# **TAFFI Art** Therapy Group (Therapy, Art, Friendship and Flourishing in Illness)

### **Preliminary qualitative** results of a randomised controlled trial

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### Background:

- Children and young people with chronic physical disorders have twice the risk of psychological maladjustment compared with healthy children (Hysing, Elgen, Gillberg, & Lundervold, 2009).
- Many child with longterm health conditions struggle with self-esteem, social role definition and frequently report feeling different from their peers (Lambert & Keogh, 2015).
- An art therapy group protocol called that integrates aspects of narrative therapy, positive psychology and mindfulness-based approaches was designed to address the psychosocial needs of patients across multi-diagnostic paediatric presentations. A heterogeneous group composition offers underrepresented patient populations the opportunity to participate in a group experience (Last 2011).
- No study of an art therapy group intervention applied to multi-diagnostic presentations exists.

#### Primary Aims:

- To assess the effectiveness of an art therapy group intervention on health-related quality of life, social functioning, coping, illness perception, well-being and psychosocial behaviour in young people with chronic conditions
- To qualitatively examine the acceptability of the intervention to participants and parents/guardians

#### Methods:

A randomised controlled trial with mixed methods approach to data collection

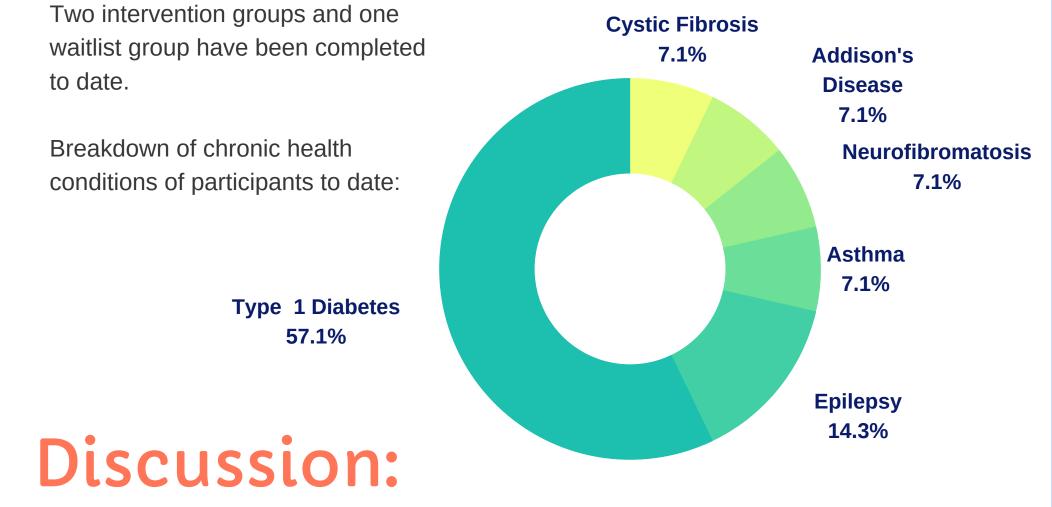
#### **Recruitment:**

- Patients aged 9 12-year-old diagnosed with a chronic health condition across two
- hospital sites • n=60
- 3 x 8-week long intervention (up to n=10)
- 3 x Waitlist Control Group (up to n=10)
- Block randomisation (two strands: diabetes & other conditions)

#### **Analysis:**

**Quantitative:** 

- Psychometric battery administered at baseline, post intervention and at 6-months post-intervention. Qualitative:
- Thematic analysis of focus groups with participants and with families post intervention.
- Audio Image Recordings (AIRs) and Reflect Interviews (RIs) will be used to identify participant valued mechanisms of change in the art therapy process. The RI is an artbased semi-structured interview administered towards the end of art therapy. The AIR a digital recording format that presents a still of an art therapy image accompanied by an audio-recording of the dialogue between the service user and the researcher about that image



- This is the first study that examines the efficacy of an art therapy group protocol designed to address the psycho-social needs of paediatric patients with chronic health conditions across multi-diagnostic presentations.
- Using qualitative methods to capture the stories of young people's journeys with chronic health conditions is strongly in line with agendas for patient-centred care and can prove to be a powerful tool to connect service providers and commissioners to service users (Flannery, Glew, Brewster, & Christie, 2017). Mixed methods research furthermore provides viable option for advancing the art therapy research agenda while preserving the essential meaning of the field (Gerber, 2016). New methods such as the AIR and RI offer a novel contribution to art therapy research from within its practice.
- Preliminary results from the participant focus groups indicate that the art therapy group reduces feelings of loneliness and isolation amongst children in relation to their health conditions. Other suggested changes include coping, enhanced emotional regulation and improvements in mood and self-esteem.
- Participants highlighted group art therapy mechanisms of change that included pleasure and play (art making can provide joy and kinesthetic release) and symbolic expression of experience or feelings through the artwork (Gabel & Robb, 2017), as well as therapeutic factors of universality of shared feelings and experiences, and interpersonal learning.
- Some participants expressed dislike of some of the mindfulness activities, however, overall preliminary results from the focus groups indicate the intervention is perceived as acceptable and useful.

### Preliminary Findings:

## Reduced Feelings of Loneliness and Difference

"Yeah because now I know people my age and stuff and now I don't feel lonely or like, alone, yeah."





#### Increased Self-Esteem

"Em, I'm more confident and I'm much better with making friends."

## **Enhanced Emotional** Regulation

"Well, it's calmed me down because sometimes I have really bad days in school and it's not great, so it just calms me down, so I get everything off my shoulders and I can just relax."

### Improved Mood

"now I come home from this and I'm kind of happier."

### Belief in Ability to Cope with Health Condition

"I want to say thank you very much to [facilitators] for showing me that I can cope with my condition in very many ways!"

## Pleasure and Play (Joy and Kinesthetic Release)

"it was fun, and it was just fun to take a creative thing in your mind and just make it."

## Symbolic Expression of Feelings and Experience through the Artwork

"Well, it's kinda again, it's getting everything off my shoulders and just putting it on a page or making it in clay, so I can like see it in person."

## Meeting Others Who Share Similar Feelings and Experiences

"Yeah, like, it was good to make friends with other people who have chronic illnesses. It just made me feel better."





### Interpersonal Learning

"Just so, like, you can learn about other people, not just, like, just thinking about yourself. And then think about other people and their illnesses and what they're going through."

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