requires time and resources, and research in art therapy has not received much financial support (Bauer et al., 2015; Lilienfeld et al., 2013). On the other hand, an

integrated theoretical approach may be utilized as a method of applying evidence-based practices to art therapy.

What is an Integrated Theoretical Approach?

An integrated theoretical approach, also referred to as psychotherapy integration, combines techniques and practices from various theoretical orientations (Arkowitz, 1997). It differs from the single-school approach because it crosses boundaries of many schools of thought in psychology (Arkowitz, 1997). These different schools are tied to particular ideologies and techniques that may be applied to mental health services. Proponents of an integrated theoretical approach examine areas of convergence between different therapies and propose that combining them can potentially yield more effective treatments (Wachtel, 2000). A researcher who utilized an integrated theoretical approach for an intervention explained that “all theories are filters for our complex experiences, serving to highlight some aspects for attention, and relegating other aspects to the background. Counselors and clients may discover fresh insights from examining their experiences from more than one theoretical viewpoint” (Reynolds, 1999, p. 165).

Types of Integration

There are a few different approaches to psychotherapy integration: theoretical integration, common factors, and technical eclecticism (Arkowitz, 1997, Wachtel, 2000). *Theoretical integration* is the most abstract of the three approaches, as it aims to conceptualize psychological processes by incorporating different frameworks from various schools (Wachtel, 2000). It strives to synthesize underlying theories that originate from different theoretical orientations in order to develop more elaborate, overarching theories (Arkowitz, 1997). The *common factors*

approach, in contrast, focuses on mechanisms of change rather than abstract theory (Wachtel, 2000). While clinicians from different schools may be fixated on what distinguishes their particular therapy, the common factors approach investigates the elements that characterize treatment regardless of the theoretical orientation it originated from (Arkowitz, 1997). The common factors that emerge are the patterns identified across a variety of therapeutic treatments. The several common factors shared between nearly all psychotherapies include therapeutic alliance, confiding, healing, meaning, rituals, and strategies (Wachtel, 2000). Lastly, *technical eclecticism* selects various therapeutic techniques from different schools based on which interventions work best for the patient's specific situation, disorder, or characteristic (Wachtel, 2000). Technical eclecticism is guided by research, examining the data that describes which interventions have been the most successful for patients with particular predicaments (Arkowitz, 1997). As the most empirical and least theoretical approach of the three, technical eclecticism is the most relevant one for incorporating specific evidence-based practices into art therapy interventions.

An Integrated Theoretical Approach as a Potential Solution

An integrated theoretical approach can identify evidence-based practices from other therapies that have been supported by empirical research, and then incorporate them into an art therapy context. This approach offers a short-term solution to the temporal issue of waiting for robust art therapy research to be funded, conducted, and dispersed. Until there are more EBP resources available in the field of art therapy, and integrated theoretical approach may be the solution to ensuring that EBP is incorporated into art therapy interventions. In light of common factors, art therapy may already share many similar mechanisms of change with other therapies,

making the integration more seamless. Furthermore, clinicians can utilize some degree of technical eclecticism to select specific, empirically supported interventions from other therapies that can then be applied to an art therapy setting.

If the objective is to integrate EBP into an art therapy, then the therapies I select for consideration are cognitive-behavioral and mindfulness therapies. Both of these therapies have a robust research literature supporting the efficacy of their interventions, and some professionals have already brainstormed ways of incorporating elements of these therapies into art interventions (Peterson, 2014; Rozum & Malchiodi, 2003). By employing technical eclecticism, clinicians can select empirically supported interventions from cognitive-behavioral and mindfulness therapies and incorporate them into an art therapy framework.

How can Cognitive-Behavioral Therapy be integrated into Art Therapy?

Cognitive-behavioral therapy integrates principles of learning from behavioral therapy as well as concepts of subjective appraisal from cognitive therapy (Kendall, Krain, & Henin, 2000). Cognitive-behavioral therapy (CBT) operates off the premise that thoughts, emotions, and behaviors are all interrelated, and altering one will change the course of the others (Kendall et al., 2000). For example, an individual's behavior can incite certain thoughts and feelings as a result of enacting that behavior. Furthermore, a person's feelings may color the way they think, and it might also influence their actions. Similarly, the way that someone comprehends and interprets something will determine their emotional response to it and the subsequent course of their actions. CBT seeks to address maladaptive cognitions, since "people react to their perception of the situation as much as they react to the situation itself" (Beckham & Beckham,

2004, p.2). CBT also aims to alter maladaptive patterns of behavior and replace them with healthier ones.

Randomized controlled trials and meta-analyses provide sufficient evidence of the efficacy of CBT. In a meta-analysis of treatment methods for individuals with acute depression, CBT was compared to a psychological placebo or no treatment. The analysis of 18 studies found that CBT was statistically more efficacious than no treatment, but only marginally better than placebo in relieving symptoms of depression (Honyashiki et al., 2014; Kendall, Krain, & Henin, 2000). Furthermore, another meta-analysis containing 48 studies examined if CBT was more effective than treatment-as-usual in alleviating symptoms of depression and anxiety. Treatment-as-usual is an umbrella term that referred to a comparison treatment from a theoretical orientation other than CBT, which varied from study to study. The results of the meta-analysis revealed that there were medium effects favoring CBT as being the more effective treatment (Watts, Turnell, Kladnitski, Newby, & Andrews, 2015). In light of these findings, CBT has a strong evidence backing as a proven treatment for mental disorders.

There are several evidenced-based practices from CBT that can be integrated into an art therapy framework. The process of addressing cognitions involves awareness of thoughts and perceptions, which could guide an art intervention (Kohut 2011; Reynolds, 1999; Visnola, Sprudza, Bake, & Pike, 2010; Rozum & Malchiodi, 2003). A modified behavioral chain analysis could easily incorporate artistic elements (Axelrod, 2004). Furthermore, techniques from exposure therapy can be applied to an art therapy setting (Bryant et al., 2014; Kohut, 2011; Reynolds, 1999; Rosner, Bartl, Pfoh, Kotoučová, & Hagl, 2015). CBT contains a plethora of well-researched interventions and approaches that could work well in an art therapy context.

Addressing Cognitions through Art

A key component of CBT is gaining awareness of one's thoughts and how they influence cognitive appraisals and interpretations of events. CBT uses language and sometimes mental imagery to help patients identify maladaptive cognitions and replace them with more constructive ways of thinking. Mental imagery is a process where patients image themselves acting in a way they want to act; the patient then thinks about a visualization which corresponds with that idealization (Rozum & Malchiodi, 2003). While this process is usually psychological, art-making can offer new perspectives to the intervention by making it physical.

The physical manifestation of mental processes can provide an avenue for experiencing CBT interventions in a new way. When someone creates art about the issue they are facing, it “concretizes and externalizes a problem” (Rozum & Malchiodi, 2003, p.72). In addition to materializing mental imagery, creating art can also assist with answering questions that CBT clinicians commonly ask patients, such as: What is the problem? What thoughts came up as you described (or drew) the problem? What thoughts do you have now after you described (or drew) the problem? (Rozum & Malchiodi, 2003). Instead of responding to clinicians verbally or in writing, patients can draw out their predicament and then process it with the help of a clinician.

CBT interventions prompt patients to undergo cognitive re-structuring in order for them to correct maladaptive thinking patterns. This process usually involves critically reflecting on faulty logic, addressing automatic negative thoughts, and decatastrophizing (Rozum & Malchiodi, 2003). This process can be incorporated into art interventions in a variety of ways. Patients can be encouraged to create images that show how they will adequately prepare for their stressor and how they will manage their problem step-by-step (Rozum & Malchiodi, 2003). Furthermore, if they created a negative image that depicts their problem, the clinician can ask

them to return to their work and alter it into something more constructive (Rozum & Malchiodi, 2003; this can also be seen in a mindfulness intervention in *Figure 2*). In these ways, art interventions can be used to address cognitions within a CBT framework.

An art therapy intervention that incorporated cognitive elements from CBT was found to decrease stress levels of employees working in healthcare (Visnola et al., 2010). Multiple measures for stress were taken, including cortisol levels and self-report questionnaires. The intervention included the exploration of emotions in line with cognitive behavioral therapy. The intervention also explored solutions to stressful situations and focused on positive aspects of life, as well as administered homework and activities that involved cognitive restructuring and all-around well-being. In this way, art was used as a vehicle to facilitate elements in the CBT interventions used to treat work stress (Visnola et al., 2010).

Art interventions can be used to make mental imagery more concrete, answer questions about the problem visually rather than verbally, and assist in cognitive re-structuring that promotes adaptive thinking over maladaptive thinking. Therapists have employed art therapy interventions that address cognitions in a CBT fashion for pain management, trauma, and work stress reduction (Rozum & Malchiodi, 2003; Visnola et al., 2010).

Behavior Chain Analysis

The behavioral chain analysis intervention is used to help illuminate ways that thoughts, feelings, and actions are all interrelated, which is similar to the process of addressing cognitions. It can be applied to specific situations, customized directly to a patient's predicament. It can give the patient perspective on the emotional, behavioral, and cognitive processes that may be behind maladaptive feelings and actions. *Figure 1* is a worksheet depicting interlocking loops used to

Figure 1

Adapted from Marsha Linehan's Chain Analysis Worksheet by Seth Axelrod, PhD 2/13/04

Axelrod, S. (2004).

With a bit of adaptation, this intervention from CBT can be applied to an art therapy setting. Substituting the loops for something that can be crafted by hand calls upon the *art as therapy* branch of art therapy, where the individual is still engaging with the creative process. Artistic elements can be incorporated by ditching the worksheet, but keeping the underlying concepts and goals of the behavioral chain analysis. Instead of labeling links on a worksheet, patients can fasten interlocking loops out of colorful paper, patterned fabric, knitted strips, or other art material. They can decorate these loops with images that depict emotions, actions, thoughts, or situations rather than just writing words on them. By integrating the behavioral chain analysis intervention into an art therapy setting, a worksheet task can take on new life as a creative task that also embodies elements of CBT.

Exposure therapy

Exposure therapy is a CBT technique used to correct avoidant behavior, as well as assist with emotional regulation when faced with stress-provoking stimuli. Exposure therapy can also be used to treat grief, since a patient may be avoiding stimuli that they associate with their grief. This intervention may be beneficial for participants struggling with this particular type of sadness, as evidence from a recent study suggests (Bryant et al., 2014). Participants were randomly assigned to an exposure therapy group or a supportive counseling control group. Participants in the exposure group were informed of the rationale behind the therapeutic approach and asked to relive the memories of their loss. This process included ways to emotionally process the loss, change the participant's appraisal of the situation, and integrate the loss into memory. Participants were given the homework assignment of re-living their memories. The control group was free to discuss anything they wished during the sessions and were asked

to keep a diary of grief states as homework. At the six-month follow up, the exposure therapy group reported lower rates of depression, healthier cognitive appraisals, and higher levels of functioning. The evidence pointed to the efficacy of exposure therapy within a CBT framework and how it was beneficial for promoting emotional processing techniques (Bryant et al., 2014).

Exposure therapy can be integrated into art therapy interventions as a method of treating people suffering from grief. One specific example focuses on a group therapy session for bereaved individuals who memorialized their deceased loved ones through scrapbooking (Kohut, 2011). The process of re-living memories in order to create a meaningful scrapbook was one form of exposure. Participants were asked to gather photographs and memorabilia to include in the scrapbook, which included items that were once owned by the deceased individual. The process of creating the scrapbook gave participants an opportunity to make new meaning out of the memories of their loved one and provided prolonged exposure to a subject they may have otherwise avoided (Kohut, 2011).

In addition to commemorating the deceased through scrapbooking, there are other ways that art therapy can be integrated into the CBT technique of exposure therapy. A client who exhibited maladaptive avoidant behaviors was struggling to adjust when she moved into a new house. Her relationship with her past and with her old house was muddled, since she could not bear to look at old photographs or think about her children's early years at the old house. Her idea of the past was idealized, and she had a difficult time reconciling how it all ended. As a result, she was disconnected from her memories. A clinician introduced her to exposure therapy to help her face stimuli that provoked her anxiety, such as old photographs. The client wanted to create a tapestry from one of the photographs of her old house, and through that process, she gained plenty of exposure to something that she once feared and avoided. Through tapestry-

making, the client was able to own her past physically and psychologically, as well as create symbolically satisfying closure for herself (Reynolds, 1999). In this way, the principles of CBT, an empirically supported therapy, can be integrated into other practices in an effort to assure that the client gets the best treatment possible.

How can Mindfulness be Integrated into Art Therapy?

Mindfulness is an approach to well-being that consists of meditative practices and a philosophy of presence, self-compassion, and non-judgement (Peterson, 2015). The approach is rooted in ancient Buddhist practices of meditation (Kabat-Zinn, 1994). Jon Kabat-Zinn, a leading proponent of mindfulness practices in the United States and the founder of the Mindfulness Based Stress Reduction program, elaborates on the definition of the practice when he says “mindfulness means paying attention in a particular way; on purpose, in the present moment, and nonjudgmentally” (1994, p.4). The goal of this sort of practice is to help people realize how their reactions to situations can cause them emotional distress, and to provide people with physical and mental techniques so that they can process these reactions in a healthy way (Brown, 2013).

Mindfulness Based Stress Reduction and Mindfulness Based Cognitive Therapy are both programs that employ elements of mindfulness in their interventions. Mindfulness Based Stress Reduction was developed to help patients manage their chronic pain and stress (Gotink, Chu, Busschbach, Benson, Fricchione, & Hunink, 2015). Mindfulness Based Cognitive Therapy emerged as a modified form of Mindfulness Based Stress Reduction and was developed to treat patients with depression (Gotink et al., 2015). The efficacy of Mindfulness Based Stress Reduction and Mindfulness Based Cognitive Therapy are supported by evidence from a meta-analysis of 187 reviews, including 115 randomized controlled trials (Gotink et al., 2015).

Mindfulness Based Stress Reduction and Mindfulness Based Cognitive Therapy significantly reduced depressive symptoms, anxiety, stress, quality of life, and physical functioning in the mindfulness treatment group when compared to a waitlisted control group or a regular treatment group (Gotink, et al., 2015). Mindfulness practices have a robust evidence base for their efficacy, so integrating them into an art therapy setting is a way to bring more evidence-based practices into the field. Combining mindfulness practices with art therapy leads to the creation of interventions such as those found in Mindfulness-Based Art Therapy.

Mindfulness-Based Art Therapy

Mindfulness-Based Art Therapy (MBAT) combines art therapy interventions with elements from mindfulness (Peterson, 2015). It is a collection of interventions informed by Mindfulness Based Stress Reduction (Peterson 2014). Some of the techniques that are integrated into MBAT include mindful attention practice, awareness of breathing, and embodied practice, where one notices the psychical and emotional sensations in their body (Peterson, 2015).

MBAT yielded positive outcomes when tested in robust research conditions. 111 cancer patients participated in a randomized control trial that compared an eight week MBAT program to a waitlisted control condition. The results of the study provided evidence that the MBAT group exhibited decreased symptoms of distress and increased well-being compared to a control group (Monti et al., 2006). Specific interventions that integrated mindfulness practices into an art therapy framework included the mindful exploration of art materials, the *walkabout* (which combines mindful outdoor walking, photography, and collage), circle tracing that represents the mind-body relationship over time, and a body outline that focuses on symbolically removing

pain from the figure drawing and remedying it (Peterson, 2014; Peterson, 2015). These interventions will be discussed in turn.

Mindful exploration of materials. In the MBAT intervention known as the mindful exploration of art materials, patients were asked to experiment with a variety of media, such as pencils and paint, on different textured papers and surfaces (Peterson, 2014). Patients were encouraged to *feel* the process of using a certain type of media on a particular kind of surface (Peterson, 2014). They were asked to focus their awareness on a few minutes of sensory experience before moving on to the next combination of media and surface. Embodied practice, which requires patients to be acutely aware of physical and emotional sensations, is a common theme in other MBAT interventions.

Walkabout. The walkabout is a MBAT intervention that combines mindful outdoor walking, photography, and collage (Peterson, 2015). The walkabout was developed after observing outdoor themes in art therapy sessions where there was a “desire for connection to the natural world as a wellness resource” among cancer patients (Peterson, 2015, p. 80). The walkabouts give patients opportunities to not only get outside the chemo center, but also to connect to others and talk about experiences that are not just cancer-focused. In addition to chatting on the walks, patients take pictures of things that are both pleasant and unpleasant to them. They are encouraged to maintain mindful attention and awareness of breathing throughout the walks. After the pictures are selected and printed, patients cut and tear the photos to construct collages within an experiential framework of mindfulness, paying attention to the sensations of the process in a nonjudgmental way. The walkabout encourages autonomous artistic creation and provides the freedom to get away from the chemo center for a little while, which can distract them from the pain associated with treatment. Through the calming techniques of mindfulness,

the walkabout addresses anxiety and stress. Furthermore, it provides the opportunity to practice nonjudgement by prompting patients to photograph subjects that they may have initially found unpleasant. The process of creating the collage can also be a method of meaning-making, depending on the narrative or symbolic content that the patient decides to incorporate into their work (Peterson, 2015).

Body-mind circles. In addition to the walkabout, there are other MBAT interventions that address the psychological aspects of cancer. Some MBAT interventions specifically place emphasis on the mind-body relationship. This relationship is important because a person may feel alienated from their body during their cancer treatment; the dissociation may be attributed to the pain or loss of physical functioning. One MBAT intervention utilizes circles to represent bodily experience and mental experience (Peterson, 2014). Patients are encouraged to trace two circles – one for body, one for mind – on a piece of paper. Then, the patients participate in gentle yoga or a meditative body scan, which lets them experience an embodied practice. Afterwards, patients are asked to trace two more circles on the same piece of paper to symbolize the state of their mind-body relationship (Peterson, 2014). They may then embellish the work with the art materials if they wish. Usually there is a transformative quality between the first set of the circles and the second, with the latter group more likely to intersect or be concentric. This shift suggests a stronger mind-body alignment, which is noteworthy because a healthy mind-body relationship is an important component of a good self-concept (Peterson, 2014).

Body outline: Pain and care. The last MBAT intervention worthy of consideration is one that brings attention to pain and care. This intervention is a type of body outline that focuses on symbolically removing pain from the body and remedying it (Peterson, 2014). First, patients work with a contour drawing of their body, and then they are encouraged to explore “any

physical, emotional or mental pain within the body boundary, using line shape and color [sic]” (Peterson, 2014, p.70). Second, the symbolic expressions of pain are re-drawn outside of the contour of the body. Finally, patients are instructed to freely offer care to these symbolic expressions by utilizing art materials, which they can use to illustrate visualizations of healing and nurturing. After conceptualizing their pain as well as conceptualizing a remedy, patients are encouraged to write a self-care prescription (Peterson, 2014). This MBAT intervention can help foster a meaningful way of understanding one’s pain (*Figure 2*). It can also improve embodied practice and create mindful awareness for how one experiences their physical sensations. Furthermore, it can help channel self-compassion and cultivate a personal philosophy of both corporal and mental healing.

Figure 2

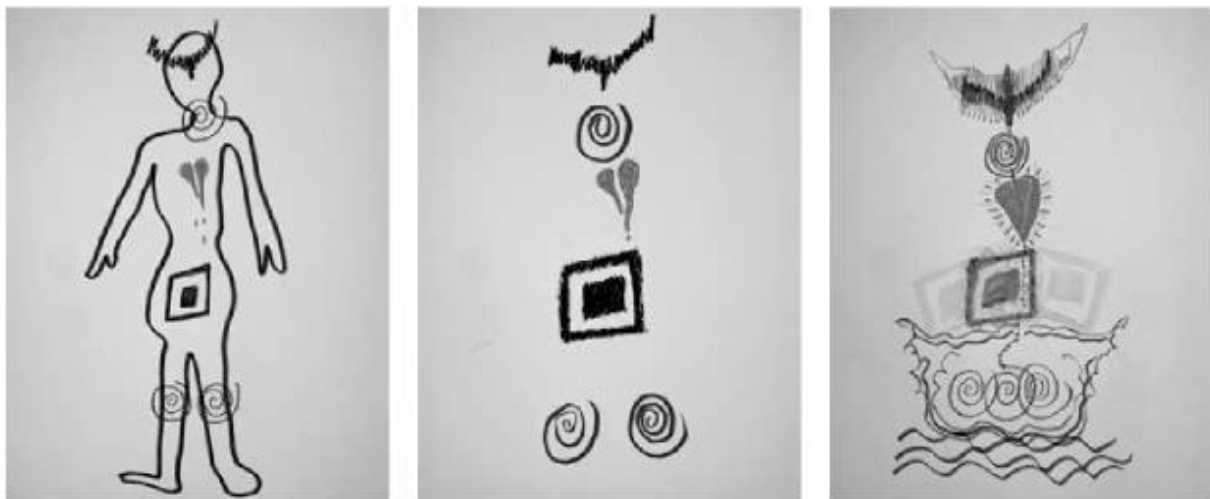


Figure 4.3: (a) Pain inside body; (b) Pain outside body; (c) Offering care

(Peterson, 2014, p.70)

Mindfulness-Based Art Therapy Curriculum

In addition to their application in one to one or group therapy sessions, Mindfulness Based Stress Reduction and art therapy can be integrated into community contexts. While MBAT is primarily a medical model employed to treat individuals with an ailment, the Mindfulness-Based Art Therapy Curriculum (MAT-C) aims to help parents in underserved communities (Brown, 2013). The MAT-C was launched in a neighborhood characterized by low income and racial minorities, predominately African Americans and Latinos. The parents enrolled in an eight week long program to learn mindfulness skills from the Mindfulness Based Stress Reduction program and completed an art therapy intervention that corresponded with the mindfulness skill. The goals of the program were to increase emotional regulation, attention, and awareness of self and others. The program attempted to account for language barriers and accessibility, granted the low literacy rates. It also recognized ways that mindfulness and art therapy interventions could be modified to accommodate religious and cultural concerns. In both medical and community contexts, evidence-based practices from mindfulness can be incorporated into art therapy.

Conclusion

There are some obstacles to implementing EBP in the field of art therapy, which, when combined with the lack of robust research of art therapy interventions, creates an ethical dilemma. The lack of research means that clinicians cannot be certain of the efficacy of their interventions, thus running the risk of wasting patients' time and money on treatment that is not healing them, or worse, is actually causing them harm. This dilemma can be somewhat remedied by employing an integrated theoretical approach. An integrated theoretical approach can serve to

incorporate evidence-based practices into an art therapy setting by applying interventions from cognitive-behavioral and mindfulness therapies which have proven to be efficacious.

Directions for Future Research

Future recommendations are to advance the research that tests the efficacy of interventions derived from an integrated theoretical approach and see if they are more efficacious than interventions from a non-integrated approach. There is a chance that CBT and mindfulness alone are more efficacious than the integrated therapy containing the art therapy component. Furthermore, there is risk of extrapolation in psychotherapy integration because much of the integrated approaches have not been researched to see if they are more effective than the non-integrated approaches. Nevertheless, untested interventions are not necessarily ineffective ones (Bauer et al, 2015, Lilienfeld et al., 2013).

The same can be said for other art therapy interventions that have not yet been scientifically investigated for their efficacy. Just because there is not a substantial amount of evidence to support something does not automatically categorize it as ineffective. There may be great healing potential in the creative and expressive interventions that art therapy has to offer. Furthermore, the field of clinical psychology may benefit from the diversity of therapy options made available, which creates more avenues for patients who are searching for a therapist and a treatment method that works for them. Clinicians play an important role of assessing the needs of their patients as well as designing and applying new therapies. However, clinicians should still be providing patients with treatments that are backed by robust evidence in order to ensure that the intervention is doing them more good than harm; therefore, more research on the efficacy of art therapy interventions is necessary.

Normalizing Evidence-Based Practice

Because EBP is crucial to ensure that a treatment is ethical, it is imperative that the approach becomes commonplace. One way to normalize it is to teach it in college, since many clinicians may not have had it in their graduate programs (Bauer et al, 2015; Lilienfeld et al., 2013). In the 2015 study of 47 clinicians who tended to utilize art therapy interventions in their practice, over half of the group indicated that they did not feel familiar with EBP when they graduated from their program (Bauer et al, 2015). In addition to including EBP as part of graduate studies, the field could also direct more funding towards art therapy research, since there is a lack of financial support in the area (Bauer et al, 2015). Furthermore, research findings should be made more accessible to clinicians, so they can quickly and easily hear what interventions are beneficial and get back to integrating it into their practice without having to dig around in the complex statistics of the experimental results (Lilienfeld et al., 2013).

EBP appears to be rising in the consciousness of the practicing clinical psychologist. In the 2015 study, younger clinicians seemed to be more familiar with EBP than older clinicians, which may mean that subsequent generations of practitioners will be more inclined to apply a scientific approach to their treatment (Bauer et al, 2015). Furthermore, the vast majority of clinicians indicated that they were optimistic about integrating EBP into art therapy (*Figure 3*; Bauer et al, 2015). Hopefully an integrated theoretical approach qualifies as part of the “careful considerations” that the clinicians indicate to be a part of integrating EBP and art therapy in clinical practice (Bauer et al, 2015; p.93).

Figure 3

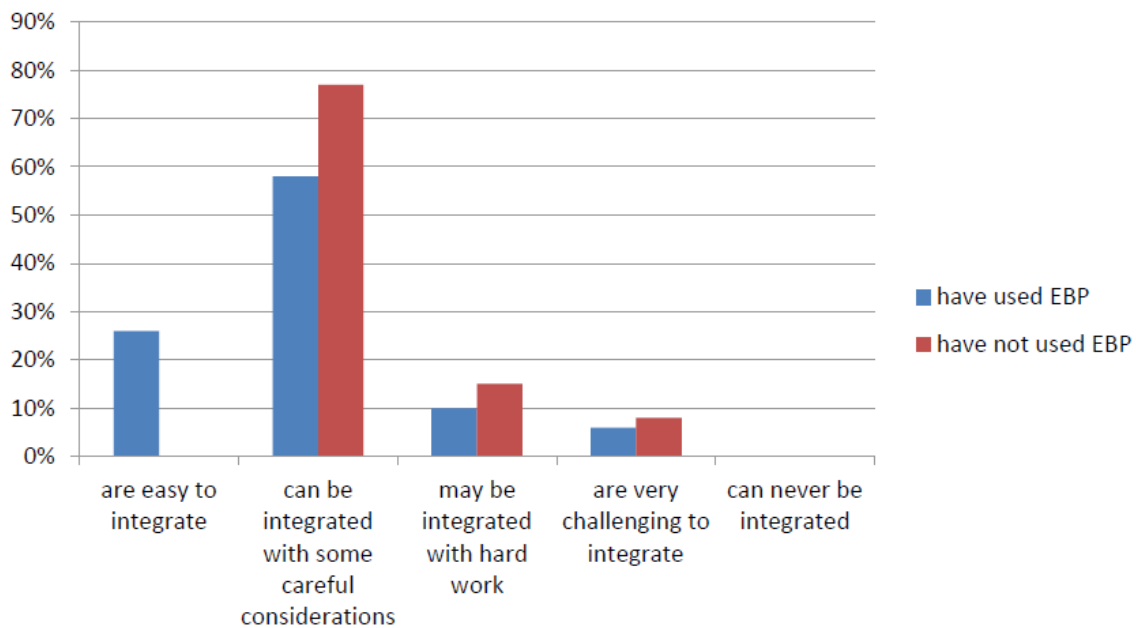


Figure 7. Results to question: “EBP and art therapy _____ in clinical practice.” in relation to experience with EBP.

(Bauer et al, 2015)

The Bigger Picture

The vision of this paper was to find a way to continue to improve the field of psychology and the mental health services that it has to offer. Perhaps using an integrated theoretical approach for applying evidence-based practices to art therapy is simply a suggestion that seeks some sort of resolution between seemingly opposing sides. It is an effort to bridge the gap between art and science, overcome the barriers between experiments and practice, and unite the researcher and the clinician. Looking at the bigger picture, it is an attempt to unify different areas of the field of psychology. In a method much like the process of creating a collage, it pulls

from the strongest aspects of different therapies and layers them together in hopes of combining them into something original.

Author's Note

When I first decided that I would go for an art therapy emphasis within my psychology major, I figured that combining two fields that I loved – art and psychology – would be a perfect fit for me. However, once I began to learn how certain art therapy orientations were applied to a clinical population, I felt very conflicted. The art therapy practices seemed to be in direct contrast with the research-based principles I was simultaneously being taught in my psychology classes.

My motivation for my thesis emerged from this conflict. Instead of dropping one or the other, I wanted to try to re-imagine a new approach that could combine both art therapy and the research-based aspects of psychology. Much of my motivation for advocating for evidence-based practices came from the talks that I had with Dr. Robbins during my sophomore year. He was able to convince me that a lack of research for treatment was an ethical dilemma. He prompted me to ask myself the hard questions: if you want your drugs tested to make sure they do more good than harm, wouldn't you want the same for your mental health treatment? I reflected deeply and followed this line of thinking, which eventually led me to write my thesis on the topic.

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