How Art Therapy Can Assist College Students from Diverse Backgrounds in Overcoming Cultural Differences

By

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A Thesis Summited to the
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Abstract

The opportunity for international students on university campuses to participate in art therapy is a beneficial student service. Through art therapy interventions, students may gain pride and confidence in their academics as well as obtain successful campus lives with concrete aims and goals. Culturally diverse students may confront culture shock in higher education school systems. This paper demonstrates how art therapy sessions that were provided on campus helped students to better understand their circumstances, to build self-esteem, and to achieve therapeutic goals to enhance their wellbeing. The author provides three case examples that use a combination of art therapy and counseling techniques to assist international college students in coping.

Keywords: art therapy, multiculturalism, depression, college students

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2. Introduction

Main Problems with Acclimatizing for Ethnically Diverse Students

In the Maslow's Hierarchy Needs, self-actualization like creative activities are the highest level when comparing physiological needs, safety needs, and self-esteem needs. Doing art therapy activities provides an indirect experience of alternative healing to relieve a person's mental and physical distress so they can pursue self-actualization and self-awareness. According to trends related to well-being, there are a lot of different methods of relaxing mental and somatic stresses by using mindfulness treatments, such as yoga, meditation, or listening to classical music or nature sounds. The goal of art therapy is for healing; and sometimes taking medication in conjunction with art therapy is more effective to stabilize the mind and body particularly for those dealing with AIDS, burns, cancer, chemical dependency, trauma, and other medical conditions (Malchiodi, 2012). This paper will explore various art therapy techniques as well as problem-solving skills using counseling.

The art therapy field has two main pioneers, Margaret Naumburg and Edith Kramer. Margaret Naumburg (1890-1983) was a psychoanalyst, art therapist, and educator who was born in New York. She was influenced by Freudian concepts, Jung's expressions, and Montessori's theories of child development. She asserted that children have an inner life with a symbolic way of spontaneous drawings. Edith Kramer, who conducted the non-directed approach, adapted Freudian personality theory with self-realization. Kramer was focused on hospital settings of art therapy with psychoanalysis. She was also influenced by Lowenfeld's educational principles. (Malchiodi, 2012).

3. Literature Review

Multiculturalism

Multiculturalism is another word for cultural pluralism, and it means to harmonize each other's identity through various languages, cultures, peoples, and religions (Multicultural Education Association, 2010). In 1982, Canada officially implemented multicultural policies (Cha, 2009). More and more countries are becoming globalized with cultural diversity, except communist countries. Most of all, multiculturalism is mainly emphasized in the education field, and multicultural students should have equal educational opportunities, regardless of race, ethnicity, religion, socio-cultural class, or language in the United States (Cha, 2009). Campuses should be more concerned with multiculturalism environments for international students and willing to listen to their voices.

According to the Institute of International Education, there are 1,043,839 students that are studying in the United States (Project Atlas, 2016). The highest numbers of students are Chinese with 31.5 percent, followed by students from India with 15.9 percent, then Saudi Arabian students with 5.9 percent, and finally South Korean students with 5.8 percentages. In addition, the highest percentage of fields of study for international students are: business and management, engineering, math and science (Project Atlas, 2016). Cochran (2016) said the United States is one of the biggest multi-cultural countries in the world, so school counselors need to understand culturally diverse students, especially Asian students. Barron & Conway (2007) assert that non-UK and non- European students paid 1 billion pounds, and this money contributed almost 3 billion pounds to the U.K. economy in 2004. Our global world is getting increasingly cross-cultural which requires campuses to harmonize with different ethnic groups.

Main Adjustment Problems for Ethnically Diverse Students

Most Asian countries, such as China, Japan, South Korea, and others, have cultural differences including not expressing their depression or anxiety, and it may result in poor academic performance. Major depression is a treatable illness that affects the way a person thinks, feels, behaves, and functions. Depression is one of the most common mental disorders in the United States. In 2014, around 15.7 million adults age 18 or older in the U.S. had experienced at least one major depressive episode in the last year. At any point in time, 3 to 5 percent of adults suffer from major depression; the lifetime risk is about 17 percent. As many as 2 out of 100 young children and 8 out of 100 teens may have serious depression (ADAA, 2016).

Asian students are struggling to talk about their emotional feelings and concerns to others because of the customs of Asian people which includes not speaking their minds and hiding their sicknesses. The number of overseas college students is increasing every year; however, their mental health is extremely low compared to other American born students due to stigma, acculturation, shame, and self-consciousness. In addition, there are cultural barriers that lead to less use of mental health services. Therefore, psychological support is necessary for Asian-American students.

A lot of students all over the world are preparing or considering study abroad for many reasons: to learn new languages, to study their majors, or to pursue a better quality of life. On campus, there are more than 40 countries' students studying as full-time or part-time, exchange, or transfer students. Many of these students might be struggling with communication, food, studies, and financial management (Yang, Miller, & Haydon, 2013). Therefore, students' mental health services on many campuses have a lot of responsibilities.

4. Methods

Art therapy has been progressing for 60 years in the United States, as well as other countries, and includes higher education levels, like Master's or Doctoral programs, for one to become a credentialed art therapist**.** Art therapy combines art skills and therapeutic goals for clients' mental health problems or improving their quality of lives. Art therapy is one of the ways of helping people to enhance their well-being or find healing, and it offers relief from stress or anxiety. It may address past/present experiences with visual language with a therapeutic aim.

Art Therapy Approaches and Counseling Techniques

Art Therapy is an alternative way for finding mental and physical stability. It is designed to help relieve people's minds by reducing their stress and anxieties. Adapting art therapy for college students on campus requires various therapeutic techniques depending on student's emotional condition and the goals of treatment. Art therapy interventions are diverse and include methods like drawing, painting, filming, constructing, arranging, mixing, modeling, gluing, and touching. Adapting drawing and painting are useful tools for art therapy interventions. Drawing and painting are most widely used for intervention due to the possibility for spontaneous and unconscious expression of inner conflicts. These help to express a client's mindset as well as inner conflict or their symbolic meaning of mental illness. Furth (1988) insists that drawings contain symbols from the unconscious, and that they are also connected to the individual's identity complexes. Rubin (2001) also said paintings or drawings offer patients spontaneous expression of their mind. In addition, psychological drawing tests are widely used, such as the Kinetic Family Drawing (K-F-D), House Tree Person or People (H-T-P), Kinetic School Drawing (K-S-D), Person Picking an Apple from Tree (PPAT), and Draw a Person in the Rain (DAP-R). These assessments are

usually used for the first session to gain understanding about a client's emotional feelings and circumstances.

Art therapy activities are effective for people with psychosocial, developmental, and cognitive problems or issues to help express their regression, anger, anxiety, and other feelings. Using Cognitive Behavior Therapy (CBT) is effective for people with alcoholism, insomnia, depression, post-traumatic stress disorder (PTSD), anxiety disorder, drug abuse, or suicidal tendencies because it includes cognitive reconstructing and problem solving therapies (Rubin, 2011).

Depending on the aims of purpose, using art materials is important for doing art therapy sessions. Materials and techniques should be simple, such as pre-cut photo collage materials like magazines, watercolors, color pencils, markers, soft or oil pastels, and various papers: tissue paper, colored paper, or canvas. Rubin (2011) asserts that art materials need to be simple, less expensive, and unstructured. I believe that simple techniques and processes with basic materials are more effective for doing sessions because the goal of art therapists is often to discover a client's emotional state, not teach art. Markers, soft or hard pencils, watercolors, pastels, and scrap or normal paper are familiar materials for children to adults. Hard pencils and colored pencils are especially effective for providing control for clients. Collage, painting, clay modeling, scribbling, and painting on a mask or making a mask are various techniques of the art therapy field. A client or patient's work will not be judged or criticized, but rather looked at from a psychological viewpoint. In addition, aesthetical criterion is not necessary to understanding the client's work.

5. Discussion and Results of Practicum Fieldwork

Art Therapy at the Student Health and Counseling Services

The Student Health and Counseling Services is intended to support students' well-being, through means such as health education, prevention, promotion of academic achievement utilizing counseling and art therapy interventions. In addition to counseling and art therapy, the center also supports health education about eating disorders, substance abuse, stress and money management, and nutrition. There are three full-time counselors and one art therapist intern available from Monday through Friday. Each session lasts one or two hours. Sessions are scheduled by making an appointment one week in advance. Before a student starts their session, they are required to fill out an in-take form, so the therapist knows exactly what a student needs and understand how they process their emotions.

There are a lot of art-based interactions and counseling techniques that may be applied for an art therapy session on campus. Except for group art therapy and for special occasions, students usually visit the Student Health and Counseling Services to sign up for their individual session with the art therapist intern. The number of sessions is decided by the therapist and may be from five sessions to more than ten depending on the student's symptoms. The art therapy room is open from Monday to Friday.

In my experiences of doing interventions so far, all students have at least some concerns for their near future or current plans, like obtaining a job, moving plans, considering transferring to another school, choosing a major or minor, or building relationships with peers. Furthermore, some students on campus have struggled with depression, schizoaffective disorder, anxiety disorder, and other mental diseases. Becker, Martin, Wajeeh, Ward, & Shern (2002) research shows that approximately 37% from 18 to 24-year-old young adults have psychiatric illness from mild to severe levels, and 8% of faculty respond that students with mental illness are dangerous. These college students confront two problems: they must

overcome social prejudice as well as suffering from illness. There are a high percentage of students with depression, who take medication, and some who have stopped medication as well as those who deny their symptoms.

Providing art therapy on campus is a powerful tool to help students. Art materials are used for a lot of various activities; however, elderly or special needs populations may taste small art materials, such as plastic buttons, paper clips, and others, just because they are curious. That is why one inch materials or smaller should be avoided. Art intervention is available for individuals, couples, groups, and families with goal-oriented tasks, but on campus counseling is only available for individual sessions. Materials should be simple and unstructured, less expensive, and have universal usages.

These are the policies of the UW-Superior Counseling Services:

1. Counselors and the art therapy intern at the counseling center are not allowed to counsel each other.
2. Counselors and the art therapy intern are only allowed to go to the clients' graduation ceremony, weddings or funerals.
3. Counselors and the art therapy intern are not allowed to meet clients outside of the office, and sending an e-mail or text message is only for making appointments or canceling.
4. If a client does not arrive on time to his/her session, the therapist should wait until the end of scheduled session in case the client is late.
5. All sessions should be individual sessions and all clients should be students on campus.
6. All sessions consist of one hour or two hours.
7. Counselors and the art therapy intern are not allowed to receive any gifts from clients.

Emotional Health for Students

I have found that most students are busy with schoolwork, part time jobs, and other tasks. However, doing art therapy activities may give students life energy to improve their concentration for studying and working. Through the art therapy session, the student may be more likely to study efficiently, just as they gain physical and mental vitality through exercise. Engels & Nijhof (2007) state that when students start their new campus life, they should leave their home to pursue their new life. Homesickness is a prevalent phenomenon among students, and it often brings about a negative emotional state.

Taking care of one's mental health should not be ignored to pursue a better campus life. In addition, if a student has a mental illness, art therapy is more effective for obtaining mental and physical stability than taking medication alone. Their academic goals are important, but psychological health and well-being is also significant. All students on campus may participate in art therapy to share their stress and anxieties related to family, peers, and academics, and to stabilize their mind and body through art activities. Each student has a different personality and circumstance, so the goals for art therapy sessions will be unique to the individual. Therapists need to complement each student's psychological needs. During the students' campus experience, students are not only concerned with studies to achieve academic goals, but additionally, international students are apart from their families and friends to pursue their better life. Therefore, they may also have difficulty and confusion with communication, adapting to different, food, culture, and environments.

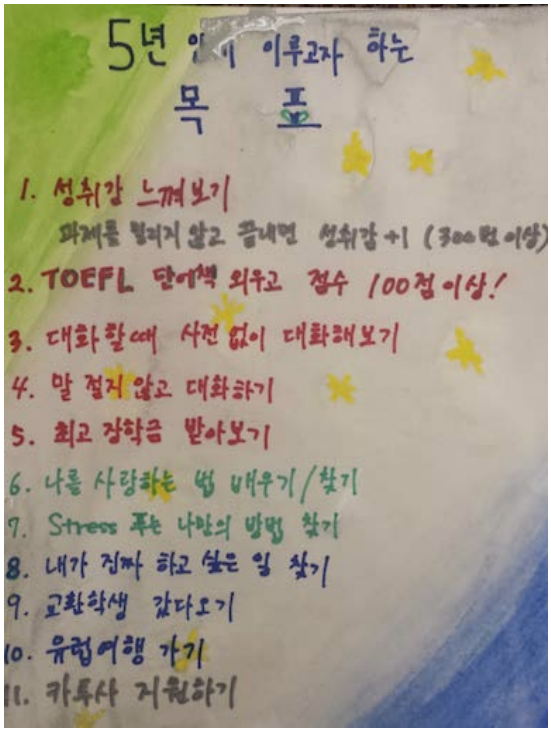
Art Therapy and Counseling Techniques:

Participating in art therapy and counseling sessions are alternative ways to heal a client's mindset and sometimes may be more effective than taking medication alone. Although the pharmaceutical industry has developed, complicated human emotions are not completely controlled by medications. In my opinion, combining both art therapy activities

and counseling techniques will be more effective and goal oriented. Art therapy and counseling are different fields and have two different certifications: Registered Art Therapist (ATR) and Licensed Clinical Professional Counselor (LCPC) etc. However, I would like to apply various counseling techniques into art therapy. In addition, English is my second language, so I want to find my own efficient ways and effective therapeutic goals by adequately supplementing the aspects of speaking verbally and practical aspects of art therapy. In this paper, I am going to talk about some techniques, such as Jungian, Cognitive Behavior Therapy (CBT), Dialectical Behavior Therapy (DBT), Jungian, Psychodrama and Gestalt approaches, Solution Focused Brief Therapy (SFBT), and Rational –Emotional Behavior Therapy. I will not deal with all the individual techniques from them; I will just choose my own theory to relate with art therapy sessions and how I can apply these methods into art therapy. I have considered therapeutic methods of art therapy and counseling to relieve stress and anxiety during the school days. I focus on explaining how these methods are effective for students' mental health (healing) and well-being in their school life.

Cognitive Behavior Therapy (CBT)

Aaron Beck (1921-) had formulated CBT for people with depression, but this therapy is also widely used for people with anxiety disorder, bipolar disorder, substance abuses, eating disorders, and phobias (Corey, 2012). CBT converts negative, distorted, and exaggerated thoughts from the depressed feelings into positive thoughts. In the treatment of depression, cognitive function problems are changed consciously to change behaviors and symptoms. CBT is a time-limited approach within 8 to 15 sessions and a cost-effective treatment. In the research report, CBT treatment is reduced to 50% symptoms in the short-term treatment during 15 sessions, but patience is required to finish homework for every session (Corey, 2012).



Figures 1 & 2. Goal-oriented CBT: Five Anxiety Lists &10 Goals to Achieve within 5 Years

The advantage of CBT is that it can change the cognitive function from negative, distorted or exaggerated thinking to positive thinking. CBT has a lot of different approaches, such as self-talk, reframing, thought stopping, finding cognitive errors and cognitive restructuring (Erford, 2015). It is also effective for university students to fix irregular lifestyle habits. For examples, *Figures 1 & 2*. "Five Anxiety Lists & 10 Goals to Achieve within 5 Years" shows what college students have concern with in their near future plans and what they are interested in. Students fill out the schedule in the 'day and night plan' to keep track of weekly time management, so they can reflect on one week and improve their lifestyle where needed (Figure 3). Another CBT skill is to write automatic thoughts with four different episodes to find his or her misconceptions or mistakes from each episode (Figure 24 & 25).

Daytime & Night Activity Plans

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7 - 8 a.m.	sleep	sleep	sleep	sleep	sleep	sleep	sleep
8 - 9 a.m.							
9 -10 a.m.		watch movie	watch movie	stay with friend			watch movie
10-11 a.m.		shower			play & talk with friend	watch Youtube + Talk with friend	shower
11-12 p.m.	watch movie	play with friend	cook & eat	shopping			
12 - 1 p.m.			exercise			shower & other	stay & play with friends
1 - 2 p.m.	cook & eat			cook	cook & dinner		
2 - 3 p.m.	time with friends		stay with friend			play & dinner with friend	
3 - 4 p.m.		dinner		celebrate friend's birthday	stay with friend		
4 - 5 p.m.	dinner		dinner				
5 - 6 p.m.		play with friend	play with friend	play with fried	watch movie with friend	sleep	sleep
6 - 7 p.m.	play with friend						
7 - 8 p.m.		movie					
8 - 9 p.m.	movie	sleep	sleep	sleep			
9 - 10 p.m.	sleep						
10-11 p.m.							
12 - 1 a.m.							
1 - 2 a.m.							

Tips: regular exercise & sleep2, Yoga or Meditation less drinks coffee No diet medication
생활팁: 1-규칙적인 운동과 잠자기. 2-요가 & 명상하기. 3-카페인 혹은 다이어트 약 금물.
4. 믿을 수 있는 친구, 가족 혹은 배우자 등에게 걱정과 불안 얘기 하기.
talk about your anxiety · worries others/family

Figure 3. Daytime and Night Activity Plans During the Break

Automatic thinking cognitive core function is to find cognitive errors from supporting the concepts (Figure 26). There are around 15 different cognitive errors: all-or nothing thinking, overgeneralizing, jumping to conclusion, labeling, magnifying or minimizing, and personalization etc. Through CBT activities, students on campus can improve their decision-making and overcome conflict with peer relationships. CBT is nonjudgmental, nonthreatening, and unconditionally accepts clients from diverse backgrounds. It is also applicable to university students as they fix irregular lifestyle habits.

Day and night activity plans: This is for time management weekly, so clients can reflect on one week and improve their lifestyle. If students had to fill out every single hour, they can choose to write morning to afternoon times or evening times. This is a long-term project, and CBT requires homework assignment regularly. These activities are useful and effective, but the student's strong mind is the most important.

Dialectical Behavior Therapy (DBT)

Figure 4. Collage with Sensory Scan

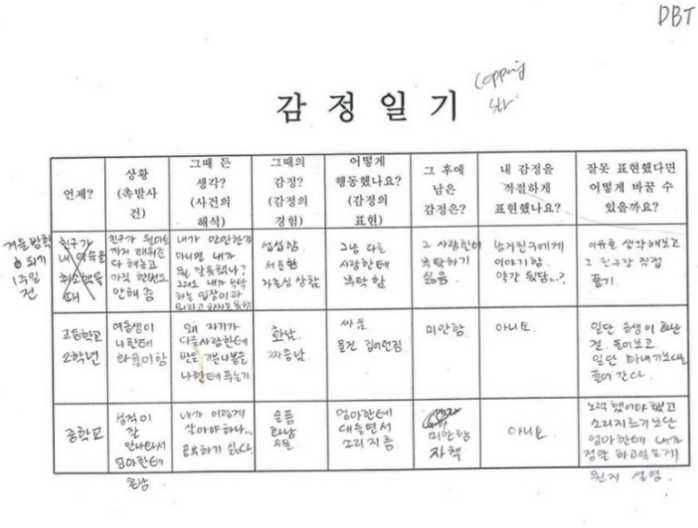


Figure 5. Emotional Diary

Psychology researcher Marsha M. Linehan (1943 -) developed DBT in the late 1980s for people with borderline disorder (Erford, 2015). Four main goals of DBT are mindfulness, distress tolerance, acceptance and emotion regulations **(**Choi, 2014**).** DBT is mindfulness based stress reduction therapy as well as relieving aggressive, self-harm, and anger issues, which was from CBT. DBT goals are distress tolerance, mindfulness, acceptance, emotion regulation, and interpersonal effectiveness as a result to relieve aggression and anger issues to increase self-esteem (Kuwn, 2013). Anger issues are the result of reactions from destructive desire, impulse, anxiety, aggression, and depression. If people are not able to express their anger and allow it to build up in their minds, it may cause physical ailments, harm to oneself, or irrational beliefs. Therefore, learning coping strategies and increasing emotional intelligence are important. In addition, creating a list can comfort the clients, and they are likely to have a mindfulness experience. If clients have confronted any distress or hardship events, she or he will do self-defense or console her/himself.

Sensory scan: This is collage activity to find sensory images from old magazines **(**Choi, 2014**).** For example, *Figure 4*. "Collage with Sensory Scan," the image expresses a comfortable bed for olfactory, a bird for auditory, a pack of chocolate for taste, and various pink colors for vision. Attaching metallic - mirror paper is not necessary for coloring background. However, the best ways of doing sensory scan will use real activity like playing instruments with auditory or smelling some flowers.

Emotional diary: The Emotional Diary of DBT is also a useful activity (Figure 5). This consists of answering eight questions, such as *when was the trigger event? What was the event? How did you interpret the events? How was the feeling at the time? How did you express your emotion? What remained after that? Did you express your feelings properly? How can you change if you misrepresent yourself?* **(**Choi, 2014**).**

Through this activity, clients can find trigger of the events and find what representation from it was. Therefore, this activity can reduce negative emotion and increase positive emotion.

Breathing activity: This is one of the examples of abdominal breathing. The first step is to think about if I go on a trip to a tropical beach and I am doing deep breathing activity for relaxing my body and mind while listening to meditation music.

This example is as below:

Deep breathe in through your nose then hold it for about 5 seconds → (pause) → Now breathe out slowly → (pause) → Again, take a slow deep breath in through your nose → (pause) → Hold it for about 5 seconds then breath out slowly → (pause) → One more time, breath in slowly and fill the beach ball with air → (pause) Take a moment to listen to your breathing (Erford, 2015)

This activity can use more scenarios with different nature places, such as top of the mountain, valley, mountain temple, or beach. I would have thought of the sea because as a

child I put my ear to the seashell, closed my eyes and heard the sound. It would be nice to relive the feeling of that time.

Jungian

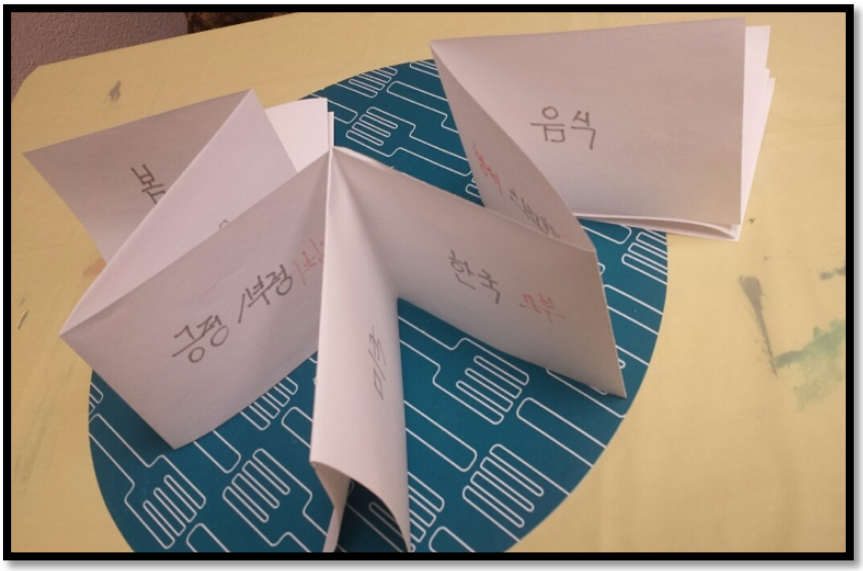


Figure 6. Word-association with 36 Different Words for Asking with Folded Paper

Carl, G. Jung (1875-1961) had a great interest in spiritual awareness and dream analysis. He developed dream analysis from one of the Freudian theories. I believe that Jung was not only a psychiatrist, but also he crossed over the boundaries between the spiritual world and the real world.

Word-association for adult group: Jung made a list of words that would related to the client's circumstance then Jung checked responding time to each word to find out what kind of complex the patient had as a guide (Figure 6). The word-association test was devised by Sir Francis Galton (1822-1911) and developed by Wilhelm Wundt (1832-1920) (Steven, 1994). Counselors or art therapists choose word lists which are related to clients then ask clients to respond to each word. The client will simply talk about her/his personal meaning/thinking with that word. As a result, if the client has complexity or conflict with that word, it will take time to answer.

Sentences-completion for children group: Children have limited vocabulary and the art therapist may struggle to know personal circumstances due to lack of self-expression. Finishing sentences is a good way to discover their emotional feelings with positive or negative sentences. This test was developed by Joseph M. Sacks.

Example)

1. Being with other friend _____.
2. I am (not) good at _____.
3. I really (do not) want _____.
4. I will become _____.
5. If I want to be a happy_____.

Dream analysis: Jung said dreaming is day-time reflection and that emotional inner conflict may be revealed by the dream (Singer, 1972). Expression through painting and drawing combined with dream analysis reflects a client's daily events and stress. For example, Hee (a student I worked with), is 18 years old freshman from South Korea, and she has written more than 1,000 dream episodes on her Twitter account, which only she can access. In other examples, *Figures 7* & *8.* "My Expressing with Dream Analysis," that I had drawn twice a week. After I woke up in the morning, I wrote a simple memo of my last night's dreams, and I drew a picture based on the story. People have dreams almost every day, but we sometimes do not remember them.

Figure 7 & *Figure 8.* My Expressing with Dream Analysis

Lee (2004) said people sleep an average of seven to eight hours a day, and they have dreams approximately four to five times with 20% to 30% of whole sleeping time while schizophrenics have dreams around 50% during sleeping time. I do not know whether it is related to delusions and hallucinations in schizophrenic patients, but it is an interesting result. Freud had only limited dream interpretations of the past, but Jung was focused on dream analysis from the past to future. Jung has divided the dream into three different stages: the life of personal dream, the primitive cultural context of dream, and the archetypal content of dream (Steven, 1994). When we wake up in the morning, last night's dream scenes usually disappear within a couple of hours, therefore, having a note and pen beside the bed would be a good way to write memos or draw images after waking up.

Persona with mask-making activities: Persona was started from preference on the stage, and used a lot of different masks. Persona is commonly used in all societies, and it is one of the archetypes (Singer, 1972). In our social lives, we may adjust roles as a housewife, mother, father, son, daughter, or office worker. Each mask represents different roles of the people's personal lives. This is akin to how people choose different masks to wear at a costume party.

Figure 9. Plaster with Acrylic Color *Figure 10.* Couple Art Therapy Making plaster Masks

In the art therapy sessions, making or painting on a mask are frequently used to obtain a client's reflection. A student-client expressed freedom and happy feelings during the art therapy sessions (Figure 9). When I conducted art therapy for a campus couple session, they attached strips to each other's faces (Figure 10). Making masks was influenced by cultural primitive tribes that included a long history of showing various personalities. In the art therapy field, mask activity is essentially used for all groups with different methods or themes: painting/writing on/back of masks, making mask shapes, coloring on animal-shape masks, or making masks with plaster strips for facial masks. Through mask activities, young or adult clients do tactile experiences, think about family or peer relationships, or find inner conflicts.

Psychodrama and Gestalt Therapy Approaches

The psychological drama was created by Jacob L. Moreno (1889-1974), who was an Austrian-American educator, psychoanalyst, and theorist (Yang, 2001). The advantages of doing performance psychodrama are that it can develop language ability, physical ability, concentration, community consciousness, and ability to think (Park, 2014). Through this approach, clients are clarifying and resolving conflicts by revealing the inner issues of an individual through their actions. It is a good technique for group counseling to explore different aspects of life from past to future. In other words, the psychological drama is simply used to solve one's problems. It is an improvisational play that expresses spontaneous behaviors.

Figure 11. Two Chair Experience and Empty Chair Experience

Gestalt therapy was developed by Fritz Perls (1893-1970) as a psychotherapeutic approach with present-moment experiences, existential meaning, interpersonal relationships, and the holistic integration (Corey, 2012). Body movement, two chair experience (role reversal), and the empty chair experience are represented (Figures 11 & 12). The empty chair technique helps the client to see their own inner figure and assumes that there is another

person. It is a direct method of experiencing emotions through a conversation with the person after imagining that the empty chair is not subject to anger. Perl said that this technique is used to draw out the inferiority and existence of the client's mind and communication (Eford, 2015). This solves present and future issues. It is 'here and now' based and creates awareness of the present time, and the client discovers him or herself.

Solution Focused Brief Therapy (SFBT)

Steve de Shazer (1940-2005) and Insoo Berg Kim (1934-2007) developed SFBT in the late 1980s in Milwaukee, Wisconsin (Corey, 2012). SFBT is cost and time effectiveness therapy which is based on stress empathy, collaboration, curiosity, and respectful understanding of a client's current problems (Corey, 2012). SFBT is focused on the present and future, goal directed, and focuses on finding the solutions. It has several different techniques: scaling, exceptions, problem-free talk, Biblio therapy, miracle question, and flagging the minefield.

Scaling: This is commonly used for counseling sessions at any age. Scaling technique helps the client and the therapist to achieve their goals (Erford, 2015). I believe that the scaling method is not a big part of my art therapy sessions, but it is useful to be aware how a client has current emotional feelings after talking about their events. If she/he feels anger, happiness, sadness, stress, or stress with someone, I ask she/he how are your current feelings from 1 to 10. 1 is nothing and 10 is the worst feeling, therefore, I can imagine how hard of a time that they are having with what happened. Facial expression images from smiling to crying are also easy to understand in all different age groups.

Figure 12. After 10 Years Later My Life: Miracle Questions

The Miracle question: This idea came from Erickson's crystal ball technique to imagine a client's future with no problem, with a bright future and to figure out ways to solve problems (Erford, 2015). The miracle question is to help to clients gain motivation of their goals and perceive a problematic circumstance. The miracle question is to help find clients' positive goals, demands, and help them have better feelings. For example, when I conduct individual sessions with the miracle questions, I ask '*Where would you want to wake up next morning in your favorite place like a vacation spot?' 'What happened to you when you woke up in the morning?' and 'Think about your life after 10 years'* (Figure 13). The student-client made a studio apartment in New York with a bed, tub, and kitchen facilities. She lived at the dorm, so she wanted her own facilities.

Erford (2015) also suggests some examples as below:

"If this problem suddenly vanished, what would you be doing tomorrow at school that would be different than what you usually do? What would be the very first sign of this miracle? Then what?" (p. 19).

"If someone waved a magic wand and made this problem disappear, how would you be able to tell things were different?" (p. 19).

I occasionally used this technique with the international students because they already have a big goal and plan for their future when they had decided to study abroad. They mostly have their near futures planned after graduating from their programs, so various miracle questions have helped them build their bright futures.

Rational –Emotional Behavior Therapy (REBT): REBT was made by Albert Ellis in 1955, which is focused on client's current thought and beliefs. Rational and irrational beliefs and ABC model are represented by him. Like a CBT, it is also adapted to client's cognitions from psychological issues. REBT has three goals to help a client: self-talking from insight, assessing thoughts, feelings, and behaviors, making independent thoughts for the future by themselves (Cory, 2012).

Journaling: Journal writing is to express a client's (daily) feelings, needs, and thoughts, so it is a good counseling tool. One example of a counseling journaling technique is to write at least 5 minutes every day about anything. The other way, is writing it at the beginning or during the session or sharing one's reflection during the next session. In addition, 15 minutes of journaling or 15 minutes of drawing also helps to express spontaneous feelings. Through the journaling process, the client can be aware of irrational thoughts and beliefs. For example, the client wrote about her worries about putting on weight recently, and felt unattractive and unlovable. As a result, the client's accompanying thoughts will be that people will find her unattractive.

Case Examples

The following four cases include students currently doing art therapy with this author for once a week, an hour per session, since last September 2017 until May 2017. These case examples will help provide guidelines for future art therapists who work on college campuses. The names of students have been changed to protect their privacy.

Anne, 34 years old, Caucasian female student

Anne was diagnosed with schizoaffective disorder when she was 16 years old during her exchange program in India. At that time, she lost control and got mad, so she had to travel back to her hometown to meet a doctor. Since then Anne has been taking medication for 18 years. The first session, Anne looked at the floor and did not make eye contact with me. I asked her to make something with four different colors of Model Magic clay; she made a swirl shape, which often, appears with schizophrenia according to Malchiodi (2012). The significant meaning of the swirl shape is that her energy is going around with in her own boundary (Malchiodi, 2012). Anne has participated in CBT and DBT for almost three years as an obligation when she was in high school to relieve her self-harming, and to prevent her screaming or yelling during the class sessions. She does not do these therapies anymore. She prefers to do art therapy. Anne believes that art therapy has a beneficial effect. The next session was to do collage depicting 'Her two painful or unforgettable memories when she was a child.' When Anne was 12 years old, her family's dog died when the dog was 12 years old due to sickness. Anne still remembers that day. Her father is a veterinarian doctor in his small town, but he could not save the dog. Another memory was her being bullied by classmates on the school bus when she was a second grader. Anne was bullied from K-12 grades in the schools and on the school buses, and she was not strong enough to confront her peers, therefore, her nickname was "cry baby." Although Anne cried from bullying at home several times, her parents never visited her schools because it was a small town and her father

worked as a veterinarian for farm animals, so he did not want to have conflict with his neighbors.

Figure 13. Last Nov. Inside of Anne's Mind and Five Months later with the same theme

The therapist gave her the same four different colors of Model Magic to make the inside of her mind with colored clay, and this theme was exactly the same as she had given in the first session last November (Figure 13). At the last session, Anne made triple star shapes and she said, "I don't know." Last November, she made a swirl shape, which often appears with schizophrenia. The significant meaning of the swirl shape is that her energy is going around with in her own boundary (Malchiodi, 2012).

Anne dislikes changing her schedule with times and dates. I assumed that she might have stress to change her daily life, even as she was considering to quit her academic program due to struggling to finish her homework. As her art therapist, I found her flexibility to be a little less than that of other students. Anne said her medication affects her and makes her have a bad mood. That is why she mostly focuses on doing narrative art therapy, painting,

modeling clay, writing, and creating collage. Anne used various vivid colors, such as red, green, yellow, and blue. During most sessions, Anne usually gets calm and quiet while she is engrossed in her interventions.

Anne preferred to spend her sessions doing only art activities because she had already done long-term treatments with CBT, DBT, and she had completed a lot of emotional checklists from when she was 16 years old. At the beginning of the session, Anne asked me if she could do just art therapy sessions, but she wondered if using art therapy can relieve her mind and be effective like counseling or other treatments. I believe that doing various activities would also be effective. In the Art Therapy Process Notes (Figure 22), I conducted the checklist twice in February and April to compare how she had changed her emotional circumstances. Her overall mood went from six to seven, so one point increased toward pleasant. In The Present Mood with Emotional State Scale, Anne decreased her gloom and anxiety. In her problem solving skills question, she only checked “organized,” but in April’s paper, she checked “concentrated, thoughtful, constricted, difficulty following directions, and frustrated easily.” I believe that Anne opened her eyes to look around herself. I told Anne about the termination date with six weeks left, and she said, “Oh, no. I really need it.” I wanted to do more sessions as well.

Terri, 18 years old, black female student

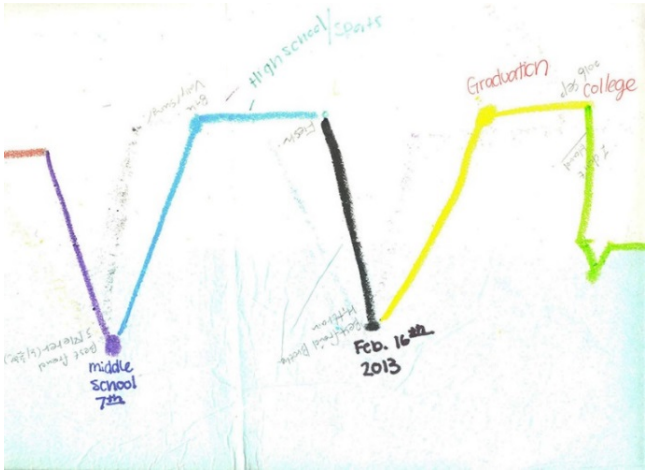


Figure 14. Terri's Two Past Events

Figure 15. Emotional Pie

Terri is a freshman student, quiet and athletic. Terri revealed signs of high tension from the beginning of the session. Terri had two big grief events when she was a 5th and 8th grader when her close friend and her friend's brother died in a traffic accident. Most of all, when her friend died, it was the saddest moment in her life. I conducted a timeline experiential activity (Figure 14) with Terri and discovered these events from the timelines. I realized that her grief came from two events and I learned that past depression is not the only trigger from their family. For young children, their family and friends are a big part of children's daily life and have the most effect on them. The last timeline color was green after Terri entered the college, and the line drained into the water, which was the lowest point of her sadness. I attached blue tissue paper on the bottom part. I asked her why she chose the green. Terri said, "I don't know." She shook her head with a sad face.

To make the inside of her mind activity, Terri made a big tear drop that was 2 inches in height with white clay and then she painted blue color all around her three dimensional art work. I asked her how many times she cries a week and she answered twice a week and 10 to 15 minutes at the dorm. Terri always cries when her roommate is gone to class, so she does

not know about it. I also asked her the reason why, and she answered she misses her family in her hometown. But, she does not know another reason why. If I know her symptoms, I could do problem-solving interventions effectively. I asked her, “Have you ever seen a psychiatric doctor to ask about your symptoms because people in general cry about special occasions, not regularly.” Terri’s eyeballs became bigger and she said, “No I didn’t.” I could not ask anymore.

A few days later for the next session, I prepared painting and writing for the client to create an emotional pie chart (Figure 15). This method is to gain an understanding of what emotions a client has. This therapist cut a circle shape of paper and asked for her to divide the space and record what emotions she is currently feeling and assign a percentage. She wrote worried (40%), annoyed (30%), happy (10%), empty (6%), sleepy (5%), and tired (5 %). Terri also painted various colors for background images. The 40% of feeling worried was the highest percentage, but Terri said she has no idea why. Next highest was annoyed (30%) and she explained it is due to her coach always yelling at the team. Sports is also is a big part of her daily life.

I wanted to know where her anxiety came from, so I asked for her to write for five minutes reflecting on her anxiety. Terri wrote about her grades and missing family; however, she keeps thinking about her grades and family all day long and every day, which makes her have headaches. She also has vision problems. People in general have anxiety, but not typically all day long, every day, and through the whole semester. It can be gone the following day or a couple of hours later. I advised her to think about her anxiety or concern with fixed times for two or three hours per day, instead of all day. Terri’s symptoms are similar to generalized anxiety disorder, so I wanted to check more; therefore, I showed her the generalized anxiety disorder (GAD) section of the DSM-5. I asked for her to draw lines on any symptoms related to her. Terri read five pages from p. 222 through p. 226 and drew

lines to: *being easily fatigued, difficulty concentrating or mind going blank, irritability, worrisome thoughts, temperamental, worry about forthcoming problems, and excessive worry*. I also said "Anything else?" She wrote sad and aggravated. I found other evidences of GAD symptoms in Terri's case study; especially post-traumatic stress disorder and acute stress disorder which are mainly caused by accidents or disasters that cause extreme mental shock because her friend and friend's brother died.

Generalized anxiety disorder may produce overall high levels of physical tension, impatience, and sensitivity. High levels of physical tension are likely to have been caused by excessive and chronic anxiety, which can lead to a vicious cycle of not being able to relax due to physical tension and causes excessive anxiety (Craske et al., 2005). Symptoms include fatigue, headache, nausea, muscle tension, muscle pain, difficulty breathing, difficulty concentrating, trembling, twitching, irritability, agitation, sweating, diarrhea, insomnia, and flushing. If these symptoms persist for more than 6 months, it is diagnosed as generalized anxiety disorder.

Terri joined my art therapy interventions four months ago on referral from one of my client-students. I mentioned to her about the termination, and she said, "No, how can I live without doing art. I need more." The therapist also did not want to leave the counseling office, but they wanted another counselor in my room. On The Penn States Worry Questionnaire (PSWQ), she received 49 out of 80 in the 16 questions (Figure 30). Two weeks earlier, I also conducted the Hamilton Depression Rating Scale (Figure 27), and her score was 10 out of 68. Comparing the two checklists, Terri is closer with GAD. In the PSWQ, Terri strongly agreed with: "As soon as I finish on task, I start to worry about everything else I have to do" and "I worry about projects until they are all done." The therapist believed that this test matched with her symptoms. Terri worried about something for approximately six hours a day and it usually started noon to 6 p.m. in every day until she finished her classes and doing homework

on weekends. She said her anxieties disturbed her concentration while studying. Terri always had tension of her body and gestures, so I mostly focused on sessions with her to relieve her tension with listening to mediation music with scribbling drawings, clay or painting work, 5 to 10 minutes writing, and etc.

Yoon, 22 years old, Asian female student

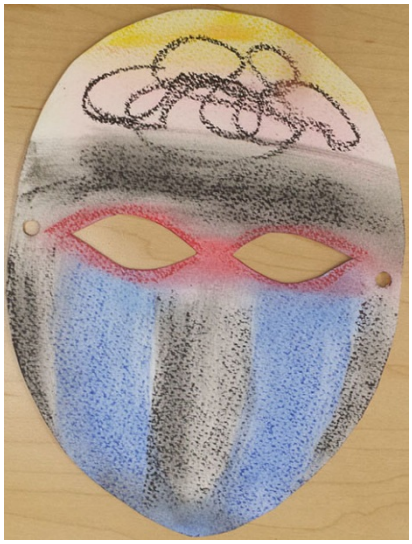


Figure 16. The First Session: Crying Face

Figure 17. Six Months Later: Inside of Her Mind

Yoon was diagnosed with depression with her mother when she visited in her hometown last summer vacation. Yoon has felt depressed, lonely, sorrow, low self-esteem, anxiety, and she worries about her family. Yoon would benefit from positive thinking skills and strategies to change her irrational beliefs. Yoon took medication for depression during her last summer vacation in South Korea, however, it affected her by making her feel angry and she had difficulty calming down her emotional feelings while she was taking the medication. So, she does not want to take it now.

Yoon has been living in the United States since she started high school when she was 16 years old. Yoon currently lives at the dorm on campus, and she has a boyfriend with the same nationality. Yoon comes from a middle socio-economic level because her parents

earned money with investments in real estate. She seemed to have a happy and stable family life. At the first session with Yoon, I asked for her to draw a house, a tree, and a person (people) for the H-T-P test. Yoon finished her drawing in a short time, and she explained to me that the house and family are her future family after she gets married. I said that this image looked like her current family with conflict and not being together. Yoon cried at the end of the first session. Another session with a 'Timelines' activity was to draw lines of her life events from childhood to now. I asked for her to choose 5 to 6 life events with increasing or descending lines and her ages at the time. Yoon chose 3, 8, 13, 16, 18, 19, 21, and 22 years, and the hardest time was when she was 19 years old when she heard that both her parents were having affairs three years ago. Although her parents got back to their normal life, her mother was still busy with her work.

For the mask project, I made a mask shape made of thick paper and asked her to use color to depict the inside of her mind using soft pastels (Figure 16). Yoon expressed feelings of sadness with images of crying. I asked her "What do you think of the image?" Yoon suddenly cried and said she had no idea. The following session, I asked her to rate Yoon's emotional feelings from 1 (the worst) to 10 (very good) and she answered 5 now, and she said the first session was 9. Around six month later, I conducted the same theme of art intervention and she has less sadness face (Figure 17).

The next session's intervention was to write Yoon's five wishes for the near future: mentally, financially, and physically. Yoon wrote her five wishes, which were to get a job at a foreign company, preparing for her wedding, saving money to buy a car and house, volunteering at animal shelters, and giving affection/love to her family and boyfriend. This is one method to gain a positive mindset and it was linked with her near future plans. Yoon said "I want to buy a house in suburban area because my children can play in the yard. In time, I will run my own company. I don't know exactly, but I want to run my own business." After

she finished her writing, I prepared stickers, strings, glue gun, and watercolors for decorating. I also gave her a list of daily tips to do regular excise, meditation, and sleeping. In addition, eating less caffeine or taking less diet medication, and talking with trusted friends or family members to relieve her depression.

During the winter break, I prepared cognitive behavior therapy (CBT) for Yoon's sessions because it has more therapeutic goals and could change her to a more positive mindset. I asked her to fill out her one week of Day & Night activities sheet as ~~a~~ homework. During the session, Yoon filled out her automatic thoughts in the four events, and she wrote about her relationship with her boyfriend, younger brother's study abroad issues, friendship, and relationship with other peers on campus. At the next session, Yoon brought her homework, which was her day and night activity plans, and she recently started doing exercise at the gym because she is stressed from putting on weight.

Another CBT skill I introduced for her session was Automatic Thinking Cognitive Core Function, which was to have Yoon write about supporting core concepts and reflect the core concepts. Yoon also talked about finding the triggers of her anxieties, identifying wrong assumptions or distorted types of thinking, and the controlling of anxiety in her whole life or recent events. Yoon talked about hard conflicts with her parents and boyfriend. Through these sessions, Yoon changed her thinking skills toward positivity. I also prepared a table to match her written automatic thoughts with cognitive errors, such as: all-or-nothing thinking, overgeneralization, mental filter, jumping to the conclusion, or labeling. Yoon chose jumping to conclusions, *should* statements, and emotional reasoning. After Yoon finished it, I talked about what 'self-talk' was and why she needs to write 5 minutes a day to help her find any cognitive errors through her writing.

Using Gestalt therapy and psychodrama performance were also good techniques to help solve Yoon's conflict with peers on campus. Yoon said the empty chair experience was

an effective method because she felt confidence with the activity. When Yoon met Jin, another student on campus, her whole body was trembling, she had difficulty breathing, and was tearful, but the symptoms disappeared after her chair experience. Yoon also had two chair experiences (role reversal) with her boyfriend. I had asked for them to choose only one recent event at the art therapy session, so the couple could start to solve their conflicts.

Another memorable intervention was doing Dialectical Behavior Therapy (DBT), which is type of cognitive-behavioral therapy with mindfulness-based stress reduction therapy often used to relieve aggression, self-harm, and anger issues. I prepared three different sheets: self-esteem, expression of anger, and aggression measurement checklists referred from two Master's papers: "Effectiveness of DBT Skills Training on Aggressiveness, Self-esteem and Anger Expression Style in Adolescents" and "Effects of DBT Skill Training on Emotional Intelligence Interpersonal Problems and Mental Health in College Students with Low Levels of Emotional Intelligence. "There were 65 total questions with multiple choice, and Yoon mostly checked *strongly agree* with aggression and anger management questions. In the self-esteem checklist, Yoon strongly agreed with not respecting herself, feeling like a failure, and feeling like a foolish and useless person. In the anger expression checklists, she answered she had anger feelings, felt sulky, had arguments with peers, judges others, swears, felt stressed, and that it was easy for her to lose control. In the aggression checklists, she chose *strongly agree* with feeling jealous toward others, clashing with opinions of peers, having difficulty with anger management that included physical fighting and arguments, possessing severe hostility, and sometimes destroying things. The aggressive checklists were mostly agree and strongly agree for 4 or 5 from 1 to 5. The reason was that when Yoon went to the elementary school, she often hit her two younger siblings until she transferred in 9th grade to the U.S. The last time of fighting with her brother, they grabbed each other's hair. Her anger feeling was caused by her parents.

Figure 18. Yoon's Painting: Changed with her mood

Eight months of practicum with Yoon has been terminated. I asked her what was Yoon said she has had a hard time with dramatically switching from a good mood to a bad mood. "*Figure 18.* Yoon's Painting" showed how her mood could change even over one week period of time. Yoon felt that she had no more peaks of extreme bad moods. It looked like it was smoother. In addition, Yoon does not stress or conflict with other peers anymore. I believe that this is long-term treatment, because she did not skip her sessions even during winter break. Yoon really wanted to fix her depression symptoms without medication. I conducted several checklists with her such as, Art Therapy Process Notes checklist, the Five Fact of Mindfulness Questionnaire (FFMQ), Difficulties in Emotion Regulation Scale (DERS) checklists, 68 questions of the DBT emotional checklists, and Hamilton Depression Rating Scale (HDRS) (Figures 22, 27, 28, & 29). I conducted the Art Therapy process Notes twice in January and April to compare how she had changed her emotional circumstances. Her overall mood went from 6 to 8, so 2 points increased toward pleasant. The Present Mood with Emotional State Scale, Yoon increased her happy and excited and decreased her sad, gloomy,

depressed, and anxiety. The Problem Solving Skills and Behavior Questionnaire was also reduced three months later. As a result of the DERS and FFMQ result in April, Yoon strongly agreed with: “when I’m upset, I have difficulty getting work done, when I’m upset, I have difficulty focusing on other things, and when I’m upset, I have difficulty controlling my behaviors.” In the FFMQ result, Yoon answered with very often and always true with: “when I have distressing thoughts or images, I feel calm soon after and my natural tendency is to put my experiences into words.” As a result of these two checklists, Yoon required emotional regulation, such as self-controlling herself, concentrating with study or work, and reducing undue empathy.

All these questionnaires may be hard to understand to the elderly or children, but academic students can finish around 60 questions or more within 10 to 15 minutes. That was why these questionnaires were suitable for young adults. When preparing and conducting checklists, I needed to find the exactly match for the symptoms of the clients; therefore, I researched a lot of articles and papers to find suitable questionnaires.

These three cases are good examples to show how to conduct art therapy sessions on campus as well as to reveal reasons as to why college students may benefit from art therapy. In my opinion, using both art therapy activities and counseling techniques is more effective and goal oriented. However, art therapists working on college campuses should respect students’ choices and their preference regarding counseling because of the issues of confidentiality within such a public setting. Each student has a different purpose to visit a counseling center, so art therapists employed on campuses need to be flexible to help students navigate campus life successfully.

6. Limitation of Study and Further Preparation Needed

Doing art therapy sessions on campus was so wonderful for me because I have 12 years of teaching experience in many universities, and I also had my own book arts studio for 12 years in Seoul in South Korea, so I am more comfortable conversing with younger generations in comparison to other age groups.

The limitations of research for my paper was that my internship placement in the Student Health and Counseling Services has three full-time counselors and I was the only art therapy intern, so I did not receive help or advice for my sessions. Therefore, I needed to make plans for all sessions by myself, so my research was just limited to my own study. In addition, during the winter and spring breaks, most of the students on campus leave, so the sessions were not conducted and some students did not return after break. Another limitation was that I am a full-time graduate student with a part-time job on weekends, and my art therapy sessions were mostly Monday through Friday with one or two sessions per day. So, I feel like I did not have enough time to observe each student thoroughly. The three case students that I conducted individual art therapy sessions with during my internship were in my third and fourth semesters. Therefore, I should finish all the emotional checklists and questionnaires within one year. I could compare how they improve their statuses over a short period of time.

7. Conclusions

In conclusion, universities are unique places where students from many diverse ethnic groups are living and studying in the same spaces. For an art therapy practicum, which involved meeting culturally diverse students on campus, it was a good experience and I had a great time with them. I also had shared with them my first study aboard experience with international student in London in U.K., and how it confused me with culture shock, food, conversation, and homesickness. That was why I really understood them and I would like my

effort to help them achieve their therapeutic goals. That was why as an art therapy intern, I enjoyed my time doing art therapy sessions with students of unique nationalities as well as getting to know cultural differences. Taking Cultural Psychology helped me to understand and use multicultural approaches in my sessions. When clients visit counselors or art therapists with the same or similar nationality, they are more likely to have comfortable conversations. I have seen this through my experience of working with mostly Asian students.

This is my last semester, so I want to organize all my techniques which I used during my sessions. My research is just the tip of the iceberg, so I will do more research, even after I graduate from my program. All ethnically diverse students on campus have unique individual characteristics, so the therapist should try to understand their intention and desires for each session. That was why, after one year of experiencing art therapy sessions on campus, I realized that continuing to learn new things would be important. I have learned a lot in my studies in the two years at UW-Superior and I am thankful to my program and all the faculty.

Art Therapy Intervention Sessions

Art Activity Session One:

- Timelines from childhood to now: write ages and talk about memories

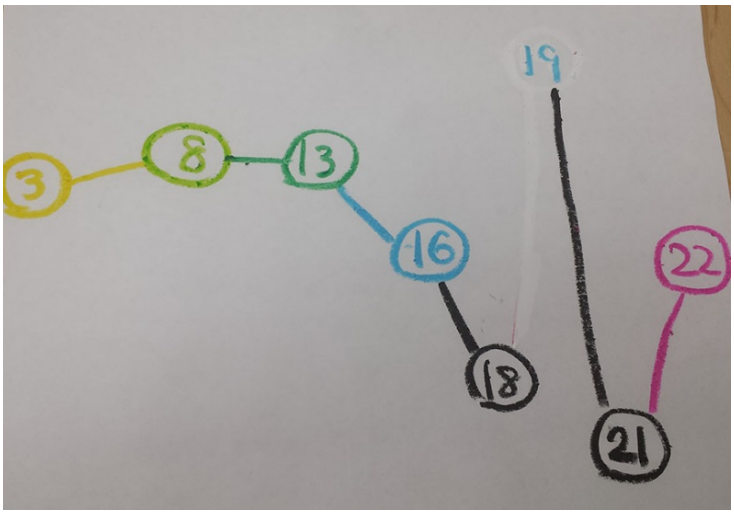


Figure 19. Timelines with Ages from Life Events

Client draws straight lines with her/his life events with increasing, parallel, and decreasing lines. Choosing different oil pastels colors to represent different emotional moments.

Population (include age):

Population is multicultural college students who are aged 18 to 22 years old.

Goal/objective: To know about client's past memories though time-lines, and how they may influence the present. To trace lines with decreasing and increasing directions depending on sad and happy events.

Directive: The directive for the client is to be aware of who they are and gain an understanding of their mind from past to present.

Materials: Oil pastels, paper, pencil, and eraser.

Processing: This intervention is to draw lines of client's life events from memories of childhood to the present representing sadness and happiness. The therapist asks the client to choose 5 to 6 life events with increasing or decreasing directional lines.

Q1. You start your timeline from 6 years old. Would you briefly explain your timeline from childhood to now?

Q2. Your timeline dramatically decreased when we you were a 5th and 8th grader. What was the event and why was that hardest for you? How do you feel differently today?

Art Activity Session Two:

- The miracle question: My favorite place

Figure 20. My Favorite Place

Client thinks about her life 10 years later in the United States. A lot of overseas students have a dream before deciding to leave their country to pursue a better life and job position in the U.S.

Population (include age):

Population is multicultural college students who are aged 18 to 22 years old.

Goal/objective: To find their academic goals as well as life goals. To find a goal to work for in the near future.

Directive: Client decorates the outside and inside of the box then finds out his/her favorite place.

Materials: four different colors of Model Magic, box, magazines, and pipe cleaners

Processing: The intervention is to think about the client's future plans and makes all the lists.

Q1. Think about 10 years later yourself?

Q2. When you wake up in the morning, 10 years have passed and your life will change, how do you feel?

Q3. What will you decorate in your home space? What is your favorite space?

Art Activity Session Three:

- Depicting the inside of my mind with color using a mask shape

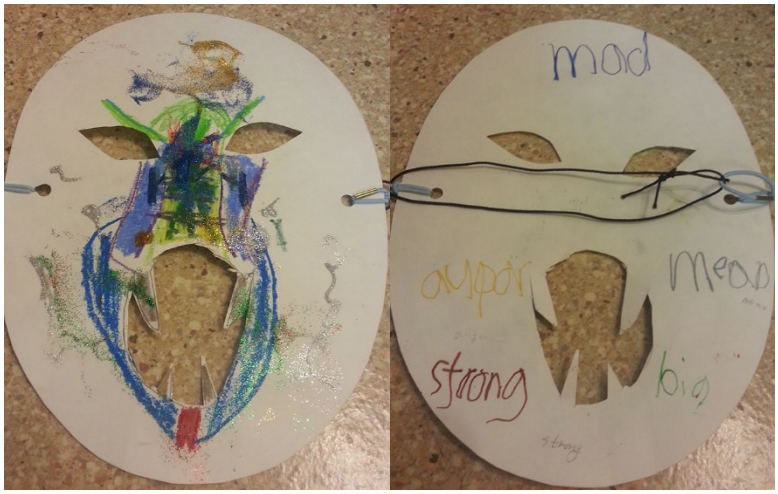


Figure 21. Inside of the Client's Mind with Mask: the Front & Back

Client chose different colors pastels for coloring on paper mask shape, and then she or he writes five words on the back of the mask.

Population (include age):

Population is multicultural college students who have depression, ages 18 to 22 years old.

Goal/objective: To relieve client's depression level and change thinking to a positive mindset. To see themselves honestly. To find out when depression occurs. To use soft tactile texture of clay to relieve client's tension.

Directive:

To know more about a client's inside of their mind by coloring on paper that is a facial shape using Carl Jung's social mask theories. To express a client's inside of their mind using soft pastels. To turn the mask over after coloring the front to write up to five words that instantly appear in his or her head.

Materials: Facial shape made of thick white paper, pencil, and pastels.

Processing: This intervention may help to understand a clients' real emotional feelings.

Q1. Why did you mainly use blue and black colors with the crying face? Is that your real face?

Q2. Why do you always have a bad mood inside of yourself?

Q3. How do you feel different compared to the beginning? Is there any change in your emotional feeling?

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Art Therapy Process Notes

Client: _____ Date:_____ Session #:_____

1) Overall my mood is

Very Pleasant 10 – 9 – 8 – 7 – 6 – 5 – 4 – 3 – 2 - 1 Unpleasant

2) Present Mood with Emotional State Scale.

	Strongly do not agree	Do not agree	Slightly agree	agree	Strongly agree
Happy	①	②	③	④	⑤
Sad	①	②	③	④	⑤
Gloomy	①	②	③	④	⑤
Depressed	①	②	③	④	⑤
Anxious	①	②	③	④	⑤
Excited	①	②	③	④	⑤

3) Which match your problem solving skills? (Multiple check, please)

☐ Organized	☐ Impulsive	☐ Follow directions
☐ Disorganized	☐ Thoughtful	☐ Difficulty following directions
☐ Distracted	☐ Constricted	☐ Easily to problem-solve
☐ Concentrated	☐ Spontaneous	☐ Frustrated easily

4) Which are similar to your attitude / behaviors?

☐ Motivated	☐ Restless	☐ Compliant
☐ Reluctant	☐ Oppositional	☐ Initiates
☐ Withdrawn	☐ Focused	☐ Demanding
☐ Disruptive	☐ Confident	☐ Cooperative
☐ Intrusive	☐ Inhibited	☐ Aggressive
☐ Passive	☐ Anxious	☐ Enthusiastic

5) GOALS (Address strengths and weaknesses; defenses; developmental levels)

- ☐ Improve self-esteem through mastery/ Reduced stress through release of tension
- ☐ Finish homework assignment early (concentration, problem solving, etc.)
- ☐ Improve interpersonal and communication skills
- ☐ Increase risk taking, creative expression, and spontaneity
- ☐ Increase self-awareness

6) How do you feel differently after receiving art therapy today?

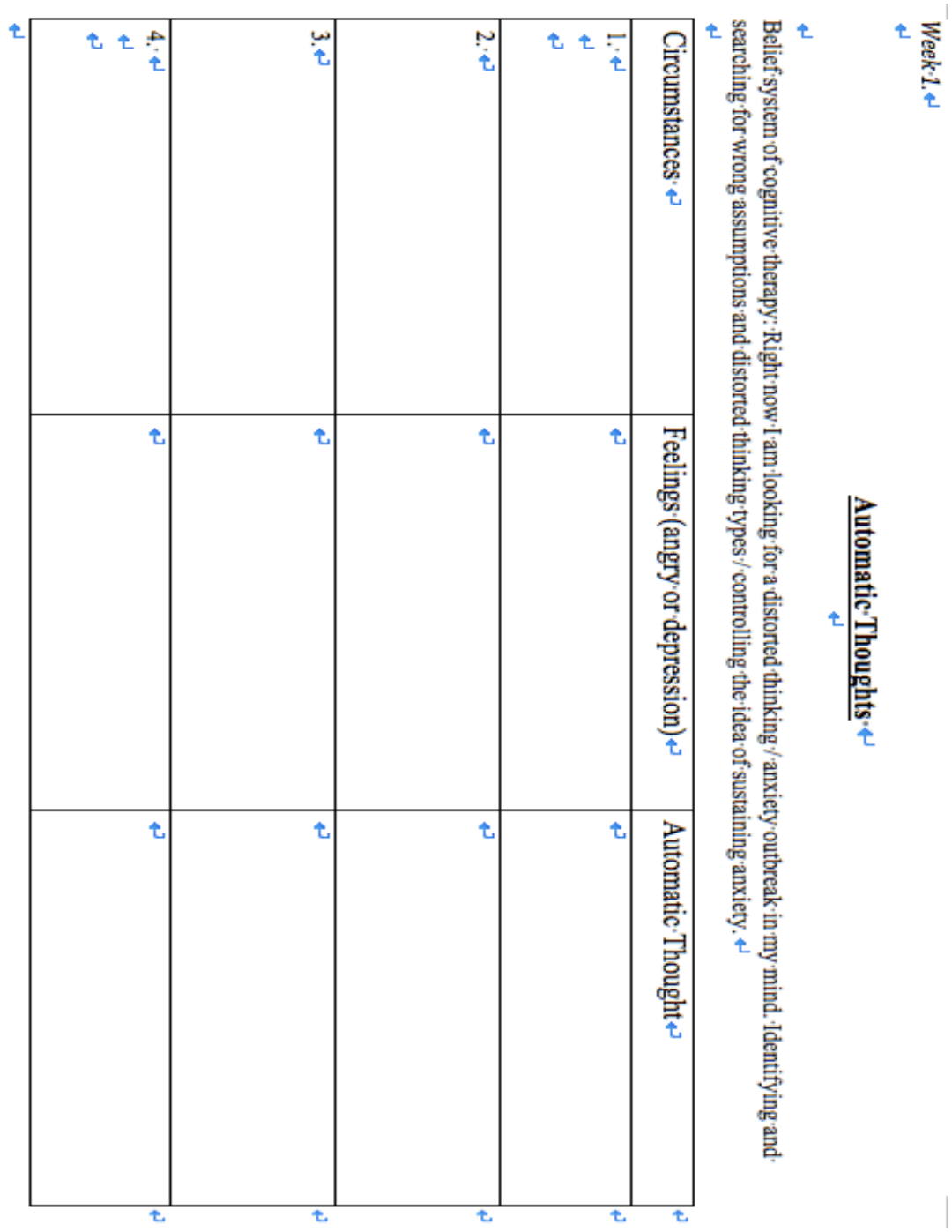
Figure 22. Art Therapy Process Notes

Daytime & Night Activity Plans

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7–8 a.m.							
8–9 a.m.							
9–10 a.m.							
10–11 a.m.							
11–12 p.m.							
12–1 p.m.							
1–2 p.m.							
2–3 p.m.							
3–4 p.m.							
4–5 p.m.							
5–6 p.m.							
6–7 p.m.							
7–8 p.m.							
8–9 p.m.							
9–10 p.m.							
10–11 p.m.							
12–1 a.m.							
1–2 a.m.							

Daily Tips: Regular exercise and sleeping/ Doing yoga and meditation/ Avoiding caffeine or diet medicines/ Talking with trusted friends or family members.

Figure 23. Day and Night Activity Plans



Week 1

Automatic Thoughts

Belief system of cognitive therapy: Right now I am looking for a distorted thinking / anxiety outbreak in my mind. Identifying and searching for wrong assumptions and distorted thinking types / controlling the idea of sustaining anxiety.

Circumstances	Feelings (angry or depression)	Automatic Thought
1.		
2.		
3.		
4.		

Figure 24. Automatic Thoughts

Week 2.

Automatic Thought Training

Cognitive Errors: all-or-nothing thinking, overgeneralization, mental filter, disqualifying the positive, jumping to conclusion, magnification or minimization, emotional reasoning, should statements, labeling, or personalization.

Automatic Thought	Cognitive error(s) (Read the wrong mind)	Adaptive thinking (Positive thinking)
1.		
2.		
3.		
4.		

Cognitive techniques: Positive change of negative thoughts / Using inducible associative techniques / Using diversion / Directing direct arguments.

Behavioral Techniques: Create an activity plan (every week) / Step by step task planning / Reading therapy / Relaxation, meditation, breathing.

Figure 25. Automatic Thought Training

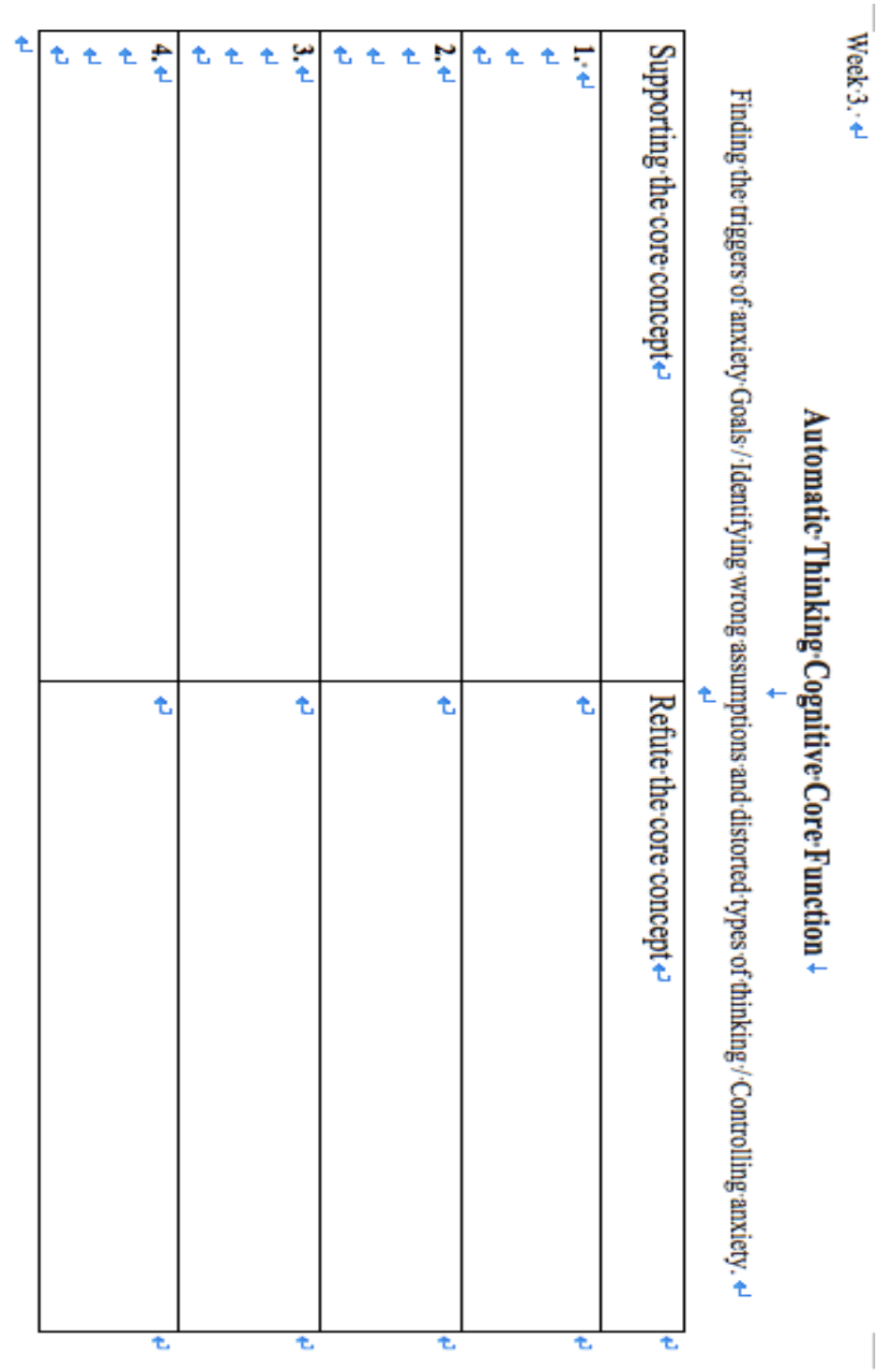


Figure 26. Automatic Thought Cognitive Core Function

Hamilton Depression Rating Scale (HDRS)

Reference: Hamilton M. A rating scale for depression. J Neurol Neurosurg Psychiatry 1960; 23:56–62

Rating Clinician-rated

Administration time 20–30 minutes

Main purpose To assess severity of, and change in, depressive symptoms

Population Adults

Commentary

The HDRS (also known as the Ham-D) is the most widely used clinician-administered depression assessment scale. The original version contains 17 items ($HDRS_{17}$) pertaining to symptoms of depression experienced over the past week. Although the scale was designed for completion after an unstructured clinical interview, there are now semi-structured interview guides available. The HDRS was originally developed for hospital inpatients, thus the emphasis on melancholic and physical symptoms of depression. A later 21-item version ($HDRS_{21}$) included 4 items intended to subtype the depression, but which are sometimes, incorrectly, used to rate severity. A limitation of the HDRS is that atypical symptoms of depression (e.g., hypersomnia, hyperphagia) are not assessed (see SIGH-SAD, page 55).

Scoring

Method for scoring varies by version. For the $HDRS_{17}$, a score of 0–7 is generally accepted to be within the normal range (or in clinical remission), while a score of 20 or higher (indicating at least moderate severity) is usually required for entry into a clinical trial.

Versions

The scale has been translated into a number of languages including French, German, Italian, Thai, and Turkish. As well, there is an Interactive Voice Response version (IVR), a Seasonal Affective Disorder version (SIGH-SAD, see page 55), and a Structured Interview Version (HDS-SIV). Numerous versions with varying lengths include the HDRS17, HDRS21, HDRS29, HDRS8, HDRS6, HDRS24, and HDRS7 (see page 30).

Additional references

Hamilton M. Development of a rating scale for primary depressive illness. Br J Soc Clin Psychol 1967; 6(4):278–96.

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Address for correspondence

The HDRS is in the public domain.

Hamilton Depression Rating Scale (HDRS)

PLEASE COMPLETE THE SCALE BASED ON A STRUCTURED INTERVIEW

Instructions: for each item select the one "cue" which best characterizes the patient. Be sure to record the answers in the appropriate spaces (positions 0 through 4).

1 **DEPRESSED MOOD** (sadness, hopeless, helpless, worthless)
- 0 [ ] Absent.
- 1 [ ] These feeling states indicated only on questioning.
- 2 [ ] These feeling states spontaneously reported verbally.
- 3 [ ] Communicates feeling states non-verbally, i.e. through facial expression, posture, voice and tendency to weep.
- 4 [ ] Patient reports virtually only these feeling states in his/her spontaneous verbal and non-verbal communication.

2 **FEELINGS OF GUILT**
- 0 [ ] Absent.
- 1 [ ] Self reproach, feels he/she has let people down.
- 2 [ ] Ideas of guilt or rumination over past errors or sinful deeds.
- 3 [ ] Present illness is a punishment. Delusions of guilt.
- 4 [ ] Hears accusatory or denunciatory voices and/or experiences threatening visual hallucinations.

3 SUICIDE
0 |__| Absent.
1 |__| Feels life is not worth living.
2 |__| Wishes he/she were dead or any thoughts of possible death to self.
3 |__| Ideas or gestures of suicide.
4 |__| Attempts at suicide (any serious attempt rate 4).

4 INSOMNIA: EARLY IN THE NIGHT
0 |__| No difficulty falling asleep.
1 |__| Complains of occasional difficulty falling asleep, i.e. more than ½ hour.
2 |__| Complains of nightly difficulty falling asleep.

5 INSOMNIA: MIDDLE OF THE NIGHT
0 |__| No difficulty.
1 |__| Patient complains of being restless and disturbed during the night.
2 |__| Waking during the night – any getting out of bed rates 2 (except for purposes of voiding).

6 INSOMNIA: EARLY HOURS OF THE MORNING
0 |__| No difficulty.
1 |__| Waking in early hours of the morning but goes back to sleep.
2 |__| Unable to fall asleep again if he/she gets out of bed.

7 WORK AND ACTIVITIES
0 |__| No difficulty.
1 |__| Thoughts and feelings of incapacity, fatigue or weakness related to activities, work or hobbies.
2 |__| Loss of interest in activity, hobbies or work – either directly reported by the patient or indirect in listlessness, indecision and vacillation (feels he/she has to push self to work or activities).
3 |__| Decrease in actual time spent in activities or decrease in productivity. Rate 3 if the patient does not spend at least three hours a day in activities (job or hobbies) excluding routine chores.
4 |__| Stopped working because of present illness. Rate 4 if patient engages in no activities except routine chores, or if patient fails to perform routine chores unassisted.

8 RETARDATION (slowness of thought and speech, impaired ability to concentrate, decreased motor activity)
0 |__| Normal speech and thought.
1 |__| Slight retardation during the interview.
2 |__| Obvious retardation during the interview.
3 |__| Interview difficult.
4 |__| Complete stupor.

9 AGITATION
0 |__| None.
1 |__| Fidgetiness.
2 |__| Playing with hands, hair, etc.
3 |__| Moving about, can't sit still.
4 |__| Hand wringing, nail biting, hair-pulling, biting of lips.

10 ANXIETY PSYCHIC
0 |__| No difficulty.
1 |__| Subjective tension and irritability.
2 |__| Worrying about minor matters.
3 |__| Apprehensive attitude apparent in face or speech.
4 |__| Fears expressed without questioning.

11 ANXIETY SOMATIC (physiological concomitants of anxiety) such as:
gastro-intestinal – dry mouth, wind, indigestion, diarrhea, cramps, belching
cardio-vascular – palpitations, headaches
respiratory – hyperventilation, sighing
urinary frequency
sweating
0 |__| Absent.
1 |__| Mild.
2 |__| Moderate.
3 |__| Severe.
4 |__| Incapacitating.

12 SOMATIC SYMPTOMS GASTRO-INTESTINAL
0 |__| None.
1 |__| Loss of appetite but eating without staff encouragement. Heavy feelings in abdomen.
2 |__| Difficulty eating without staff urging. Requests or requires laxatives or medication for bowels or medication for gastro-intestinal symptoms.

13 GENERAL SOMATIC SYMPTOMS
0 |__| None.
1 |__| Heaviness in limbs, back or head. Backaches, headaches, muscle aches. Loss of energy and fatigability.
2 |__| Any clear-cut symptom rates 2.

14 GENITAL SYMPTOMS (symptoms such as loss of libido, menstrual disturbances)
0 |__| Absent.
1 |__| Mild.
2 |__| Severe.

15 HYPOCHONDRIASIS
0 |__| Not present.
1 |__| Self-absorption (bodily).
2 |__| Preoccupation with health.
3 |__| Frequent complaints, requests for help, etc.
4 |__| Hypochondriacal delusions.

16 LOSS OF WEIGHT *(RATE EITHER a OR b)*

a) According to the patient:	b) According to weekly measurements:
0 |__| No weight loss.	0 |__| Less than 1 lb weight loss in week.
1 |__| Probable weight loss associated with present illness.	1 |__| Greater than 1 lb weight loss in week.
2 |__| Definite (according to patient) weight loss.	2 |__| Greater than 2 lb weight loss in week.
3 |__| Not assessed.	3 |__| Not assessed.

17 INSIGHT
0 |__| Acknowledges being depressed and ill.
1 |__| Acknowledges illness but attributes cause to bad food, climate, overwork, virus, need for rest, etc.
2 |__| Denies being ill at all.

Total score: |__|__|

This scale is in the public domain.

Figure 27. Hamilton Depression Rating Scale (HDRS)

Difficulties in Emotion Regulation Scale (DERS)

Please indicate how often the following statements apply to you by writing the appropriate number from the scale below on the line beside each item.

1----------2----------3----------4----------5

almost never sometimes about half the time most of the time almost always

(0-10%) (11-35%) (36-65%) (66-90%) (91-100%)

_____ 1) I am clear about my feelings.
_____ 2) I pay attention to how I feel.
_____ 3) I experience my emotions as overwhelming and out of control.
_____ 4) I have no idea how I am feeling.
_____ 5) I have difficulty making sense out of my feelings.
_____ 6) I am attentive to my feelings.
_____ 7) I know exactly how I am feeling.
_____ 8) I care about what I am feeling.
_____ 9) I am confused about how I feel.
_____ 10) When I'm upset, I acknowledge my emotions.
_____ 11) When I'm upset, I become angry with myself for feeling that way.
_____ 12) When I'm upset, I become embarrassed for feeling that way.
_____ 13) When I'm upset, I have difficulty getting work done.
_____ 14) When I'm upset, I become out of control.
_____ 15) When I'm upset, I believe that I will remain that way for a long time.
_____ 16) When I'm upset, I believe that I will end up feeling very depressed.
_____ 17) When I'm upset, I believe that my feelings are valid and important.
_____ 18) When I'm upset, I have difficulty focusing on other things.
_____ 19) When I'm upset, I feel out of control.
_____ 20) When I'm upset, I can still get things done.
_____ 21) When I'm upset, I feel ashamed at myself for feeling that way.
_____ 22) When I'm upset, I know that I can find a way to eventually feel better.
_____ 23) When I'm upset, I feel like I am weak.
_____ 24) When I'm upset, I feel like I can remain in control of my behaviors.
_____ 25) When I'm upset, I feel guilty for feeling that way.
_____ 26) When I'm upset, I have difficulty concentrating.
_____ 27) When I'm upset, I have difficulty controlling my behaviors.
_____ 28) When I'm upset, I believe there is nothing I can do to make myself feel better.
_____ 29) When I'm upset, I become irritated at myself for feeling that way.
_____ 30) When I'm upset, I start to feel very bad about myself.
_____ 31) When I'm upset, I believe that wallowing in it is all I can do.
_____ 32) When I'm upset, I lose control over my behavior.
_____ 33) When I'm upset, I have difficulty thinking about anything else.
_____ 34) When I'm upset I take time to figure out what I'm really feeling.
_____ 35) When I'm upset, it takes me a long time to feel better.
_____ 36) When I'm upset, my emotions feel overwhelming.

Calculate total score by adding everything up. Higher scores suggest greater problems with emotion regulation.

Figure 28. Difficulties in Emotion Regulation Scale

Five Facet Mindfulness Questionnaire

Description:
This instrument is based on a factor analytic study of five independently developed mindfulness questionnaires. The analysis yielded five factors that appear to represent elements of mindfulness as it is currently conceptualized. The five facets are observing, describing, acting with awareness, non-judging of inner experience, and non-reactivity to inner experience. More information is available in:

Please rate each of the following statements using the scale provided. Write the number in the blank that best describes your own opinion of what is generally true for you.

1	2	3	4	5
never or very rarely true	rarely true	sometimes true	often true	very often or always true

_____ 1. When I'm walking, I deliberately notice the sensations of my body moving.

_____ 2. I'm good at finding words to describe my feelings.

_____ 3. I criticize myself for having irrational or inappropriate emotions.

_____ 4. I perceive my feelings and emotions without having to react to them.

_____ 5. When I do things, my mind wanders off and I'm easily distracted.

_____ 6. When I take a shower or bath, I stay alert to the sensations of water on my body.

_____ 7. I can easily put my beliefs, opinions, and expectations into words.

_____ 8. I don't pay attention to what I'm doing because I'm daydreaming, worrying, or otherwise distracted.

_____ 9. I watch my feelings without getting lost in them.

_____ 10. I tell myself I shouldn't be feeling the way I'm feeling.

_____ 11. I notice how foods and drinks affect my thoughts, bodily sensations, and emotions.

_____ 12. It's hard for me to find the words to describe what I'm thinking.

_____ 13. I am easily distracted.

_____ 14. I believe some of my thoughts are abnormal or bad and I shouldn't think that way.

_____ 15. I pay attention to sensations, such as the wind in my hair or sun on my face.

_____ 16. I have trouble thinking of the right words to express how I feel about things

_____ 17. I make judgments about whether my thoughts are good or bad.

_____ 18. I find it difficult to stay focused on what's happening in the present.

_____ 19. When I have distressing thoughts or images, I "step back" and am aware of the thought or image without getting taken over by it.

_____ 20. I pay attention to sounds, such as clocks ticking, birds chirping, or cars passing.

_____ 21. In difficult situations, I can pause without immediately reacting.

_____ 22. When I have a sensation in my body, it's difficult for me to describe it because I can't find the right words.

_____ 23. It seems I am "running on automatic" without much awareness of what I'm doing.

_____ 24. When I have distressing thoughts or images, I feel calm soon after.

_____ 25. I tell myself that I shouldn't be thinking the way I'm thinking.

_____ 26. I notice the smells and aromas of things.

_____ 27. Even when I'm feeling terribly upset, I can find a way to put it into words.

_____ 28. I rush through activities without being really attentive to them.

_____ 29. When I have distressing thoughts or images I am able just to notice them without reacting.

_____ 30. I think some of my emotions are bad or inappropriate and I shouldn't feel them.

_____ 31. I notice visual elements in art or nature, such as colors, shapes, textures, or patterns of light and shadow.

_____ 32. My natural tendency is to put my experiences into words.

_____ 33. When I have distressing thoughts or images, I just notice them and let them go.

_____ 34. I do jobs or tasks automatically without being aware of what I'm doing.

_____ 35. When I have distressing thoughts or images, I judge myself as good or bad, depending what the thought/image is about.

_____ 36. I pay attention to how my emotions affect my thoughts and behavior.

_____ 37. I can usually describe how I feel at the moment in considerable detail.

_____ 38. I find myself doing things without paying attention.

_____ 39. I disapprove of myself when I have irrational ideas.

Figure 29. Five Facet Mindfulness Questionnaire

Patient Name:_____ Date:_____

The Penn State Worry Questionnaire (PSWQ)

Instructions: Rate each of the following statements on a scale of 1 ("not at all typical of me") to 5 ("very typical of me"). Please do not leave any items blank.

	Not at all typical of me				Very typical of me
1. If I do not have enough time to do everything, I do not worry about it.	1	2	3	4	5
2. My worries overwhelm me.	1	2	3	4	5
3. I do not tend to worry about things.	1	2	3	4	5
4. Many situations make me worry.	1	2	3	4	5
5. I know I should not worry about things, but I just cannot help it.	1	2	3	4	5
6. When I am under pressure I worry a lot.	1	2	3	4	5
7. I am always worrying about something.	1	2	3	4	5
8. I find it easy to dismiss worrisome thoughts.	1	2	3	4	5
9. As soon as I finish one task, I start to worry about everything else I have to do.	1	2	3	4	5
10. I never worry about anything.	1	2	3	4	5
11. When there is nothing more I can do about a concern, I do not worry about it any more.	1	2	3	4	5
12. I have been a worrier all my life.	1	2	3	4	5
13. I notice that I have been worrying about things.	1	2	3	4	5
14. Once I start worrying, I cannot stop.	1	2	3	4	5
15. I worry all the time.	1	2	3	4	5
16. I worry about projects until they are all done.	1	2	3	4	5

Figure 30. The Penn State Worry Questionnaire (PSWQ