Therapy, Art, Friendship and Flourishing in Illness:

A Mixed Methods Pilot Randomised Controlled Trial of an Art Therapy Group Intervention for Paediatric Patients with Chronic Illnesses

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Volume 2

Appendices

A thesis submitted to Trinity College Dublin, the University of Dublin,

in partial fulfilment of the requirements for the degree of

Doctor of Philosophy (PhD) in Psychology

2023

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Contents

Appendix 2.1 Scoping Review Table 1. Included Studies: Extracted Study Data

Author Year Journal Title	Country	Publication	Medical Population / Setting	Sample (Age range)	Study Design	Number of sessions / Intervention length
Abdulah & Abdulla (2020) *Effectiveness of group art therapy on quality of life in paediatric patients with cancer: A randomized controlled trial*	Iraq	Peer reviewed article	Children with cancer / Inpatient setting	n=60 (7-13 yrs)	experimental randomized controlled trial	5 x 120min sessions per week x 4 weeks (20 sessions in total)
Arnett & Malchiodi (2013) *Understanding children's drawings in medical settings*	United States	Book Chapter	Cystic fibrosis and Cancer Various settings	n=5 (8-15 yrs)	1 brief case study and 4 vignettes with children with chronic illness	Varied between patients. Not specified
Baerg (2003) 'Sometimes there just aren't any words': Using expressive therapy with adolescents living with cancer	Canada	Peer reviewed article	Adolescent with cancer Outpatient setting	n=1 (15 yrs)	Case Study	18 months
Başlı et al (2020) *The Effects of Art Therapy Techniques on Depression, Anxiety Levels and Quality of Life in the Adolescent with Type 1 Diabetes Mellitus: A Preliminary Study*	Turkey	Peer reviewed article	Adolescents with type 1 diabetes mellitus Outpatient setting in hospital	n= 21 (13-18 yrs)	Pre-post design	90 min sessions x 12 weeks
Beebe et al. (2010) *A randomized trial to test the effectiveness of art therapy for children with asthma*	United States	Peer reviewed article	Children with asthma. School for children living with chronic illness	n=22 (7-14 yrs)	Randomised control trial	60 min session x 7week
Bertoia & Allan (1988) *Counseling Seriously Ill Children: Use of Spontaneous Drawings*	United States	Peer reviewed article	Child with cancer Outpatient setting	n=1 (7 yrs)	Case study	regular therapy over 18 months
Bordonaro (2003) *Art Therapy with Hospitalized Pediatric Patients*	United States	Thesis	Children with sickle cell disease Paediatric Inpatients	n=3 (6-9 yrs)	Single subject pre-post research design	3 x 1 hour sessions

Broome et al. (2001) *An intervention to increase coping and reduce health care utilization for school-age children and adolescents with sickle cell disease.*	United States	Peer reviewed article	Children and adolescents with sickle cell disease Outpatient setting	n=97 (6-18 yrs)	Randomised Group Design (Art Therapy, CBT, Attention Control)	2-4 weeks of education and self-care classes followed by 4 weekly intervention groups (randomised into AT, CBT or AC)
Amy Bucciarelli (2016) Utilizing Tablet Computers in art Therapy for Young People with Chronic and Life Limiting Illness	USA	Book Chapter	An adolescent with congenital heart disease Peadiatric Outpatient and Inpatient setting	n=1 (14 yrs)	Description of use of computer tablets with children with chronic and life threatening illness followed by detailed case study	Regular individual sessions at the bedside during 5 month hospitalisation. Length of outpatient treatment not specified.
Clifton (2015) Receiving the Dragon: A Diabetic Boy's Experience of Creation, Damage and Repair in Art Therapy	United Kingdom	Book Chapter	Child with type 1 diabetes mellitus Hospital outpatient setting	n=1 (10 yrs)	Case study	10 x 50 min sessions
Congreave et al. (2017) *The clinical utility of an art psychotherapy group for young people with epilepsy and cognitive comorbidities*	United Kingdom	Conference Abstract	Adolescents with epilepsy Setting not stated	n=9 (10-17 yrs)	Qualitative study	Not specified
Councill (1993) *Art Therapy with paediatric cancer patients: Helping normal children cope with abnormal circumstances*	United States	Peer reviewed article	Children with cancer Inpatient and outpatient setting: Open setting of waiting room of clinic on treatment days & at the bedside during admission	n=8 (5-20 yrs)	Description of area of practice with case vignettes	Varied between patients. Not specified
Councill (1999) *Art therapy with paediatric cancer patients*	United States	Book Chapter	Children with cancer Inpatient and outpatient settings	n=2 (5&10 yrs)	Description of area of practice with two case vignettes	Inpatient and outpatient art therapy provided on and off over course of treatment and post treatment over 2+ years in both Individual and group settings

Councill and Ramsey (2019) *Art Therapy as a Psychosocial Support in a Child's Palliative Care.*	United States	Peer reviewed article	Child with cancer Hospital inpatient setting with art therapy studio	n=1 (4 yrs)	Case Study	Not reported
Davis et al. (2018) *Experiences of Elementary School Counsellors and Students in Using Reality Art Therapy to Address Chronic Conditions*	United States	Peer reviewed article	Children with chronic conditions (various diagnoses) Elementary school setting	n=9 (8-12 yrs)	Qualitative study using 1:1 Interviews	6 x 30min sessions over 3 months approx.
Farrell Fenton (2000) *Cystic Fibrosis and Art Therapy*	United States	Peer reviewed article	Children with cystic fibrosis Setting: Author's private practice	n=3 (7-12 yrs)	Description of area of practice with three case vignettes	90 min sessions. Intervention duration not reported. Therapy with one child took place from age 12 - 16.
Farrugia et al. (2017) *The development of art therapy within a paediatric rheumatology service*	United Kingdom	Conference Abstract	Children with rheumatological conditions Outpatient paediatric hospital	n=18 (4-18 yrs)	Retrospective review of the developing service and caseload	Duration of session: 8 - 40 sessions (median = 14) weeks
Favara-Scacco et al. (2001) *Art therapy as support for children with leukaemia during painful procedures*	Italy	Peer reviewed article	Children with Leukaemia Inpatient setting	n=49 (2-14 yrs)	Comparative observational study	Daily encounters with the art therapist during hospitalisation that included parents as well
Fischer (2015) War Zones; Art Therapy with an Eleven-year-old boy with Crohn's Disease	United Kingdom	Book Chapter	Child with Crohn's disease Outpatient Setting	n =1 (11 yrs)	Case study	30 x weekly individual sessions over 1 year
Günter (2000) Art therapy as an intervention to stabilize the defenses of children undergoing bone marrow transplantation	Germany	Peer reviewed article	Children and adolescents undergoing bone marrow transplant Inpatient setting: working through screen in BMT isolation room	n=15 (5-13 yrs)	Mixed-methods: Qualitative and quantitative approaches	2 or 3 sessions

Harel et al (2013) *The contribution of art therapy in poorly controlled youth with type 1 diabetes mellitus*	Israel	Peer reviewed article	Youths with type 1 diabetes mellitus Outpatient setting	n=16 (5-17 yrs)	Retrospective report of the characteristics and outcomes of all patient offered art therapy as compared with control group who received treatment as usual (TAU)	8 - 12 individual sessions over 9 months
Hawkins (2007) *Living with chronic renal failure during adolescence : an exploration of issues through art therapy*	Canada	Thesis	Adolescent with chronic renal failure Open haemodialysis unit outpatient setting	n=1 (15 yrs)	Case Study	26 sessions over 7 months
Johnson (2008) *Art therapy and paediatric haemodialysis : creating therapeutic space in an open unit medical setting*	Canada	Thesis	Children with end stage renal disease Open haemodialysis unit outpatient setting	Not specified	Historical/documentary research	Not specified
Kebudi & *Ozcan (2011)* *Understanding psychological states of children with cancer: Art therapy as a communication tool*	Turkey	Conference Abstract	Children with cancer Inpatient setting	n=25 (5-18 yrs)	Qualitative method and case studies	Not specified
Khodabakhshi Koolaee et al. (2016) *Impact of painting therapy on aggression and anxiety of children with cancer*	Iran	Peer reviewed article	Children with cancer Inpatient setting	n=30 (8-12 yrs)	Randomised controlled trial	11 x 60 min sessions
Linhares (2006) *Art therapy and the lived experience of diabetes*	Canada	Thesis	Adolescents with type 1 diabetes mellitus Group setting in a public high school	n=4 (15-17 yrs)	Qualitative phenomenological study	6 x 60 min sessions
Massimo & Zarri (2006) *In tribute to Luigi Castagnetta - Drawings: A narrative approach for children with cancer*	Italy	Peer reviewed article	Children with cancer Outpatient Clinic	n=50 (4-14 yrs)	Narrative design: Evaluation of drawings and interviews with children	Numerous sessions over the course of 1 year during clinic visits

McGregor & Morton (2017) *Art therapy with a child with pulmonary hypertension*	United Kingdom	Peer reviewed article	Child with pulmonary hypertension Setting not stated	n=1 (11 yrs)	Brief case review	60min weekly session over 5 years commencing at age 11
Oh & Chung (2020) *A single case study of art therapy in a child with Crohn's disease*	Korea	Peer reviewed article	Child with Crohn's disease	n=1 (10 yrs)	Case Study	90min weekly sessions x 20
Raghuraman (2000) *Dungeons and dragons: dealing with emotional and behavioural issues of an adolescent with diabetes*	United States	Peer reviewed article	Child hospitalized with type 1 diabetes mellitus Paediatric hospital inpatient	n=1 (14 yrs)	Case Study	Weekly individual session and twice weekly group for 60 mins each over 6 months
Rocha & Carvalho (2016) *Interpreting drawings by children and adolescents undergoing cancer treatment*	Portugal and Brazil	Conference Abstract	Children with cancer	n=21 (3-17 yrs)	Qualitative study: interpretation of drawings	Not specified
Rollins (2005) *Tell me about it: drawing as a communication tool for children with cancer.*	United States	Peer reviewed article	Children with cancer Inpatient setting	n=22 (7-18 yrs)	Mixed-methods: Qualitative and quantitative approaches	Single sessions 30-180mins
Sourkes (1991) *Truth to Life Art Therapy with Paediatric Oncology Patients and Their Siblings*	Canada	Peer reviewed article	Children with cancer Inpatient setting	n=7 (8-18 yrs)	Qualitative reflection on application of techniques using clinical vignettes and artworks	Not specified

Stafstrom et al (2012) *Art therapy focus groups for children and adolescents with epilepsy*	United States	Peer reviewed article	Children and adolescents with epilepsy Outpatient setting in a family centre	n=16 (7-8 yrs)	Mixed methods with pre-post repeated measure design	90 min weekly group sessions x 4
Wallace (2007) *Childhood cancer and survivorship*	United States	Book Chapter	Child with cancer Inpatient and outpatient setting	n=1 (4 yrs)	Description of area of practice with a case study	Not specified
Watts et al. (2019) *Does Art Therapy Make a Difference in the Management of Children and Young People with Rheumatic Diseases: A Multi-Site Service Review to Explore the Impact of Art Therapy in Two Tertiary Paediatric Rheumatology Services in Scotland*	United Kingdom	Conference Abstract	Children with rheumatological conditions Outpatient setting in two tertiary paediatric hospitals	n= not specified (7-12 yrs)	A retrospective service review using mixed methods qualitative and quantitative data collection	Not specified
Woodgate et al. (2014) Existential Anxiety and Growth: An Exploration of Computerized Drawings and Perspectives of Children and Adolescents With Cancer	United States	Peer reviewed article	Children and adolescents with cancer Setting not reported	n=13 (8-17 yrs)	An interpretive, descriptive qualitative research design aligned with interpretive naturalistic orientations	N/A

Appendix 2.2 Scoping Review Table 2. Included Studies: Intervention, Evaluation and Findings

Author (Year)	Nature of the AT Intervention and Theoretical Framework if Included	Methods	Main Results and Impact of AT on Target Group
Abdulah & Abdulla (2020)	Painting- and handcrafting-based group art therapy using a variety of different media to shape personal thoughts and feelings	'KIDSCREEN-10 Index Health Questionnaire for Children and Young People' (parent version)	Significant difference between experimental and control group in relation to; physical activity and energy (P < 0.001), less depressed moods and stressful feelings (P=0.004), participated more in social activities (P=0.003), better overall health (P < 0.001). No significant change in interaction with other children, interaction with other children, perception of cognitive capacity and satisfaction with school performance.
Arnett & Malchiodi (2013)	Spontaneous or impromptu drawings - Intervention guided by a psychoanalytical framework & developmental characteristics in children's drawings	Qual narrative reflection on case material	Resolving emotional issues and addressing fears. Positive visualisation through the image reduced worries & empowered patient to cope with treatment
Baerg (2003)	Individual counselling sessions incorporating expressive modalities.. Art therapy directives are offered to assist adolescents who are hesitant or need structure. Also describes innovative technique of inviting the adolescent to publicly showcase her work.	Qual narrative reflection on case material	Through exploration of their art, the patient found valuable hints to healing, gains wisdom and insight. Adolescent moved through the roles of patient, victim, and sufferer to survivor.
Başlı et al (2020)	Group art therapy involving expression of feelings through drawing and painting, mask-making, collage and clay techniques. Integrated other expressive modalities with art making such as painting to music and mindful movement through rhythmic walking	Beck Depression Inventory (BDI); Beck Anxiety Inventory (BAI); Quality of Life Scale for Children (PedsQL); HbA1c (metabolic parameters) levels analysed before and after intervention	Significant decrease in depression (BDI p=0.003) and anxiety levels (BAI p<0.001) Improvement in quality of life scores (PedsQL p<0.001, p<0.001, p=0.001).
Beebe et al. (2010)	Group art therapy involving specific art therapy tasks design to encourage create expression related to the challenges of having a chronic illness. Each session involved an opening activity, discussion of the weekly topic and art intervention, time to share their feelings about their art and a closing activity. Art media included paint, clay, drawing, and weekly 'Transformation Beads' closing exercise.	Parent and child self-report, drawing task and assessment: The Pediatric Quality of Life (PedsQL)—Asthma Module—Child Report & Parent Report; The Beck Youth Inventories; The Draw a Person Picking an Apple from a Tree (PPAT) evaluation; Formal Elements of Art Therapy Scale (FEATS)	Significant score changes from baseline to completion of AT: (1) improved problem-solving and affect drawing scores; (2) improved worry, communication, and total quality of life scores; and (3) improved Beck anxiety and self-concept scores At 6 months, maintained some positive changes relative to the control group including drawing affect scores, worry and quality of life scores, Beck anxiety score

Bertoia & Allan (1988)	Invitation to create drawings using a wide variety of art materials during individual counselling sessions. Some drawings are spontaneous while other follow prompts like "draw a dream you had" or follow relaxation techniques or guided imagery. Literature and theories surrounding spontaneous art with dying or seriously ill children used to guide intervention	Qual narrative reflection on case material	Allowed the patient to express feelings and acknowledge and accept her circumstance symbolically through the image without the need to talk. The needs of the child were met where the parents were unable to due to their own grief.
Bordonaro (2003)	A Cognitive-Field Model of Art Therapy with hospitalized patients using the Cognitive Field Interactionist theory. Three art therapy interventions design to increase the internality of subjects LOC using photo collage, drawing, games and discussion.	Adaption of single subject behaviour change design to suit this study discussed Qual narrative feedback Quant instruments included: Anxiety Behaviour Schedule; Children's Health Locus of Control Scale; Children's Hope Scale	All subjects demonstrated reduced externality of locus of control following AT interventions. The observable anxiety data on subject 2 confirmed reduction in anxiety due to art therapy intervention ($p < .05$). Follow-up data confirmed the reduction in anxiety behaviors was sustained over time.
Broome et al. (2001)	Art therapy group involved free drawing to build rapport, novel art materials, exploration of African art, art the express feelings around pain and disease, collaborative mural making and use of art to cope with pain	Coping measures completed at 3 time points: pre, post and 12 month follow-up: The Schoolagers' Coping Strategies Inventiory (SCSI) Adolescent Coping Orientation for Problem Experiences (A-Cope)	Significant increase in use of coping strategies targeted by intervention. Emergency department visits and hospitalizations decreased significantly for all participants in study
Amy Bucciarelli (2016)	Humanistic Framework. Early outpatient work used traditional art materials. Later during hospitalisation while awaiting a heart transplant the tablet was introduced as means to harness patient's creativity who at that time did not seem to have the physical resources to make art. Mixture od directed and non-directive sessions	Qual narrative reflection on case material	Creating a digital vision of a heart empowered a sense of action over something the patient had little control over. The use of tablets during AT offered the patient an opportunity for positive coping and self-expression during a difficult period of hospitalisation
Clifton (2015)	Psychoanalytical oriented art therapy. Non directive, client led approach. Clay played an important role in the work as a means to draw together the mind and body.	Qual narrative reflection on case material with examples of images	Experimenting with clay allowed the patient to experience both mess and control, which mirrored his experiences in life with his diabetes and loss of his father. Confronting his angry feelings and losses allowed the patient integrate these aspects of himself and move forward.
Congreave et al. (2017)	Group sessions used art materials to compare thoughts, fantasies and preoccupations regarding epilepsy whilst working towards acceptance and adolescent identity resolution.	Completed prior to intervention: Strength and Difficulties Questionnaire (SDQ) , Pediatric Quality of Life scale (PedsQL) Completed post intervention: Reflect Interview (RI) and Audio Image Recording (AIR)	The AIR images & audio narratives provided a powerful insight into the lived experiences of young people with epilepsy. Positive feedback from participants and caregivers suggesting a qualitative benefit.

Councill (1993)	Individual and group art therapy sessions on the day unit during treatment days or at bedside during inpatient stays. A client-centred approach to sensitively follow the clients lead without overwhelming fragile defenses. Both non directed and directive sessions (i.e. draw a picture of you in hospital)	Review of literature and reflection on case material of 8 patients including images	1. Offers patients choice and therefore a sense of control. 2. Allows for communication with treatment team 3. Supports social and mental growth mitigating the impact of the isolating hospital experience 4. Patients process troubling events and work through concepts of self
Councill (1999)	Group and individual sessions during treatment and hospital stays. Non-directive approach utilising a variety of different materials: one patient created interactive artworks that allowed her to role play her experiences such as creating puppet using medical supplies and creating a board game called the Kingdom of Cancer.	Qual narrative reflection on case material	AT allows age appropriate ways for the patient to express troubling feelings and care for themselves. It encourages growth and development which can help the ill child preserve healthy areas of functioning, and restore a sense of their 'old self'
Councill & Ramsey (2019)	ndividual therapy. Initially non directed client led sessions using paints, clay, marbling, role-play/imaginary play. Later more therapist directed activity to address specific anxiety and fears (i.e. dream catcher to address night terrors and coping skills such as calm breathing). Also describes legacy work and art therapy support for family members	Review of case material of work with patient including images	AT serves patients as an integral component of palliative care. AT can be an important resource and psychosocial support during each phase of treatment.
Davis et al. (2018) *s*	Art Therapy integrated with Reality Therapy (ReAT). Individual counselling sessions using the ReAT techniques designed for children to explore feelings and set goals for personal change through child-friendly creative arts mediums	Evaluation guided by a constructivist approach: honours participants' understanding of their lived experiences and relates participants' perceptions of the ReAT intervention in a way that is meaningful and relevant to them. Methods: 1:1 interviews post treatment with counsellors and with students	Considering the benefits discussed by the school counsellors, ReAT is a viable option for working with elementary school students with chronic conditions and future research is warranted.
Farrell Fenton (2000)	Discusses theory of AT with CF patients from a psychoanalytical perspective; symbolic expression of unconscious material through the image, sublimation of deficits of chronic illness into adaptive ego response. Individual sessions in the author's private practice. Mixture of non-directed and directive approach: i.e. draw self portrait, family drawing	Three cases described	AT allows children with CF to express themselves and is catalyst for emotive release, while harnessing strength for coping with CF. Evaluation of the graphic clues and somatic components of patient's art expressions suggests the unconscious can project in drawings what is happening inside the body.

Farrugia et al. (2017)	Prior to an initial appointment a meeting with the child and family is arranged to discuss what art therapy can provide and an 8-week block (extended as necessary) is offered of one-to-one sessions with an art therapist.	Formal assessments (PedsQL and Goal Based Outcomes) undertaken pre and post therapy.	Goal based outcomes show trend of improvement. Feedback from families universally positive. AT complements other psychological therapies offered to families affected by chronic rheumatological conditions.
Favara-Scacco et al. (2001)	Discusses the theory of medical art therapy from a psychoanalytical perspective; Medical AT psychotherapeutically addresses children's natural capacity to use art for self-expression, conflict resolution, and emotional reparation. By respecting the ego functional defenses, medical AT allows children's psycho-emotional growth to continue. Structured sessions involving visual imagination, medical play, storytelling , free drawing, structured drawing task , dramatization and post intervention free art making.	Observation of patient behaviour before during and after lumbar puncture (LP) or bone marrow aspiration (BMA). Children who adopted eight or more positive behaviours were considered as "good responders,'' whereas "poor responders'' were patients who adopted fewer than eight behaviours from a list of 15 positive behaviours indicating better compliance. Rationale behind decision to use not use psychometric tests and opt for patient behaviour observations discussed	Children hospitalized before September, 1997, exhibited resistance and anxiety during and after painful procedures. By contrast, children provided with AT from the first hospitalization exhibited collaborative behaviour. They or their parents asked for AT when the intervention had to be repeated. Parents declared themselves better able to manage the painful procedures when AT was offered
Fischer (2015)	Psychoanalytical oriented art therapy. Non directive, client led approach. Patient moved from detailed drawing to the co-creation of objects such as paper aeroplanes and bombs and enacting a roleplay battle with the therapist in the therapy setting	Qual narrative reflection on case material with examples of images	AT offered a space to get in touch with and express, messy, angry and destructive feelings in a safe way through the artwork and through role-play with the therapist. Helped reduce patients anger and enabled him to experience some feelings of control where he was in charge, develop his confidence and reduce his feelings of fragility
Günter (2000)	Psychoanalytical oriented art therapy. Brief individual art therapy at the bedside using Winnicott's (1971) "The Squiggle Game"	Qual thematic analysis of the themes depicted the squiggle drawings & quant comparative analysis of themes with stress reactions	Therapeutic activities must be aimed at stabilizing defense mechanisms in children undergoing BMT. Winnicott's Squiggle drawing technique can be used to gain access to the children's emotional life. Engagement in squiggle game with therapist decreased stress reactions
Harel et al (2013)	Art therapy tailored to the specific child's needs including creative modalities such as drawing, guided imagery, digital media and creative work with medical equipment	HbA1c scores collected pre and post art therapy intervention, and on average 2 years following treatment. Data gathered from patients files included: disease duration, length of intervention, description of behavioural difficulties, 14 day average blood glucose levels, HbA1c, DKA episodes, MBI. A regression analysis was performed to assess these data at the second and third time points	Intervention was associated with a significant decrease in HbA1c scores (P=0.025) The decrease in HbA1c scores in the intervention group was maintained at long term follow up.

Hawkins (2007)	Non directive, client led sessions with the participant while undergoing dialysis treatment. Therapy took place in the open on the haemodialysis unit during treatment resulting in limited or no privacy during therapy sessions. Unlike therapy in traditional settings, sessions were often interrupted for medical procedures or examinations to take place.	Data collected from multiple sources to triangulate findings: verbal data; observed behaviour on the unit; client artworks; direct quotes from the participant. Member checking used to address the credibility of the research by presenting preliminary findings to the participant	AT allowed the patient to express her fears and frustrations and redefine aspects of her self-concept. A non directive approach allowed her to experience control and gain a sense of independence.
Johnson (2008)	Jungian, Psychodynamic and Humanistic art therapy discussed. Practical issues surrounding delivering art therapy on a busy open medical unit discussed i.e. appropriate materials, session times and interruptions, establishing safety and therapeutic boundaries.	Historical/documentary approach to data collection chosen as most appropriate to research question in order to investigate the inter-relationships of concepts and theories between fields. Theories and concepts related to therapist's clinical experience working with patients on haemodialysis unit. Logical analysis, evaluation and synthesis of the data	Despite the public nature of the setting, essential qualities of art therapy and a strong therapeutic alliance is possible and offers the patient a beneficial and valuable site to be expressive, to be attentively witnessed and be emotionally supported by the therapist. Further research on the application and effectiveness of art therapy in paediatric haemodialysis setting is recommended.
Kebudi & Ozcan (2011)	Not included	Qual method and case studies are used to investigate children's perceptions on their illness and body image. Evaluation of artworks collected by art therapist	Better understanding of children's perceptions and feelings about their illness and their bodies contribute to better health care planning and help to design preventive treatment. Art, being one of the most natural expression channels for children, is a great way to assess the needs of paediatric cancer patients and to support the treatment process. Therapeutic benefits of AT sessions included relaxation, socialisation and expression of feelings
Khodabakhshi Koolaee et al. (2016)	Draws on the literature to discuss the rationale for using art therapy (i.e. non-verbal, symbolic expression). Group art therapy exploring themes such as experience of hospital, family, anxiety and anger through art media and approaches such as collage, collaborative painting, free drawing for emotional discharge etc.	The Children's Inventory of Anger (ChIA) to assess anger provocation and intensity from the child's perspective The Spence Children's Anxiety Scale	Significant difference between the pretest and post-test scores in anger and anxiety Significant difference between the scores of pretest and one month follow-up test in anger and anxiety
Linhares (2006)	A phenomenological art therapy approach. Group structure involving a check-in/recap at start of group followed by the group being encouraged to generate their own theme for the week through discussion. Art making based on the theme followed by sharing and discussion of images. A wide variety of traditional art materials were supplies.	Phenomenological approach to collect varied descriptions of experiencing a particular aspect of human experience and generate clear, accurate and methodological account of it. Methods: taping of each session and transcribing of dialogue; analysis transcripts & participant artwork to identify themes; individual themes shared with participants to validate findings.	AT facilitated discussion in the group and allowed an outlet for aspects of living with T1D to expressed yet not verbalized. Qualitative analysis of transcripts generated four themes: Diabetes management, interpersonal aspects, challenges and coping strategies

Massimo & Zarri (2006)	literature around the use of drawings with children used to inform study and evaluation. Participants invited to create a spontaneous drawing and create a story about it	Qual evaluation of themes emerging in children's drawings and stories at different stages of their cancer journey	Recommendations are made for including AT in the total care of children affected either by cancer or by other severe diseases that require long periods of hospital treatment. Drawings and accompanying narratives help provide a broader approach to better understanding the child's anxieties and feelings
McGregor & Morton (2017)	Not included	Brief account and images to illustrate the process of AT in the child's adjustment to chronic illness.	Within a therapeutic relationship, the patient directed themes that enabled her to find courage to approach the core of her fears, her damaged heart. A non-verbal creative exploration with a therapist enabled a young person to overcome anxiety and progress in development.
Oh & Chung (2020)	An unstructured approach based on human-centred art therapy, where the participant was provided with freedom of expression, full acceptance, empathy for experience with the disease, and proactiveness. Participant selected the subject and material for each session to obtain a sense of control that was lost due to hospital life	Single case study to deeply understand the experience and potential role of AT as a treatment for a child with Crohn's disease. Aimed to convey process of changes in aspects or phenomena over time through vivid descriptions. Methods: photographs of the artwork; recorded session transcriptions; records of interviews between the child & mother; list of artwork content & colours; records of observations of changes in the child's language & behaviour used to analyse the art treatment process	Study found that AT exerted a positive influence on the psychological, social, and disease states of a child with Crohn's disease. Further, it demonstrated that self-directed AT could provide autonomous choice and initiative to children with chronic diseases who have continuously experienced loss of control due to medical treatment, which could be effective in developing self-esteem and internal resources.
Raghuraman (2000)	Structured and non-structured individual art therapy sessions. Structured art therapy directives aimed at exploring the patient's feelings around his experience of hospital, his illness and the impact of diabetes on activities in his life. Guided by Blos' (1985) Individuation process and Erickson's (1963) Identity versus Role Confusion phase. Patient also attended an art therapy group twice a week (not described)	Case study involving detailed reflection on the therapy sessions, the interpersonal relationship with the therapist and the symbolic meaning of conscious and unconscious content in the artworks	AT provided the patient with an outlet for his anger and depression through the art media. Through problem solving skills and decision-making the patient gained a sense of mastery and control within his limited and restricted environment. Increased his self-awareness and self-esteem through his growing ability to express his feelings through his artwork
Rocha & Carvalho (2016)	Children invited to create drawings under the following themes: self-portrait, their family and fear.	Symbolic imagery of visual expression was interpreted by relating each child's drawing to her/his personal life.	The children showed signs of improved well-being, of joy and self-esteem as they were feeling their own work being valued. The drawings by children and adolescents from both study sites have common and different characteristics.

Rollins (2005)	Single drawing session with the researcher involving a projective drawing test to assess child's coping ability and resourcefulness, an illuminative art technique to support communication about their illness experience, and a closure drawing to end on a bright note, learn more about the child, and offer a potential positive physiological benefit	Quant & qual methods and triangulation of data within a grounded theory approach. Semi-structured interviews with healthcare staff & parents to gather psychosocial information. Observation of the participant. Procedure: Projective test: Person Picking an Apple from a Tree (PPAT) Illuminative artwork: The Scariest Drawing Technique. Drawing of scariest experience, thought, feeling, or dream since becoming ill. Closure drawing: Please draw a picture of where you would like to be right now if you could be anywhere you wanted to be. Card making activity offered after procedure	The study found that children used drawing as a form of symbolic communication and as a means to help "discover" difficult issues in a "safe" way. The act of drawing in this study, coupled with good listening skills, helped children express their thoughts, feelings, and concerns, quite possibly to a much greater extent than would interview alone. Children may experience significant and immediate benefits from engaging in research that involves drawing
Sourkes (1991)	Three structure art therapy techniques are presented. The Mandala (Colour-Feeling Wheel) Change in Family Drawing. Uses the Kinetic Family Drawing technique with additional step on completion "What changed in your family since you got sick? Show the change in your drawing" Scariest Drawing Technique: Drawing of scariest experience, thought, feeling, or dream since becoming ill. "Tell me about your drawing. What helped you at the time?"	Reflection from clinical practice using structured art therapy assessments	AT opens new vistas of creativity and vitality in the emotional expression of paediatric oncology patients. Author heeds caution that although AT techniques may be simple to administer they evoke complex and powerful responses and should be used in the context of psychotherapy with a therapist who has developed skills in the area.
Stafstrom et al (2012)	Weekly art therapy group using the following structured art directives: Self Portrait Inside/Outside Box A Memory or Feeling about Epilepsy" "Mandala of Personal Symbols "A Dream or Goal for the Future Art materials include traditional painting and drawing materials, as well as digital photographs, collage and making of mixed media dioramas.	Pre-group assessments: The Piers–Harris Children's Self-Concept Scale (PHCSCS); Impact of Childhood Neurologic Disability Scale (ICNDS) Pre-to-post group measures: Child Attitude Toward Illness Scale (CATIS) AT assessments: The Seizure Drawing Task (SDT); Levick Emotional and Cognitive Art Therapy Assessment (LECATA); The Formal Elements Art Therapy Scale (FEATS)	There was no significant change in pre versus post-group CATIS scores Art therapy assessment scores for overall development were significantly below participants' chronological age categories in all three instruments (SDT, FEATS/PPAT, and LECATA) Qualitative information strongly suggests a positive benefit. AT groups can provide a nurturing environment for children and adolescents with epilepsy to explore and discuss their disorder, develop strong interpersonal bonds and enhance long-term psychosocial functioning.

Wallace (2007)	Non directive client led approach using both traditional and non traditional media (described creating a "protection blanket" to shield patient from nightmares. Also described group activities involving puppet making and working together to create "ideal hospital" sculpture.)	Qual reflection from clinical practice	Through AT the patient was able to gain control and to create her own solutions to parts of her life.
Watts et al. (2019)	Not included	Retrospective review of AT referrals received 2012-2018 from paediatric rheumatology services. Mixed method approach. Quant data collected by collating numerical & demographic information from referral forms; art therapist service databases; patient medical records. Secondary data & qual data gathered from pre-existing service information; outcome measurement tools; end of therapy evaluations; end of therapy reports; patient feedback forms.	AT was well used by clinicians as an appropriate psychological support for children and young people with rheumatic diseases. Engagement with the service was good and feedback positive. Need to use validated and standardised assessment tools highlighted. A standardised service evaluation framework will be developed to facilitate future service reviews.
Woodgate et a. (2014)	Guided by theories of existentialism. Children had the opportunity to journal and express their feeling states associated with cancer via a computer diary and drawing tool.	Face to face open ended individual interviews & analysis of digital visual diaries. Data analysis and data collection using the constant comparative method of data analysis	The active engagement of children's imaginations through the use of a computer-drawing tool may have significant therapeutic value for assisting children with cancer to explore, understand, and manage their physical suffering, as well as the associated anxiety they live with. The expressive means of drawing pictures gave children a therapeutic space to explore and work at understanding the existential challenges experienced and externalise worries and fears. Metaphorical symbols also provided children with strength and resilience and allowed them to make sense of the existential challenges of illness

Appendix 3.1 TAFFI Art Therapy Group Protocol

TAFFI Art Therapy Group – Week 1
Therapy, Art, Friendship and Flourishing in Illness

WEEK 1	Introducing the whole self	Psychological Framework
Introductions 15 mins	Brief individual introductions using art cards: Instructions: Select a picture/feeling card from those laid out to represent how you feel about starting the group, or a card to represent you or your interests, or simply because you like it. It's ok to pick more than one card. Each person introduces themselves and shares the card they picked with the group. Group Process Introduction: Explain about the group and the plan for the 8 weeks Explain the art process in Art Therapy (not art class, no right/wrong, no expectations, in AT we use art to express and explore our feelings and life experiences) Facilitators share their aims and hope for the group and ask group members about their expectations or any questions. Go through: • Confidentiality • Storage of Artworks Complete the agreements – have drawn up 3 main ones below already and invite children to add to them to create ownership. Have everyone sign or do a handprint. 1. Respecting privacy - what happens in group stays in group 2. Listen to each other and don't talk over someone 3. Be kind to one another	Group Processes
Ice breaker Game 15 mins	Two Truths One Lie Game Everyone shares two truths and one lie and group members must try to guess which one is the lie. A chance to learn fun facts about each other!	
Mindfulness practice 10 mins	Brief Mindfulness Introduction Do members know what mindfulness is? Have they heard of it before? What does mindfulness mean to them? Show illustrated mindfulness pages and read handout 1.2: "Mindfulness is paying attention, on purpose, to what is happening right now. When you are mindful, you are thinking about what is going on inside you and around you. This may help us focus, take care of our feelings, or even calm down. When we are mindful with others, we pay	Mindfulness

	careful attention to what they are saying and feeling. So be present and pay attention to show you are mindful of yourself and others!" Discuss with group how can mindfulness help them in general and ow it can help them to cope with a chronic illness. (i.e. explain how it can help them to worry less about the future and helps them to stop dwelling on the past and asking "why me?". It can help us to calm down and become aware of our feelings and not react to them. With better self-awareness we can make better choices and decisions.) Practice: • 54321 Mindful awareness of 5 senses – bring attention first to the breath. The children are invited to silently notice 5 things they can see, 4 things they can hear, 3 things they can touch, 2 things they can smell and the taste in their mouth Discuss how this can help bring them into the present moment so that they are not so distracted with thoughts or worries. Other ideas for practice: • Mindful awareness of the breath • Radio Meditation (see sheet – tuning into sounds) • Awareness in a cup - group activity passing full cup of water around group and focusing on not spilling • Rainforest rhythm meditation in group circle	
Introduce theme and materials 5 mins	Go through art materials Introduce main art therapy directive	
Main Art Therapy Directive 45 mins	"Our Inner and Outer worlds" Introduce our inner and outer selves to the group through an "Inside-Out Box" • Outer world: all the things that make up your world such as interests, hobbies, passions, family, friends, pets, places you like to visit etc. • Inner world: the things about ourselves that others cannot see or that only we can truly know. Our hopes, dreams for the future, wishes, fears, secrets etc. You can choose how much of this part you reveal to the group) Ideas: • Use a box (and mixed media, collage, 3D objects etc) • Fold paper to create two doors to hidden inner world • Use mandala – inside represents inner world and outer world is drawn around it	Narrative Art Therapy - telling our story
Group sharing of art and reflection 15 mins	Sharing of artworks. Patients free to share as much or as little as they wish. Encourage reflection but discuss how to reflect on each other's work without judgment	Positive Psychology / Narrative Therapy – Finding meaning in our story

TAFFI Art Therapy Group – Week 2
Therapy, Art, Friendship and Flourishing in Illness

WEEK 2	Illness Perception	Psychological Framework
Check-in 10 mins	**Gratitude** check-in. Think of one thing that they are grateful for in their life in general AND one thing that went well this week or a good thing that happened. Each child is invited to pick a leaf or two and write or draw on them what they thought of. Each child shares with group. Everyone then sticks their leaves on our 'Thankful Tree' Ideas to suggest for gratitude: – Something that someone else did for you this week. – A person in your life that you appreciate. – An activity or hobby you are grateful to be able to do. – A positive quality of someone that can sometimes be hard to get along with. – A skill or ability you have. – A part of your body you are grateful for and why. – An item that you love. – Something that made you laugh. – What you have learnt from something that was hard. Remind again about: • Confidentiality • Agreements	Positive Psychology
Mindfulness practice 15 mins	Review what mindfulness is (Read Handout 1.2) Change 3 Things Game - to see how present we are today: • Divide children up into pairs. • Begin by taking three mindful breathes • One person focuses on mindfully observing the person opposite • After 30 seconds they turn away. The remaining person must change 3 things on themselves and see if their partner was mindfully paying enough attention and notices what changed • Then swap roles…	Mindfulness
Warm up 20 mins	**"Mindful Pass the Painting"** Begin with instruction: "Begin by painting mindfully for a minute or two – that means you are present right here, right now. You are not worried about how your painting is going to turn out at the end. Instead, simply start painting and focus your attention on all the different colours, the feel of the paint as you paint, the different shapes and marks and patterns that appear…" After 1 minute or so:	Mindfulness-based Art Therapy

	"Now pass your painting to the person on your left and start painting on the painting that is passed to you – It is very important that we simply add to the painting or create something new but that we don't destroy or paint all over someone else's work." Repeat this process until each person's original painting is back in front of them. Ask: • What was that like for everyone? • Did anyone get any surprises back on their page? • Did anyone not like letting go of his or her painting? Explain: "That exercise was about teaching us to let go, to be playful and present in the moment, and that your image does not have to be perfect. Life is not perfect! This exercise was about letting go of control of our paintings and accepting them as they are. In the same way we couldn't control how the painting turned out, we can't control things that happen in life such as getting diagnosed with a chronic illness. However, by becoming more mindfully aware we can discover more opportunities to chose how to respond to events and not be so pushed and pulled by our thoughts and our feelings. That's what we are going to learn about in this group" (Reiterate benefits of mindfulness from page day 1)	
Main Art Therapy Directive 45 mins	Symbol for illness Instructions: "Create or draw a symbol/image for your illness. After you have done this draw or create yourself in relation to it." Ask: "If you could see your chronic illness, if it walked into the room right now, what would it be like? A living or an object? Can it talk? What does it want to say? How big would it be? Would be evil or angry or dangerous or annoying or friendly or kind or helpful? Would it be ugly or scary-looking or cute or like nothing we've ever seen before?" Remind the children: "There is no right or wrong way. Don't forget to include you or a symbol to represent you after you have first drawn your chronic illness."	Narrative Art Therapy - externalizing the issue: "The problem is the problem, not the person"

Group sharing of art and reflection 15mins	Sharing of artworks. Patients free to share as much or as little as they wish. Encourage reflection amongst the children. It is important to discuss how to reflect on each other's work without judgment Narrative therapy reflective questions to ask: • Does the size they have created their image reflect the size it is in their lives? • If they could talk to their illness, what would they say? • Does it ever feel their illness bosses them around at times or its in charge? If so, how long has it been like this? In what ways? Does it affect their school life or home life? • Are there times where their illness doesn't boss them around? What is different/better about those times? • Are there good aspects or things they like about having a chronic illness??	Narrative and Solution Focused Reflections - enhancing meaning making

TAFFI Art Therapy Group – Week 3
Therapy, Art, Friendship and Flourishing in Illness

WEEK 3	Emotions in the body	Psychological Framework
Check-in 10 mins	Gratitude – one thing that we are grateful for in general AND one thing that went well this week. Add leaves to tree.	Positive Psychology
Discussion 15 mins	Today we will be talking about things that go on inside of our bodies. Ask the group to think about their bodies. What happens when the doctor takes an X-ray? Explain there are some things that go on in our bodies that make us human but that we cannot move or see. Ask for examples from the group (ex: thoughts, feelings, emotions, sensations). Tell group: today we are going to be taking 'Feelings X-rays of our bodies'! We will be thinking about different emotions and where we feel them in our body. Have members call out different emotions. Write these down on a large sheet. Use prompts to elicit more and have list with further suggestions. Explain: "Feelings and emotions are normal and are ok. Everyone has them!" "Feelings come and go." "Feelings and emotions are an important part of lives and our well-being and help to keep us safe." "It's important to become aware of our feelings. Its ok to be annoyed or upset. These are valid emotions. But, we need to be mindful of how we react to these emotions. Paying attention to and naming the feeling can take away its power."	Psychoeducation
Mindfulness practice 15 mins	"Now we are going to do an exercise that helps us get in touch with our bodies and our emotions called a body scan! In the same way an X-ray machine might sometimes scan your body, we are going to scan your body for feelings." "Emotions are not just experienced as an attitude; they can be felt in the body. Have you ever had a sinking feeling in your stomach? Have you felt the weight of stress on your shoulders? Often by the time we find out that we're in a bad mood it's already too late, but you can	Mindfulness-based Art Therapy

	learn to notice bad moods before they escalate. This way you can do something about it before it's too late." Invite children to close eyes and take three breathes to focus. "Today we are going to focus on what's going on inside our bodies, how we are feeling in ourselves. We might be feeling calm or tired, frustrated, bored, excited, happy or worried. There might be anxious butterflies in our stomach or tension in our shoulders or lots of thoughts making our heads feel cloudy, or tiredness in our limbs from a long day at school or happy feelings in our hearts." "As we scan down through our bodies become aware of any sensations, pain, heat, coldness, tension, warmth, tingling, emptiness… Just become aware of how we are feeling in ourselves today." "Staring with the top of our head, How does your hair feel? What about your forehead? What's happening with your ears today? Are they feeling like ears? And so forth… Face, nose, eyes… neck and shoulders and upper bodies… arms, elbows, wrists … hands and fingers… lower body, back and our tummy… upper legs, thighs, knees... lower legs, ankles… feet… toes…." Afterwards ask: "How do you feel now compared with before the exercise. Does your body feel different or the same from before you started the body scan? Were there any parts of your body that felt tense and you needed to relax?" Explain: "Body scans allow us to develop the skills to pay attention to how our body feels, allowing us to pick up the warning signs of subtle moods. Often by the time we find out that we're in a bad mood it's already too late, but you can learn to notice negative moods before they escalate. This way you can do something about it before it's too late. Body scanning also teaches us how to notice, enjoy and nurture our positive feelings."	
Main Art Therapy Directive 45 mins	Feelings X-Ray Instructions: "Now we have completed our body scan and become aware of all the different sensations in our body we are going to do a Feelings X-Ray. You will Lie down on floor on a large piece of paper and have someone trace around you." (Option to use body outline on smaller page if preferred or if space in room is tight) "Use different colours, shapes, textures, or symbols to show all the different types and sizes of emotions that you experience and where you experience them in your bodies. There is no right or wrong way to do it.	Mindfulness-based Art Therapy

Group sharing of art and reflection 15 mins	Sharing of artworks. Patients free to share as much or as little as they wish. Encourage reflection but discuss how to reflect on each other's work without judgment Narrative reflective questions to ask: • Does the size of the feelings in their image reflect the size it is in their lives right now? • What is your favourite feeling to have? When was the last time you had that feeling and what made you feel like that? • What is your least favourite feeling to have? • Can you describe a time that how you felt about something influenced how you acted? • Do the feelings you have depicted in your Emotions X-ray ever make you behave or act in a particular way? Can you give an example?	Narrative reflection

TAFFI Art Therapy Group – Week 4
Therapy, Art, Friendship and Flourishing in Illness

WEEK 4	Strengths	Psychological Framework
Check-in 10 mins	Gratitude – one thing that we are grateful for in general AND one thing that went well this week. Add leaves to tree.	Positive Psychology
Creative Mindfulness practice 20 mins	Mind Jars Introduce facilitator's example glitter Mind Jar – ask what is this? Explain: "The jar represents our mind and the glitter and sequins represent all our thoughts and feelings… What happens when I shake the jar? So what happens when we have lots of thoughts and feelings swirling round our mind like this?" (Answers: We feel distracted, anxious, unable to think clearly or focus etc…) "What happens when I stop and let the jar sit still?" "So as the sequins thoughts and feelings settle the water in the jar becomes clearer. It's just the same when we practice mindfulness - our mind clears. What happens when our mind is clear?" (Answers: we can think more clearly, make better decisions, our focus improves, it helps deal us with difficult feelings and can make us feel good) "We can also use our Mind Jars as calming jars to focus our attention while were doing our mindful breathing! Today we are going to make our own calming jars." Each participant makes a mini Mind Jar using urine sample jars from the hospital. Hospital urine sample jars with labels removed make useful small containers and are relevant to the children's hospital experience After they are made, the children are invited to shake their jars and take a few minutes to do focused attention breathing in silence, watching as the glitter and sequences fall and settle in their jars. Children are encourages to bring their mind jars home and to practice this technique each night before going to bed.	Mindfulness-based Art Therapy

Main Art Therapy Directive 10 mins discussion 45 mins art making	**Super-Strengths Superhero** "We each have different and amazing personal strengths and special qualities inside all of us and that help us shine! Your strengths help you accomplish goals in the face of challenges or help you stay strong during difficult times, they help you to learn and use knowledge, they help you be a good friend and family member and be a good member of you community. These are our super-strengths!" "Can anyone name some positive character strengths they have?" Hand out list of strengths and go round group and invite children to read out a strength and say what it means. Checking if there are any they do not understand and discuss these Hang the lists on the wall for the group to see "What are your strengths and best qualities? If you were a superhero what would your super strengths be? Superheroes have unique strengths and powers that they use for good – as do all of you!" "Draw yourself as superhero and include at least 3 super strengths from the list that you currently possess and more if you like!" "Include your accomplishments too if you like. (Not all superheroes wear capes! Might be a small thing like helping out a friend when they needed it or helping your parent look after your siblings or bigger accomplishments doing well in sport or winning an award)" "Who are the superheroes in your life? Include these too (or symbols to represent them). These are the people who we know we can depend upon to support us – family, friends, healthcare professionals, teachers, coaches, even pets!" (Remember don't create Superheroes that already exist from cartoons etc. instead we want to see you as a superhero and the superheroes in your life)	Positive Art Therapy
Group sharing of art and reflection 15 mins	Sharing of artworks. Patients free to share as much or as little as they wish. Encourage reflection but discuss how to reflect on each other's work without judgment Reflective questions to ask: • What are your top super strengths? • How do your strengths help you cope with your chronic illness? • Who are the other superheroes in your life?	

TAFFI Art Therapy Group – Week 5
Therapy, Art, Friendship and Flourishing in Illness

WEEK 5	Coping	Psychological Framework
Check-in 10 mins	**Gratitude** – one thing that we are grateful for in general AND one thing that went well this week. Add leaves to tree. Also invite group members to share one way they used one or more of their <u>strengths</u> that they explored in the last session during the week.	Positive Psychology
Discussion 5 mins	**Calming breathing** "First, let's review why calm breathing matters." "When you are calm, your body is in what is known as "rest and digest" mode. Your breathing is normal, your muscles are relaxed, and your heart rate is normal. It's how you would be when you're watching a show and relaxing." "But then suddenly, a dinosaur appears and starts chasing you!! What happens when you experience a stressful event (like an unexpected dinosaur in your living room…!)??" "Your body automatically goes into what is known as "flight, fight or freeze" mode. Your heart rate increases, your stomach stops digestion your food, and your breathing becomes more shallow so that you can get ready to run or fight the dino! When we feel nervous or worried about something in our lives our body reacts like it is being chased by that dinosaur - we go into flight, fight or freeze mode" "The goal of calming exercises is to get yourself from "flight, fight or freeze" mode back to "rest and digest" - our calm mode. Deep breathing helps get more oxygen into your bloodstream. It has a physical effect on your body helping your heart rate to slow and you calm down."	Psychoeducation
Creative Mindfulness practice 15 mins	**Draw Your Breath Mindfulness** Begin around art table with A3 sheets of black paper and chalk pastels for participants. Facilitators join in too. Step 1: Begin with colour breathing: "Eyes closed breathe in and as you breathe in imagine a calm, happy, positive colour that represents positive feelings spreading through your body. As you breathe out imagine a color that represents worries, anxiety, fears etc. leaving your body…." Continue for a minute..	Mindfulness-based Art Therapy

	Step 2: "Gently open eyes and keep breathing in and out slowly… pick up a colour and as you breathe out draw a line to represent that breath – keep drawing that line until that breathe finishes. Then pick up a new colour and draw your in-breath until that breath stops. Continue for a few minutes in silence focusing on the breath and using the soft pastels to draw the shape/rhythm/colour of the breath. There is no right or wrong way. Simply stay mindfully focused on the breathe and the feel and sound of the pastels on the page" Continue for 5 minutes… Step 3 Group members each share their breath drawings and say how they feel after that exercise	
15 mins discussion	Positive Coping Skills – introductory game and discussion "We are going to start off with a question-and-answer game – but your answers will be in silence: Stand up if your answer is 'never or only a little', sit on your chair of your answer is 'sometimes' and sit down on the ground if the answer is 'yes – a lot of the time' " Do you ever experience big feelings or worry about? 1) Homework 2) Making friends 3) Having a chronic illness 4) Fighting at home 5) People knowing you have a chronic illness 6) People being mean in school 7) Having to go to hospital/clinic appointments 8) Things that are happening in the world 9) Following a daily medical regime to stay well 10) The future and what will happen with your illness "As you can see every one of us experiences stress or worry from time to time. Sometimes we might be worrying about big problems or sometimes we might just feel anxious or blah and not even know why!" "We have talked a lot in this group about how mindfulness and breathing exercises can help us cope with difficult feelings but there are many different coping tools we can use. Think of your character strengths from last week and how you can apply those to tools/techniques/activities to help you cope with your chronic illness. Coping tools may not take away the stressful situation but they help us feel calmer, understand, and deal with the problem in a way that feels less over whelming, they can also make us stronger and help us grow from our experiences."	Psychoeducation

	Invite group to share different things they feel help them cope with living with a chronic condition – write shared responses on piece of paper. Explore difference between healthy (helpful) and unhealthy (unhelpful) ways of coping Share poster of coping skills and pass round hand out with list of coping skills to spark more ideas. Have group tick off ones they use and include room at end to include their own that aren't on the list.	
Main Art Therapy Directive 45 mins art making	Positive Coping Skills Keyrings Children are instructed to choose 3 to 6 of their coping skills that they are going to make into coping skill keyrings. Explain how these will be made into keyrings they can keep with them as daily reminders of things they can do to help them deal with big feelings or worries. Demonstrate 3 X 3 as a useful technique to help them calm down if they are experiencing overwhelming feelings lie anxiety (name 3 three things they can see, name 3 things they can hear and touch 3 different things). Encourage children to include this as one of their keyrings Give the children shrink plastic to draw their ideas. The facilitators shrink these down carefully with a heat gun and help the children to add keyring chains to them. Option if shrink plastic not available - create coping cards or simply create an artwork of their coping skills instead	Creative approach to Positive Coping
Group sharing of art and reflection 15 mins	Sharing of artworks. Patients free to share as much or as little as they wish. Encourage reflection but discuss how to reflect on each other's work without judgment Use the shrinking of their artworks with the shrink plastic as a metaphor for how coping skills may not take away our problems but can help to shrink them down so that they feel less overwhelming and easier to deal with. Reflective questions to ask: • What coping skill do you use the most? • What works best? • What do you wish/feel you should use more? • How do the coping skills you selected help you cope with having a chronic illness?	

TAFFI Art Therapy Group – Week 6
Therapy, Art, Friendship and Flourishing in Illness

WEEK 6	Non-Directive	Psychological Framework
Check-in 10 mins	Gratitude – share one thing we are grateful for in our lives in general AND one thing that went well this week. Add leaves to tree. Reminder of ideas for gratitude: – Something that someone else did for you this week. – A person in your life that you appreciate. – An activity or hobby you are grateful to be able to do. – A positive quality of someone that can sometimes be hard to get along with. – A skill or ability you have. – A part of your body you are grateful for and why. – An item that you love. – Something that made you laugh. – What you have learnt from something that was hard.	Positive Psychology
Reflection on last weeks art 10 mins	Reflective questions to ask: Can you give an example of how you used one of the coping skills from the last session during the week to help you deal with your chronic illness (or deal with something else)	
Creative Mindfulness practice 20 mins	Mindful Mandalas Ask has anyone heard of a mandala? Does anyone know what they are? Explain to the children that mandalas are special circles that have unique meanings to each artist. Today we are going to use mandalas as a form of mindful art to help us relax and focus. Tell them that it is important we do this exercise in silence (there will be lots of time to talk later and its not fair on people who really want to try it!!). Each child has access to soft pastels and an A4 white page and black page with a large circle pe-drawn on each. Guided visualisation: "Close your eyes and take three big deep breathes. Let your arms and legs get really heavy as you sink down into your chair and relax. Now in your mind picture yourself blowing bubbles. On your next out breath imagine you are blowing a worry, or anything that is bothering you, into that bubble. Watch as a gentle wind comes and that worry bubble floats away. Now imagine you blowing another worry into a	Positive Mindfulness-based Art Therapy

	bubble. Keep imagining each bubble you blow carrying your worries far, far away…. Keep going until all your worries have drifted away. Now, notice the next bubble because this one is different to the others…. This bubble is filled with swirling, beautiful colours. These colours represent feelings of laughter and happiness and joy… What colours can you see? Watch as this bubble grows bigger and bigger. Watch the colours swirl around inside it. Now watch as your bubble grows and grows until its so enormous its all around you…! Its colours softly swirling and washing over you… protecting you and filling you with feelings of love and happiness and joy…. When you are ready slowly open your eyes and fill in your mandala focusing those feelings of love, joy and happiness. Like our breath drawings last week I want you to work in silence for the next few minutes and fill in your mandala (black page or white page or both) in any way you like… there is no right or wrong way…" Reflection: Children share their mandalas and say how they felt during the visualisation and making the mandalas. Speak of how whenever we are experiencing difficult feelings, we can use that visualisation to help…	
Main Art Therapy Directive 45 mins art making	Non-directive Ask the group to recount all the themes and topics that have covered so far … offer prompts if needed: their inner outer worlds, their illness, emotions in the body, their strengths, coping plus every week gratitude and mindful art making … Ask group is there anything they feel is important that we should cover? What ideas do they have? Go through the art materials again and tell participants they are free to work on their own themes this week, or use some of the suggestions from the group discussion … If a group member is feeling stuck encourage them to try using materials they have never worked with before, or suggest a theme such as: or a dream for the future or gratitude focused art	Non-directive art therapy
Group sharing of art and reflection 15 mins	Sharing of artworks. Patients free to share as much or as little as they wish. Encourage reflection but discuss how to reflect on each other's work without judgment	

TAFFI Art Therapy Group – Week 7
Therapy, Art, Friendship and Flourishing in Illness

WEEK 7	A Favourite Kind of Day	Psychological Framework
Check-in 10 mins	**Gratitude** – share one thing we are grateful for in our lives in general AND one thing that went well this week. Add leaves to tree. Ideas for gratitude: – Something that someone else did for you this week. – A person in your life that you appreciate. – An activity or hobby you are grateful to be able to do. – A positive quality of someone that can sometimes be hard to get along with. – A skill or ability you have. – A part of your body you are grateful for and why. – An item that you love. – Something that made you laugh. – What you have learnt from something that was hard.	Positive Psychology
Mindfulness Game	**Game: Who's got a minute for mindfulness?** Group begins standing with eyes closed. Children are instructed to count 60 seconds silently and sit down when they think they have reached 1 minute. They challenge is to see who is present in the moment and manages to get closest to 1 minute. Or did they count very fast - are they in a state of rushing through their day?! Or did they count slowly – did they get distracted and loose focus? Was it hard to stay in the present and focus on the task of counting? Reflect on how they feel now after the exercise as opposed to before. Do they notice any changes in the feelings or bodies?	Mindfulness
Creative Mindfulness practice 10 mins	**A Favourite Kind of Day** Script: "Gently allow your eyes to close. Let's get settled and relaxed before you start. Take a deep breath in, filling your stomach like a balloon. Then breathe out, letting your stomach balloon fall flat. Now in your mind I want you to imagine waking up and realising that today is going to be your favourite kind of day… This day can be any kind of day but one that feels very, very good to you. (Its ok to smile … doing happy things makes us smile) When you picture your favourite kind of day what does it look? In your mind look around at where you are. Are you in a special place? What can you see around you? Are you inside, or are you out in nature, or are you in some fantasy or imagined place?	Positive Psychology/ Mindfulness-based Art Therapy

	What are you doing? Are busy and active or are you simply relaxing? Are you doing something you are very proud of or are you doing something kind for others or is someone doing something kind for you on your favourite day? Are you alone or are there others with you: family, friends or pets? Notice any sounds you can hear during your favourite kind of day? Are there the sounds of nature, birds, leaves rustling, running water? Or can you hear the sounds of people, laughter, talking, music? Can you notice any particular smells or even tastes in your favourite day? What kind of feelings do you feel when you picture your favourite kind of day? Know that whenever you want you can return to your favourite kind of day in your mind.. When you are ready you can wriggle your fingers and toes and slowly open your eyes and bring your attention back to the group." Ask what that exercise was like for the group? (But don't ask too much about their favourite day – leave that for sharing the art later).	
Main Art Therapy Directive 45 mins art making	AFKD-Art Invite children to create an artwork in response to what they imagined and the emotions that were elicited during the visualization based on their favourite kind of day. Tell them this can be a day that they might have previously experienced, or one they wish to have, or one that takes place in an imaginary or fantasy place. Children are also told that they have the freedom to work outside of the topic and do their own art making if they would prefer.	Positive art therapy
Group sharing of art and reflection 15 mins	Tell us about your Favourite Kind of Day image • What's makes this your favourite kind of day and why? • As well as happy what other feelings do you feel when you think of it? • What parts of your favourite day can you incorporate into your every day or is there a way of having your favourite day more often?	

TAFFI Art Therapy Group – Week 8

Therapy, Art, Friendship and Flourishing in Illness

WEEK 8	Reflection and Group Mandala	Psychological Framework
Check-in 15 mins	Picture/Feeling cards to reflect on ending Instructions: Select a picture/feeling card from those laid out to represent how you feel about the group coming to an end. Share card with the group and say why you chose it	
Reflective space 20 mins	As group reflect on what has been learned and the journey everyone has been on together. Discuss what themes have been explored together. Personal reflection space Instruction: "For the next 10 minutes take your art out of your folders and reflect on all the artworks you have made. Chose two pieces that you made that are important to you, or hold special meaning for you, or that were challenging, or that show how you have changed. We will share these later and use them in our research questions next week."	
Main Art Therapy Directive 50 mins art making	Group Mandala The Mandala represents the whole group. Each group member is invited to take a piece of the mandala and create an image that reflects all they have learned in general, and about themselves and about each other and what they will be taking with them from the group. Ideas to include: – any important messages – skills they've learned – memories – friendships – goals for the future Children can also sue this time to finish off artworks that are unfinished or they want to come back to and work further on.	Narrative Art Therapy
Group sharing of art and reflection 25 mins	Group members join their mandala pieces together and view the mandala as a whole – representing the cohesion of the group and a final coming together. Reflect on the mandala and the two significant artworks that they chose to share.	

	Reflection: • Their feelings about the ending • What have they enjoyed the most and why? • What was the most difficult/challenging parts of the group and why? • Why did they select their two significant images – what meaning do they hold for that participant? • What have they learned about themselves, about others and about their chronic illness during the group? • What skills, memories or experiences will they be bringing with them from the group into the future?	

Appendix 3.2 Parent Information Weekly Content Update

Week 1 Theme	**Introducing our whole selves**
Discussion and mindful warmup	Group introductions and ice-breaker game Introduction to mindfulness. Aims: • Learn what mindfulness is: • Explore the benefits of mindfulness • Learn how mindfulness can help them to cope with their chronic illness Mindfulness activity: "Grounding through the 5 senses"
Main Exercise	Art Therapy Directive: "Our Inner and Outer Worlds" Aims: • Create artworks that explore both their external world (friends, family hobbies, interests etc) and their internal worlds (hopes, dreams for the future, wishes, fears, secrets) • Use their art to introduce themselves to the group • Members will learn about one another
Psychological Framework:	The children are taught mindfulness is "paying attention, on purpose, to what is happening right now. When you are mindful, you are thinking about what is going on inside you and around you. This may help us focus, take care of our feelings, or even calm down." Mindfulness can help to reduce anxiety and emotional reactivity, increase awareness of feelings, enhance self-awareness and support better choices and decisions. Narrative art therapy helps the children to tell their story and to re-author the dominant narrative of illness through looking at their whole selves. Narrative art therapy and positive psychology approaches help children find meaning in their story and experiences

Week 2 Theme	**Illness Perception**
Discussion and mindful warmup	Weekly Gratitude Check-in: Each child thinks of something that they are grateful for in their life in general and one thing that went well this week and this is shared with the group. Each member adds a leaf to our 'Thankful Tree' to represent this. Mindfulness Ice breaker game in pairs Creative Mindfulness Grounding exercise: "Mindful Pass the Painting" art warm-up. Aims: • Learn about letting go and that their art does not have to be 'perfect' and translate this to other aspects of their lives • Learn about acceptance of things we cannot always control (such as having a chronic illness)
Main Exercise	Art Therapy Directive: "Create or draw a symbol or image to represent your illness and draw yourself in relation to it" Aims: • Group members will recognise that their illness is separate to them as a person • Explore their perception of their illness and its perceived impact on them and their lives • Learn about other members experience of living with a chronic illness
Psychological Framework:	Focusing on gratitude each week is a positive psychology approach that aims to elicit positive emotions and improve well-being Narrative therapy focuses on externalizing the problem. Its premise is "The problem is the problem, not the person". By symbolically externalising their illness through their images children learn that their illness is not them and they are not their illness.

Week 3 Theme	**Feelings in the Body**
Discussion and mindful warm up	Weekly Gratitude Check-in Discussion on feelings. Learning aims: • Learn feelings and emotions are normal and are ok. • Feelings and emotions are an important part of lives and our well-being and help to keep us safe. • It's important to become aware of our feelings. Its ok to be annoyed or upset. These are valid emotions. But, we need to be mindful of how we react to these emotions. Paying attention to and naming the feeling can take away its power Mindfulness: "Body Scan meditation" Aims: • Become aware of different sensations and emotions in the body
Main Exercise	Art Therapy Directive: "Feelings X-Ray!" Children will create a life-sized body tracing which will become our 'Feelings X-ray'. Children will complete their 'Feelings X-ray' using colours and symbols to represent feelings and sensations that they became aware of during the body scan. Aims: • Learn about the different way we experience emotions in our bodies
Psychological Framework:	Teaching children how to become aware of feelings in their bodies will help them to identify the warning signs of anger and upset allowing them to employ other mindful strategies to deal with the situation in a more helpful way. Body scans allow us to develop the skills to pay attention to how our body feels, allowing us to pick up the warning signs of subtle moods. Body scanning also teaches us how to notice, enjoy and nurture our positive feelings

Week 4 Theme	**Character Strengths**
Discussion and warm ups	Weekly Gratitude Check-in Creative Mindfulness Practice: Create calming glitter jars "Mind Jars" Aims: • Use glitter shakers as anchor to focus attention on when doing calming breaths • Learn about the mind: Calming jars are used as a metaphor for the mind. Shaken up the glitter and sequins represent our swirling thoughts and feeling; we might feel distracted, anxious, unable to think clearly or focus. When jar sits still (when we practice mindfulness) the glitter (thoughts) settle and the water (mind) clears; we can think more clearly, our focus improves, we can deal better with difficult emotions and make better decisions. • Glitter shakers will be brought home to use as a calm breathing practice before bed each night
Main Exercise	Discussion on positive character strengths "Super-Strengths Superhero": draw or create yourself as a superhero and include all your super strength superpowers Aims: • Understand positive qualities and strengths • Increase self-respect • Identify the individual positive character strengths that each member has - especially ones that give them 'superhero strength' to cope with their chronic illness • Identify supports in life and need for support - recognise the 'superheroes' around us who also help us cope (friends, family, pets, healthcare staff etc.)
Psychological Framework:	A key focus of positive psychology is on fostering positive emotions and the ability of individuals to enhance themselves, their experiences and ultimately their lives. Each child poses unique character strengths, traits and positive qualities. Recognising, celebrating and fostering the unique character strengths of each child can maximise the potential of positive character development

Week 5 Theme	**Positive Coping**
Discussion and warmup	Weekly Gratitude Check-in Discussion on Calm-Breathing Aims: • Learn why deep breathing matters. • Learn about "flight, fight or freeze" vs "rest and digest" mode Creative Mindfulness Practice: "Breath Drawings" art warm-up and grounding exercise
Main Exercise	Copings skill discussion and game Create "Coping Skills Key-rings" using shrink-plastic Aims: • Learn how to apply positive character strengths to coping with their chronic illness • Recognise and learn about our individual copings skills and how they help us • Create tangible reminders (keyrings) that can be carried with us and used during time of distress or upset as a reminder of things that calm, soothe, distract, or bring us joy
Psychological Framework:	Following from the last session this week explores how the children can apply their character strengths to coping with their chronic illness. The Positive Coping Keyrings are created using shrink plastic and are used as metaphor to discuss how coping strategies can similarly help their worries to shrink or feel smaller.

Week 6 Theme	**Non - Directive**
Discussion and warmup	Weekly Gratitude Check-in Creative Mindfulness Practice: Visualisation followed by pastel mandalas drawings as a warm-up and grounding exercise
Main Exercise	Non-directive. Children are free to work on their own themes Aims: • Space to bring up individual themes and interests of the group members • Opportunity to reflect creatively on experiences and feelings through their artwork • Time to reflect on and assimilate all that has been explored in the group to date
Psychological Framework:	Space for children to explore and process their own themes and individual interests through their art Non- directive approaches in art therapy allow children the opportunity to tap into both conscious and unconscious feelings and memories which can be expressed symbolically through the image and integrated through exploration within the group

Week 7 Theme	**A Favourite Kind of Day**
Discussion and warmup	Weekly Gratitude Check-in Brief mindfulness game Creative mindfulness exercise: Guided visualization based on "A Favourite Kind of Day"
Main Exercise	Art response to the guided visualisation (can be a real or imaginary response) or free to work on own themes and ideas if preferred Aims: • Elicit positive emotions • Discussion around activities and events that bring us joy • Exploration of how the 5 senses can soothe us or elevate mood • Sharing of personal stories and memories
Psychological Framework:	A Favourite Kind of Day is a Positive Psychology intervention, which focuses on fostering positive emotions and incorporating daily self-care practices. It has been adapted here to an art therapy context with children

Week 8 Theme	**Celebratory Group Mandala**
Discussion and mindful warmup	Check-in and reflective mindfulness: Each member reflects on their feelings about the group coming to an end and selects one or more picture/feelings cards from a selection laid out to represent their feelings. Each child shares their card with the group. Members take their folders of art and take time to review and reflect on all the art pieces that were made and their individual journeys within the group
Main Exercise	Group Mandala: Each member creates a section of the mandala that reflects their journey throughout the group, what they have learned in and what they intend on bringing with them from the group into the future Aims: • Celebrate members achievements, friendships, and learning • Reflect on the journey of the group • Create a sense of belonging and togetherness by representing the group as a whole through a collaborative artwork
Psychological Framework:	Assimilation and integration of individual experiences. Celebration of group cohesion and friendships. Narrative therapy approaches aim to help instil hope and optimism amongst the children

Appendix 4.0 TAFFI Art Therapy Group Weekly Fidelity Checklist

TAFFI Art Therapy Intervention Session 1
Fidelity checklist

Date: _____
Therapists: _____
Group: _____

Rate your fidelity to each session element on a scale of 1 to 10, with 1 indicating poor fidelity and 10 indicating high fidelity.

Rating	Element	Actual Time
	Begin in group circle. Introduce yourself and co-therapist using 'Picture/Feeling cards'. Invite children to do individual introductions using art cards (10 mins)	
	Explain about the group and the plan for the 8 weeks, explain about the art therapy process, and complete group agreements (5 mins)	
	Play ice breaker game: 'Two Truths One Lie' Game (15 mins)	
	Introduce the idea of mindfulness. Show illustrated handouts and discuss benefits. Practice 54321 Mindful awareness of 5 senses (10 mins)	
	Go through the art materials with the children (5 mins)	
	Introduce main art therapy directive: 'Our Inner and Outer Worlds'. Support the children to respond to the art directive. (45mins)	
	Invite children back to the circle. Invite children to share their artworks with the group. Explain that patients free to share as much or as little as they wish. Encourage non-judgemental reflection on the artworks. Ensure there is time allowed for each child who wishes to share with the group (15 mins)	

Notes or Reflections:

TAFFI Art Therapy Intervention Session 2
Fidelity checklist

Date: _____
Therapists: _____
Group: _____

Rate your fidelity to each session element on a scale of 1 to 10, with 1 indicating poor fidelity and 10 indicating high fidelity.

Rating	Element	Actual Time
	Introduce the 'Tree of Thanks' gratitude focused check-in. Remind group about group agreements. (10 mins)	
	Review what mindfulness is (5 mins)	
	Play 'Change 3 Things' game (10 mins)	
	Facilitate 'Mindful Pass the Painting' creative warm-up activity. Share images and invite children to say how they feel after the activity (15 mins)	
	After activity invite children to respond, reiterate benefits of mindfulness and encourage reflection on how the activity relates to their experience (5 mins)	
	Introduce main art therapy directive: 'Create a Symbol for Illness'. Support the children to respond to the art directive. (45mins)	
	Invite children back to the circle. Invite children to share their artworks with the group. Explain that patients free to share as much or as little as they wish. Encourage non-judgemental reflection on the artworks. Ensure there is time allowed for each child who wishes to share with the group. Use the narrative questions to guide the reflection (15 mins)	

Notes or Reflections:

TAFFI Art Therapy Intervention Session 3
Fidelity checklist

Date: _____
Therapists: _____
Group: _____

Rate your fidelity to each session element on a scale of 1 to 10, with 1 indicating poor fidelity and 10 indicating high fidelity.

Rating	Element	Actual Time
	Begin in group circle with 'Tree of Thanks' check-in. Remind group about group agreements. (10 min)	
	Introduce topic of feelings. Challenge group members call out and as many feelings as they can think of. Co-therapist writes these on a large sheet. (5 mins)	
	Facilitate discussion / psycho-education about feelings in the body (10 mins)	
	Lead children through a mindful body scan. Invite children to say how they feel after the activity (15 mins)	
	Introduce main art therapy directive: 'Create a Symbol for Illness'. Therapist and Co-therapist help the children to trace around their bodies on large sheets of paper. Support the children to respond to the art directive. (45mins)	
	Invite children back to the circle. Invite children to share their artworks with the group. Explain that patients free to share as much or as little as they wish. Encourage non-judgemental reflection on the artworks. Ensure there is time allowed for each child who wishes to share with the group. Use the narrative questions to guide the reflection (15 mins)	

Notes or Reflections:

TAFFI Art Therapy Intervention Session 4
Fidelity checklist

Date: _____
Therapists: _____
Group: _____

Rate your fidelity to each session element on a scale of 1 to 10, with 1 indicating poor fidelity and 10 indicating high fidelity.

Rating	Element	Actual Time
	Begin in group circle with 'Tree of Thanks' check-in. (10 min)	
	Show example of the glitter Mind Jar and use to demonstrate the impact of mindfulness on our minds, thoughts and feelings. (5 mins)	
	Support children to make their own individual glitter Mind Jars (10 mins)	
	Demonstrate how Mind Jars can be used for focused attention breathing and practice with the children. Invite children to say how they feel after the activity (5 mins)	
	Introduce main art therapy directive: 'Super-Strengths Superhero' Hand out list of strengths and go round group and invite children to read out a strength and discuss meaning with group (10 mins)	
	Support the children to respond to the main art directive. (45mins)	
	Invite children back to the circle. Invite children to share their artworks with the group. Explain that patients free to share as much or as little as they wish. Encourage non-judgemental reflection on the artworks. Ensure there is time allowed for each child who wishes to share with the group. Use the narrative questions to guide the reflection (15 mins)	

Notes or Reflections:

TAFFI Art Therapy Intervention Session 5
Fidelity checklist

Date: _____
Therapists: _____
Group: _____

Rate your fidelity to each session element on a scale of 1 to 10, with 1 indicating poor fidelity and 10 indicating high fidelity.

Rating	Element	Actual Time
	Begin in group circle with 'Tree of Thanks' check-in. Also invite group members to share one way they used one or more of their strengths that they explored in the last session during the week. (10 min)	
	Lead discussion on calm breathing and flight, fight or freeze response (5 mins)	
	Facilitate 'Draw Your Breath' mindfulness activity. Share images and invite children to say how they feel after the activity (15 mins)	
	Play the 'Worry Game' with group. Lead discussion how coping skills can help (15 mins)	
	Introduce main art therapy directive: 'Positive Coping Skills' Keyrings Support the children to respond to the main art directive. (45mins)	
	Invite children back to the circle. Invite children to share their artworks with the group. Explain that patients free to share as much or as little as they wish. Encourage non-judgemental reflection on the artworks. Ensure there is time allowed for each child who wishes to share with the group. Use the narrative questions to guide the reflection (15 mins)	

Notes or Reflections:

TAFFI Art Therapy Intervention Session 6
Fidelity checklist

Date: _____
Therapists: _____
Group: _____

Rate your fidelity to each session element on a scale of 1 to 10, with 1 indicating poor fidelity and 10 indicating high fidelity.

Rating	Element	Actual Time
	Begin in group circle with 'Tree of Thanks' check-in. Also invite group members to share one way they used one or more of their strengths that they explored in the last session during the week. (10 min)	
	Invite children to share how they used one of the coping skills from the last session during the week to help deal with their chronic illness (or something else) (10 mins)	
	Facilitate 'Mindful Mandalas': guided visualisation followed by arts-based mindfulness activity. Invite children to say how they feel after the activity (15 mins)	
	Introduce main art therapy directive: 'Non-Directive Week' Support the children to respond to the main art directive. Use prompts for ideas if children are feeling unsure (45mins)	
	Invite children back to the circle. Invite children to share their artworks with the group. Explain that patients free to share as much or as little as they wish. Encourage non-judgemental reflection on the artworks. Ensure there is time allowed for each child who wishes to share with the group. (15 mins)	

Notes or Reflections:

TAFFI Art Therapy Intervention Session 7
Fidelity checklist

Date: _____
Therapists: _____
Group: _____

Rate your fidelity to each session element on a scale of 1 to 10, with 1 indicating poor fidelity and 10 indicating high fidelity.

Rating	Element	Actual Time
	Begin in group circle with 'Tree of Thanks' check-in. (10 min)	
	Play Game: 'Who's got a minute for mindfulness?' (5 mins)	
	Facilitate 'A Favourite Kind of Day' mindful guided visualisation (10 mins)	
	Introduce main art therapy directive: 'AFKD-Art' Support the children to respond to the main art directive. (45mins)	
	Invite children back to the circle. Invite children to share their artworks with the group. Explain that patients free to share as much or as little as they wish. Encourage non-judgemental reflection on the artworks. Ensure there is time allowed for each child who wishes to share with the group. Use the narrative questions to guide the reflection (15 mins)	

Notes or Reflections:

TAFFI Art Therapy Intervention Session 8
Fidelity checklist

Date: _____
Therapists: _____
Group: _____

Rate your fidelity to each session element on a scale of 1 to 10, with 1 indicating poor fidelity and 10 indicating high fidelity.

Rating	Element	Actual Time
	Begin in group circle with 'Picture/Feeling cards' to reflect on ending (10 min)	
	As group reflect on what has been learned and the journey everyone has been on together. Discuss what themes have been explored together (10 mins)	
	Explain to children that the next 10 minutes is for personal reflection space. Have children go through their art folders and choose two pieces that hold the most meaning for them (15 mins)	
	Introduce main art therapy directive: 'Group Mandala' Support the children to respond to the main art directive. Therapist and co-therapist both also create a piece of the mandala. Explain to children there is also time to finish off artworks that are unfinished (50 mins)	
	Invite children back to the circle and have group members join their mandala pieces together. Highlight the significance of mandala representing the cohesion of the group and a final coming together. (5 mins)	
	Invite children to reflect on the mandala and the two significant artworks that they chose to share. Ensure there is time allowed for each child who wishes to share with the group. (20 mins)	

Notes or Reflections:

Appendix 4.1 Study Recruitment Poster

Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

The National Children's Hospital Tallaght

National Centre for Arts and Health

Art Therapy Group for Children with Chronic Illness

Participants needed for research study

Is your child aged between 9 and 12 years old?

Do they have a chronic illness and are under the care of a consultant at the National Children's Hospital Tallaght?

Would you be interested in them taking part in an art therapy group with other children living with chronic illness that aims to improve coping, illness perception and quality of life?

What: Art therapy is an allied health profession in which art materials are used to encourage self-expression and reflection within a therapeutic relationship to improve mental health and maintain emotional well-being. This art therapy group is being researched as part of a PhD study into the effectiveness of group art therapy for children with chronic illness that is being undertaken by Ms. Aimee O'Neill, Art Therapist, through the School of Psychology in Trinity College Dublin. Participants will be expected to complete questionnaires before and after the group, and at 6 - 12 months follow-up. Participants and their parent/guardians will also be expected to complete a short interview with the researcher.

Where: Groups will take place at Rua Red Art Centre, adjacent to Tallaght Hospital

When: Groups will run for 8 weeks in October 2018 and April 2019

For further information contact: Aimee O'Neill Phone: 01 4142076 Email: oneila31@tcd.ie

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Appendix 4.2 Information Packs (Letters, Leaflets, Consent and Assent forms) and Debrief forms used in this Study

The TAFFI Art Therapy Group (Therapy, Art, Friendship and Flourishing in Illness): Information and invitation to participate in a study to evaluate the effectiveness of art therapy for paediatric patients with chronic illness

Dear Parent/Guardian,

I would like to invite your child to take part in a research-based art therapy group for children with chronic illness attending the National Children's Hospital, Tallaght called the TAFFI Art Therapy Group (Therapy, Art, Friendship and Flourishing in Illness). Your child's medical team has referred your child as someone who they feel might benefit from participating in this group. Your child's participation is completely voluntary. The art therapy group will be researched as part of a PhD study into the effectiveness of group art therapy for children with chronic illness that is being undertaken by Ms Aimee O'Neill, Art Therapist, through the School of Psychology in Trinity College Dublin. This sheet will provide information on the study and the art therapy groups. Attached you will also find an information leaflet for your child, a consent to participate form for parents and an assent to participate form for your child.

Here is some feedback from parents from the first two TAFFI Art Therapy Groups:

"Kate is able to manage her emotions more which makes for a happier home life. I've also noticed that she has become slightly more independent when it comes to doing her medical regimes. I am amazed at the changes in Kate in such a short time"

"Paul has loved going to art therapy. He is definitely less anxious now than before he started. I feel he is happier in himself and more confident. His teacher and SNA have also commented on how happy he is at the moment and getting involved in activities in school a lot more. Meeting other kids with chronic illness has made him feel less alone, he has said he doesn't feel different anymore."

"Before Alex wouldn't talk about his feelings. Instead he would shut down and get angry but now he is starting to open up and talk more about how he is feeling"

"The group helped her explore her feelings around her illness. It gave her the tools to deal with her emotions. She enjoyed the gratitude warmup and the mindfulness activities"

Before you decide if you would like your child to take part it is important for you to understand why the research is being carried out and what it will involve. Please take a few minutes to read carefully through the following information. If you are interested in your child participating in this group the fully completed application, consent and child assent forms should be returned by Friday 29th March 2019.

If you have any further queries about the study please feel free to contact me by email oneila31@tcd.ie or by phoning 01 4142076 and leaving a message for me to return your call.

Thank you,

_____

Aimee O'Neill, Art Therapist, MA, BA, MIACAT, ANCAD
PhD Student

Title of study

A randomized controlled trial to evaluate the effectiveness and acceptability of group art therapy for paediatric patients with chronic illness

About the study

This study aims to evaluate the effectiveness of an art therapy group protocol (TAFFI Kids Group) designed to address the psychosocial needs of children with chronic illness through a randomised controlled trial. The study will use questionnaires to examine the effectiveness of an art therapy group intervention on the following psychological outcomes: health related quality of life, illness perception, coping, psychological wellbeing and psychosocial behaviour. Interviews will also be conducted with participants and their parents/guardians to explore participant's experience of the intervention. Study findings will be used to direct service provision for a clinical art therapy service for the new National Paediatric Hospital.

Who has approved this study?

This study has been awarded ethical approval from the research ethics committees in Tallaght University Hospital and the Department of Psychology, Trinity College Dublin.

What is art therapy?

Art therapy is an allied health profession in which art media and creative interventions are used to encourage self-expression and reflection within a therapeutic relationship. The aim is to improve mental health and maintain emotional well-being. Art Therapy has been recognised for its therapeutic role in helping children overcome stresses and trauma associated with physical illness, medical procedures, surgery and hospitalisations, as well as addressing psychosocial issues associated with chronic illness.

What will participation in this research study involve for my child?

This is a randomised controlled study. This means if you consent for your child to participate they will be randomly assigned to either the intervention group or a waitlist control group, who won't receive the intervention for 4 – 6 months. This research method is designed to help us to evaluate if the art therapy intervention is effective by comparing children who received the intervention with children who did not.

If your child is assigned to the intervention group they will receive the art therapy intervention commencing on Tuesday 30th April. They will be required to complete measures (questions) related to the study. They will be asked to complete the measures immediately before the first group, immediately after the final group and once more 3 – 6 months after the group has finished. They will also be required to complete a short interview with a researcher about their experience of being in the group.

Participants assigned be to the waitlist control group will be asked to complete the same measures at the same time points, without doing the intervention. This allows us to see if the art therapy intervention causes changes to occur, or if issues resolve themselves naturally over time. The waitlist participants will then be invited to participate in the group 3 to 6 months later.

All patients who complete sets of measures at time-points outside of the doing the actual art therapy group will receive a €10 voucher per set of measures; i.e. patients who are placed in the waitlist control will be given vouchers as a thank you for completing additional questionnaires before participating in the group, and all patients who compete follow up measures after the groups will also receive a €10 voucher as a thank you.

What will participation in this group entail for parents/guardian?

Parents/guardians will be asked to complete a brief questionnaire as well as participate in a brief focus group to discuss their child's experience of the group with a researcher after the group concludes.

Where will the groups take place?

The art therapy groups will be held at Rua Red Art Centre. Rua Red is adjacent to Tallaght University Hospital.

The groups will take place on Tuesdays from 3.30 – 5pm for 8 weeks commencing on 30th April. If your child is assigned to the wait control group this will commence in September 2019 for 8 weeks.

Who will be facilitating the group?

Aimee O'Neill is the Art Therapist for the National Children's Hospital, Tallaght and PhD student at Trinity College, Dublin. Aimee has 9 years experience facilitating art therapy with children, teenagers and adults in a variety of settings including healthcare, education and

the social services. She has Garda clearance and is fully accredited with the Irish Association of Creative Art Therapists (IACAT).

What will happen in the art therapy group?

Participants will have the opportunity to meet other children who share the experience of living with a chronic illness. An array of art materials will be available to participants and themes will be introduced to encourage expression of feelings and life experiences through art. Icebreaker activities, games and creative approaches to mindfulness and relaxation will be included.

Participants will be fully informed that their participation is voluntary and they only ever have to participate at a level they feel comfortable with. They will never be asked to say or do something they do not wish.

Artwork created throughout the group is confidential. It will be safely stored in folders and children will be allowed to bring home all art produced at the end of the group.

All materials and refreshments will be provided.

Does my child have to be good at art to take part?

No prior experience of art making is required. In art therapy the focus is on the process, not the final art product. There are no expectations. There is no right or wrong way to approach making art in art therapy.

What happens if I wish to take my child out of the study?

Participation in this study is completely voluntary. If you agree for your child to take part, you are free to withdraw them from the study at any stage up to the point when data from all participants has been pooled for analyses (scheduled for March 2021). You can withdraw for any reason, without penalty or consequence. If data has already been collected from you, this data will be destroyed and not included in analyses.

Similarly, your child can choose to withdraw for any reason from the study without penalty or consequence.

What are the potential benefits for my child?

Art therapy has been demonstrated to help children manage psychosocial issues associated with chronic illness. Participating in an art therapy group is frequently reported to be an enjoyable, meaningful and wellness enhancing experience. The groups will focus on enhancing the children's ability to manage difficult emotions associated with their condition using an arts-based intervention. Normalising and validating the feelings of the participants can be an empowering experience that can enhance their sense of ability to cope and improve their resilience.

Medical art therapy has been demonstrated to:

- Provide children with a natural form of self-exploration and means to express complex emotions
- Ease anxiety and reduce stress
- Assist with gaining a sense of mastery or control over difficult emotions and life experiences.
- Aid emotional regulation
- Enhance self-esteem

Furthermore, children will have an opportunity to meet other children who share similar experience of living with a chronic illness. It is hoped that these groups will form a support network for these children beyond the group itself. Group treatment may be particularly beneficial to children with medical conditions by providing the following opportunities:

- Modelling behaviour
- Problem solving
- Altruism
- Instilling hope
- Relating to peers who share similar circumstances
- Perspective taking
- Interpersonal learning and self-understanding

Are there any risks involved?

The potential risk to participants is minimal and generally outweighed by the benefits. Occasionally a child might be affected by a question in a questionnaire or by something that arose during the group. In this study, where children will talk and make art about their experience of having a medical condition, there is the potential that a participant might get upset. However, the researcher facilitating the groups is an experienced IACAT-registered art therapist trained in recognising, validating and containing such emotions. In all instances the art therapist will be available to talk to participants individually should they wish. The limits of confidentiality will be made clear to all participants and if the researcher has any concerns that a child has been particularly affected by the group they will talk to the child first and then if necessary to their parent/guardian. The researcher will be linked with the psychologist on the child's clinical team, to whom they can refer a child if it is felt that further support is needed.

Are the art therapy groups and research confidential?

Yes, the art therapy groups and data collected as part of this study are confidential. Any material from the art therapy group used in research, such as case studies and photographs will be completely anonymous and no identifiable details revealed.

However, under the Children First Act 2015 the researcher is obliged to report any knowledge, belief or reasonable suspicion that a child is at risk. In particular, it is noted that confidentiality may be breached in circumstances in which;

1. The research team has a strong belief or evidence exists that there is a serious risk of harm or danger to either the participant or another individual. This may relate

to issues surrounding physical, emotional and/or sexual abuse, concerns for child protection, rape, self-harm, suicidal intent or criminal activity.

2. Disclosure is required as part of a legal process or Garda investigation. In such instances, information may be disclosed to significant others or appropriate third parties without permission being sought. Where possible, a full explanation will be given to the participant regarding the necessary procedures and also the intended actions that may need to be taken.

What will happen to data collected as part of this study?

All data collected will be anonymised and stored to very high standards of security. Transcripts will be anonymised and kept on a password protected encrypted file on a PC, accessible only to the lead researcher. Completed consent and assent sheets and any other hard copies of data pertaining to the study will be kept separately in locked filing cabinets with restricted access within Trinity College Dublin.

Data will be securely stored for a period of 10 years after the study is complete. Under the Freedom of Information Act (2014), you can have access to any information we store about your child, if requested.

What will happen to the data and results of the research?

The research may be published in journals and presented at conferences. All information gathered, including photographs of the artworks, will be presented in a format that ensures there is no information that can identify your child.

Who do I contact if my child or I have a question, or choose to opt data out of this study?

Please feel free to address any questions to Aimee O'Neill who is available to discuss the study with you at any stage. Aimee's contact details are as follows:

Phone: 01 4142076
Email: oneila31@tcd.e
Address: Arts Office, Centre for Learning and Development, Tallaght University Hospital

Dr Charlotte Wilson, Lecturer in Clinical Psychology, is the supervisor of this study. Her contact details are as follows:

Phone: 01 8963237
Email: cewilson@tcd.ie
Address: School of Psychology, Áras an Phiarsaigh, Trinity College, Dublin 2

Thank you for taking the time to read this information sheet

Parent/Guardian Consent Form

Title of study: A randomized controlled trial to evaluate the effectiveness and feasibility of group art therapy for paediatric patients with chronic illness

Dear parent/guardian,

If you consent to your child participating in this study please complete and return this form with your application. Two copies are enclosed – one for you to retain as a record. Please ensure your son/daughter also signs the assent form supplied to show that they are happy to take part.

Please note the following:

Participation in this study is voluntary. If you agree for your child to take part, you are free to withdraw them from the study at any stage up to the point when data from all participants has been pooled for analyses (scheduled for March 2021). You can withdraw for any reason, without penalty or consequence. If data has already been collected from you, this data will be destroyed and not included in analyses. Similarly your child can for any reason withdraw from the study without penalty or consequence.

Statutory limits upon confidentiality: All data collected in relation to this study will be anonymised and securely stored in accordance with the Data Protection (Amendment) Act 2003. However, confidentiality may be breached in circumstances in which;

1. The research team has a strong belief or evidence exists that there is a serious risk of harm or danger to either the participant or another individual. This may relate to issues surrounding physical, emotional and/or sexual abuse, concerns for child protection, rape, self-harm, suicidal intent or criminal activity.
2. Disclosure is required as part of a legal process or Garda investigation. In such instances, information may be disclosed to significant others or appropriate third parties without permission being sought. Where possible, a full explanation will be given to the participant regarding the necessary procedures and also the intended actions that may need to be taken.

Under the Freedom of Information Act (2014), you can have access to any information we store about you, if requested.

To give your consent to your child's participation please answer the questions on the form overleaf.

Thank you,

_____

Aimee O'Neill
Art Therapist, MA, BA, MIACAT, ANCAD
PhD Student

PLEASE TICK YOUR RESPONSE IN THE APPROPRIATE BOX:

	YES	NO
I have read and understood the Parent/Guardian Study Information Sheet		
My child has read and understood the Child Participant Information Leaflet		
I feel both my child and I have received enough information about this study		
I understand that I am free to withdraw my child from the study at any time without giving a reason and without this affecting their future medical care		
I understand that my child is free to withdraw from the study at any time without giving a reason and without this affecting their future medical care		
My son/daughter would like to take part in this research and I am happy to consent on their behalf, as they are less than eighteen years old.		
I consent to partake in a parent interview in relation to my child's experience in this study		
I understand that under the Freedom of Information Act (2014) I can have access to any information that is stored about me or my child if requested		
I give my consent for the researcher to contact me 6 – 12 months after the group to conduct follow up measures in the form of questionnaires		
I give permission for the researcher to photograph my child's artworks created during the groups and for these photographs to be used as part of research, publications and presentations. I understand that any material used in research will be completely anonymised and will include no identifiable details.		
I consent to the principal researcher accessing my child's healthcare records for the purposes of this study		

Name of participating patient (please print): _____

Name of parent(s)/guardian(s) (please print): _____

Signature of parent(s)/guardian(s): _____

Date: _____

Researcher's name: Aimee O'Neill, Art Therapist, MA, BA, MIACAT, ANCAD

Researcher's signature: _____

Date: _____

You said I have to answer questions – what does this mean?

When you come to the first day of the group a researcher will meet you and give you a sheet with some questions about you and your life to see what having a chronic illness is like for you. When the group has finished the researcher will give you the same questions, and again 3 - 6 months after the group has finished.

After the group you will also be asked some questions about your experience of being in the group. They will do an interview with your parents also. The information you give us will be kept safe. It will be kept locked up and won't have your name on it, instead it will have a number that only we know is you. If you want a copy of the different things you tell us you can, just let us know.

You will either be asked to take part in the art therapy group in April 2019 or else asked to wait to take part in September 2019. The group in September is called the control group. If you are placed in the control group in September you will still be asked to complete the written questions in April and then to complete the same questions again in September when you do the art therapy group. There will be a small gift voucher to members of the control group to thank them for answering the questions and then having to wait until September to do the art therapy group.

All of this will help the researcher learn if art therapy groups are helpful for children with chronic illness.

Do I have to take part?

You do not have to take part of you do not wish to. If you start the group but want to leave you can at any point. You do not have to give a reason why. Similarly your parents/guardians might want you to stop coming and that's ok too.

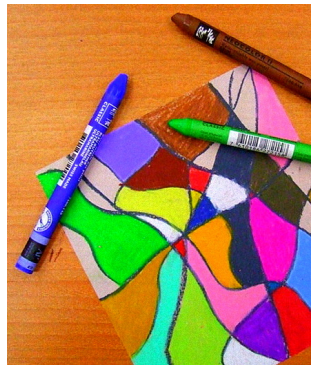
Will the researcher talk to people outside the group about what we do in the group?

The art therapy groups are confidential. Confidential means that they are private. The researcher will not be talking about people in the group to anyone who isn't doing the research. However, if the researcher is worried about the safety of someone in the group then it will be important for them to talk to another adult who can help.

Researcher contact details

Lead Researcher:
Aimee O'Neill
Phone:
01 4142076
Email:
oneila31@tcd.e
Address:
The Arts Office
Tallaght University Hospital
Dublin 24

Study Supervisor:
Dr Charlotte Wilson,
Lecturer in Clinical Psychology
Address: School of Psychology, Áras an Phiarsaigh, Trinity College, Dublin 2
Phone: 01 8963237 **Email:** cewilson@tcd.ie



TAFFI Kids Group

(Therapy, Art, Friendship & Flourishing in Illness)

An art therapy group for children with chronic illness

Patient information and invitation to take part in a research study

Trinity College Dublin
The University of Dublin

The National Children's Hospital · Tallaght ·

National Centre for Arts and Health

Dear patient,

My name is Aimee O'Neill. I am the art therapist at the National Children's Hospital (NCH) and I am inviting you to come to an art therapy group called the TAFFI (Therapy, Art, Friendship and Flourishing in Illness) Kids Group for children who attend the NCH. Your doctors and nurses have suggested you as someone they feel might find a group like this helpful and enjoyable. We want to know how helpful art therapy is to children like you. Therefore if you decide to take part you will be asked to answer some questions before and after the group.

Some of you may have come to art therapy with me before at the hospital and some of you might not have. This leaflet explains what to expect and answers questions about the art therapy group. Please read it and discuss it with your parent/guardian. If you have any questions your parent/guardian can contact me to answer them.

Thank you for taking the time to read this leaflet and I hope you are interested in joining the group!

What is art therapy?

In art therapy art materials are used to explore feelings and life experiences with an art therapist. Sometimes it can be hard to find the words to talk about feelings. In art therapy drawings and paintings can be used instead of words.

Living with a chronic illness can be hard at times. Art therapy has been shown to help children deal with some of difficult feelings that come with having a chronic illness. It can help children cope better and feel better about themselves.

Do I have to be good at art to take part?

No, you do not have to be good at art. Art therapy is not an art class. You will not be shown how to make or create things like you would in an art class. Instead you are free to use the art materials any way you wish. There is no right or wrong way to do it. All art made in art therapy is important and valued.

What will happen in the art therapy group?

In the art therapy group you will get to meet and make friends with other children who share the same experience of living with a chronic illness. It can be very helpful meet other children who understand what it feels like to cope with a chronic illness.

The group will meet at Rua Red Art Centre, which is beside Tallaght hospital, once a week for 8 weeks. Each group is an hour and a half long.

The art therapist will provide art materials and invite group members to create art based on different themes each week. There will be ice-breaker games and activities and time for chats in a relaxed and friendly group. Drinks and snacks will be provided and you will have a folder to keep all of the artwork you create during the group.

You will never have to do or say anything you do not wish to. Some people love to talk a lot and others prefer to just make art – that's ok! Many people who take part in an art therapy group say it is fun.

Child Participant Assent Form

Art therapy group for children attending the National Children's Hospital

Dear Patient,

If you agree to come to this art therapy group for children attending the National Children's Hospital please complete this form and ask your parent/guardian to return it. It is important that you have read the information leaflet and asked your parent/guardian about any parts you are unsure of.

You do not have to take part if you do not wish to. If you start the group but want to leave you can at any point. You do not have to give a reason why. Similarly, your parents/guardians might want you to stop coming and that's ok too.

It is also important for you to know that the art therapy groups are private. The researcher will not be talking about people in the group to anyone who isn't doing the research. However, if the researcher is worried about the safety of someone in the group, then it will be important for them to talk to another adult who can help.

Please tick the boxes overleaf to answer the questions on the form and sign your name at the bottom.

Thank you,

_____

Aimee O'Neill
Art Therapist, MA, BA, MIACAT, ANCAD
PhD Student

I understand my parent/guardian has given their permission for me to be a part of this art therapy group		
I have read and understand the Information Leaflet		
Any questions I have asked about the group have been answered		
I understand that I am free to change my mind and leave the group at any time. I do not have to give a reason why.		
I understand that these groups are private unless the researcher is worried about the safety of someone in the group, in which case the researcher will help that person by talking to another adult		
I am happy for the researcher to contact me 6 – 12 months after the group to ask me follow-up questions		
I am happy for the researcher to take photographs of the artworks that I will create during the groups. I understand that these photographs might be used in talks and written articles. I understand that the researcher will not include my name with any of these photographs to protect my privacy		
I am happy for the researcher to look at my medical chart that is held at the National Children's Hospital, Tallaght in order to help them with their research		

Name (please write clearly): _____

Signature: _____

Date: _____

Researcher's name: Aimee O'Neill, Art Therapist

Researcher's signature: _____

Date: _____

Debriefing Sheet

Title of study: A randomized controlled trial to evaluate the effectiveness and feasibility of group art therapy for paediatric patients with chronic illness

The research team would like to express their sincere thanks to both you and your child for your participation, commitment and valuable contribution to this study. This sheet outlines the purpose of this study and what to do if you feel your child needs further support following the study.

The purpose of this study

The aim of this study was to evaluate the effectiveness of an art therapy group protocol designed to address the psychosocial needs of children with chronic illness through a randomised controlled trail. This study sought to answer the question 'Does an art therapy group protocol, designed and implemented for paediatric patients across multi-diagnostic presentations increase coping, illness perception and quality of life?'

The study examined the effectiveness of an art therapy group intervention through interview and by measuring the following psychological outcomes: health related quality of life, illness perception, coping, psychological wellbeing and psychosocial behaviour.

What will this research be used for?

Outcomes from this study will direct appropriate development of art therapy services and the model of care for the new National Paediatric Hospital. This study will be the first PhD in Ireland on art therapy in a paediatric hospital, one of only three Art Therapy PhDs in Ireland and the first with a specific focus on clinical outcomes for children. This research will form the basis of a model of care for an evidence-based clinical art therapy service for the new National Paediatric Hospital.

Further Support

If you have had any concerns about your child during the course of this study please feel free to contact the lead researcher. In the event that you feel your child needs further psychological support after the group please talk to Aimee O'Neill or to their medical team, who can refer them to the hospital psychologist linked to that team:

Phone: 01 4142076 Email: oneila31@tcd.e
Address: National Centre For Arts and Health, Centre for learning and Development, Tallaght University Hospital, Tallaght, Dublin 24

Or contact the study supervisor: Dr Charlotte Wilson, Lecturer in Clinical Psychology
Phone: 01 8963237 Email: cewilson@tcd.ie
Address: School of Psychology, Áras an Phiarsaigh, Trinity College, Dublin 2

Letter to parents sent out at 6-month follow-up

11th October 2019

Dear parent,

I hope you and your child are keeping well.

I am sending out 6-month follow up questionnaires to all participants to get a sense of how they are doing now that a few months have passed since the art therapy group. We would be really grateful if you get a chance to complete and return these. Enclosed please find the same two sets of questions as before for you and your child to complete. I have enclosed a SAE for your convenience to return the completed measures.

We really appreciate you and your child taking the time to complete these measures. As a gesture of thanks each child will receive a voucher for completing a set of questionnaires outside of doing the art therapy group. Your child will receive a €15 voucher which will be sent out by post once we receive this questionnaire back to us.

As before, please let your child answer the questions by themselves, unless they ask a question or need help clarifying how to complete a section (please check your child has completed all the measures before returning). Please remind them of the following instructions and inform them that they will receive a thank you gift of a small voucher:

1. There are no right or wrong answers
2. Go with your first response or gut feeling to each question
3. Try to answer the questions by yourself but if you have a question or don't understand something it is ok to ask for help.

If you have any queries please mail me and I can give you a call to discuss them: oneila31@tcd.ie

Thank you very for taking the time to complete the questions. The answers you and your child provide throughout the course of this study will help to ensure art therapy service are included in the New Children's Hospital. Your participation the study is important and highly valued.

Thank you,

_____

Aimee O'Neill
Art Therapist, MA, BA, MIACAT, ANCAD
PhD Student

Appendix 4.3 Research Ethics Approval Letters

SJH/TUH Research Ethics Committee Secretariat
email: researchethics@tuh.ie

Tallaght University Hospital | Ospidéal Ollscoile Thamhlachta
An Academic Partner of Trinity College Dublin

Ms Aimee O Neill
Art Therapist
32 Foster Terrace
Ballybough
Dublin 2

27th August 2018

Re: A randomised control trial to examine the feasibility and efficacy of an art therapy group intervention for children with chronic illness across multi-diagnostic presentations

REC Reference: 2018-08 List 30 (2)
(Please quote reference on all correspondence)

Dear Ms O Neill

Thank you for your correspondence in which you sent in a response to the Committee's letter which detailed the Committee's queries and concerns in relation to the submission of the above referenced research study.

The Chairman has reviewed your response on behalf of the Committee, is happy all issues are dealt with satisfactorily and now gives full ethical approval for the study to proceed.

Yours sincerely,

Secretary
SJH/TUH Research Ethics Committee

The SJH/TUH Joint Research and Ethics Committee operates in compliance with and is constituted in accordance with the European Communities (Clinical Trials on Medicinal Products for Human Use) Regulations 2004 & ICH GCP guidelines.

Coláiste na Tríonóide, Baile Átha Cliath
Trinity College Dublin
Ollscoil Átha Cliath | The University of Dublin

F.A.O. Aimee O'Neill
Approval ID: SPREC092018-22

School of Psychology Research Ethics Committee

SCHOOL OF PSYCHOLOGY
Arás an Phiarsaigh
Trinity College
Dublin 2

24th September 2018

Dear Aimee,

The School of Psychology Research Ethics Committee has reviewed your application entitled "**A randomised controlled trial to evaluate the efficacy and feasibility of paediatric art therapy groups across multi-diagnostic presentations**"and I am pleased to inform you that it was approved.

Please note that you will be required to submit a completed **Project Annual Report Form** on each anniversary of this approval, until such time as the research is complete and the thesis is submitted. The form is available for download from the Ethics section of the School website.

Please note that you must be familiar with and adhere to the attached 'Safety Protocol for Adults'. Adverse events associated with the conduct of this research must be reported immediately to the Chair of the Ethics Committee.

Yours sincerely,

Richard Carson
Chair,
School of Psychology Research Ethics Committee

Scoil na Síceolaíochta
Dámh na nEolaíochtaí Sóisialta agus Daonna,
Áras an Phiarsaigh,
Coláiste na Tríonóide,
Baile Átha Cliath,
Ollscoil Átha Cliath,
Baile Átha Cliath 2, Éire.

School of Psychology
Faculty of Arts, Humanities and Social Sciences,
Trinity College Dublin,
The University of Dublin,
Dublin 2, Ireland.

+353 1 896 1886
psychology@tcd.ie
www.tcd.ie/psychology

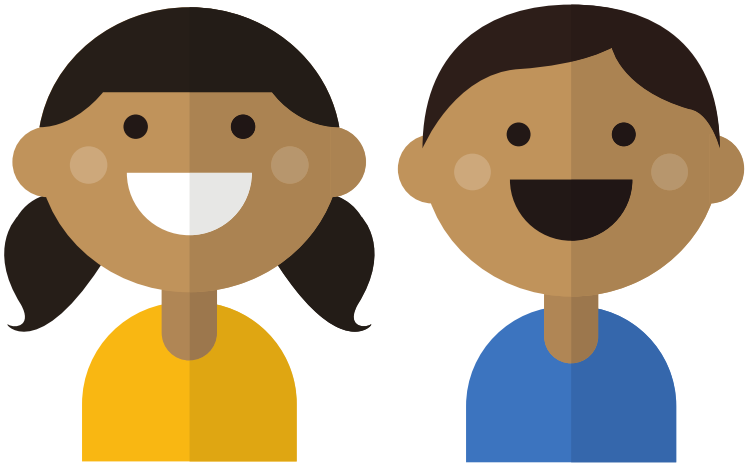
Participant No.

Date / /

ALL ABOUT YOU!

The questions in this booklet will help us to learn about what life is like for you living with a chronic illness!

Try to answer the questions by yourself as much as you can but it's ok to ask for help if there is something you don't understand



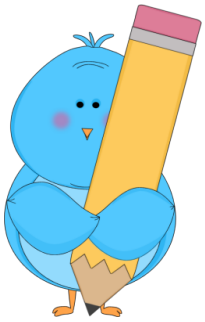
Art Therapy Group For Children Living With Chronic Illness

Aimee O'Neill oneila31@tcd.ie

Paediatric Quality of Life Inventory

Directions

On the page below is a list of things that might be a problem for you. Please tell us how much of a problem each one has been for you during the past two weeks by circling:



0 if it has never been a problem
1 if it has almost never been a problem
2 if it is sometimes a problem
3 if it is often a problem
4 if it is almost always a problem

There are no right or wrong answers

About My Health And Activities (problems with…)	Never	Almost Never	Some-times	Often	Almost always
1. It's hard for me to walk more than one block	0	1	2	3	4
2. It's hard for me to run	0	1	2	3	4
3. It's hard for me to do sports activity or exercise	0	1	2	3	4
4. It's hard for me to lift something heavy	0	1	2	3	4
5.It's hard for me to take a bath or shower by myself	0	1	2	3	4
6. It's hard for me to do chores around the house	0	1	2	3	4
7. I hurt or ache	0	1	2	3	4
8. I have low energy	0	1	2	3	4

About My Feelings (problems with…)	Never	Almost Never	Some-times	Often	Almost always
1. I feel afraid or scared	0	1	2	3	4
2. I feel sad or blue	0	1	2	3	4
3. I feel angry	0	1	2	3	4
4. I have trouble sleeping	0	1	2	3	4
5. I worry about what will happen to me	0	1	2	3	4

How I Get Along With Others (problems with…)	Never	Almost Never	Some-times	Often	Almost always
1. I have trouble getting along with other kids	0	1	2	3	4
2. Other kids do not want to be my friend	0	1	2	3	4
3. Other kids tease me	0	1	2	3	4
4. I cannot do things that other kids my age can do	0	1	2	3	4
5. It's hard to keep up when I play with other kids	0	1	2	3	4

About School (problems with…)	Never	Almost Never	Some-times	Often	Almost always
1. It is hard to pay attention in class	0	1	2	3	4
2. I forget things	0	1	2	3	4
3. I have trouble keeping up with my schoolwork	0	1	2	3	4
4. I miss school because of not feeling well	0	1	2	3	4
5. I miss school to go to the doctor or hospital	0	1	2	3	4

EPOCH Measure

This is a survey about you! Please read each of the following statements.
Circle how much each statement describes you. Please be honest - there are no right or wrong answers!

		Almost never	Some-times	Often	Very often	Almost always
C1	When something good happens to me, I have people who I like to share the good news with.	1	2	3	4	5
P1	I finish whatever I begin.	1	2	3	4	5
O1	I am optimistic about my future	1	2	3	4	5
H1	I feel happy.	1	2	3	4	5
E1	When I do an activity, I enjoy it so much that I lose track of time.	1	2	3	4	5
H2	I have a lot of fun.	1	2	3	4	5
E2	I get completely absorbed in what I am doing.	1	2	3	4	5
H3	I love life.	1	2	3	4	5
P2	I keep at my schoolwork until I am done with it.	1	2	3	4	5
C2	When I have a problem, I have someone who will be there for me.	1	2	3	4	5
E3	I get so involved in activities that I forget about everything else.	1	2	3	4	5
E4	When I am learning something new, I lose track of how much time has passed.	1	2	3	4	5
O2	In uncertain times, I expect the best.	1	2	3	4	5
C3	There are people in my life who really care about me.	1	2	3	4	5
O3	I think good things are going to happen to me.	1	2	3	4	5
C4	I have friends that I really care about.	1	2	3	4	5
P3	Once I make a plan to get something done, I stick to it.	1	2	3	4	5
O4	I believe that things will work out, no matter how difficult they seem.	1	2	3	4	5
P4	I am a hard worker.	1	2	3	4	5
H4	I am a cheerful person.	1	2	3	4	5

Child Attitude Towards Illness Scale

Please circle the number to show your feelings about having a chronic illness:

1 How good or bad do you feel it is that you have a chronic illness?

1	2	3	4	5
Very good	A little good	Not sure	A little bad	Very bad

2 How fair is it that you have a chronic illness?

1	2	3	4	5
Very fair	A little fair	Not sure	A little unfair	Very unfair

3 How happy or sad is it for you to have a chronic illness?

1	2	3	4	5
Very sad	A little sad	Not sure	A little happy	Very happy

4 How bad or good do you feel it is to have a chronic illness?

1	2	3	4	5
Very good	A little good	Not sure	A little bad	Very bad

5 How often do you feel that your chronic illness is your fault?

1	2	3	4	5
Never	Not often	Sometimes	Often	Very often

6 How often do you feel that your chronic illness keeps you from doing things you like to do?

1	2	3	4	5
Very often	Often	Sometimes	Not often	Never

7 How often do you feel that you will always be sick?

1	2	3	4	5
Never	Not often	Sometimes	Often	Very often

8 How often do you feel that your chronic illness keeps you from starting new things?

1	2	3	4	5
Very often	Often	Sometimes	Not often	Never

9 How often do you feel different from others because of your chronic illness?

1	2	3	4	5
Never	Not often	Sometimes	Often	Very often

10 How often do you feel bad because you have a chronic illness?

1	2	3	4	5
Very often	Often	Sometimes	Not often	Never

11 How often do you feel sad about having a chronic illness?

1	2	3	4	5
Never	Not often	Sometimes	Often	Very often

12 How often do you feel happy even though you have a chronic illness?

1	2	3	4	5
Never	Not often	Sometimes	Often	Very often

13 How often do you feel just as good as other kids your age even though you have a chronic illness?

1	2	3	4	5
Never	Not often	Sometimes	Often	Very often

WHO-5 Wellbeing Index

The following sentences let us know how you have been feeling lately. Please circle the number below that is closest to how you have been feeling over the last 2 weeks…

	All the time	Most of the time	More than half the time	Less than half the time	Some of the time	Not at all
I have felt cheerful and in good spirits	5	4	3	2	1	0
I have felt calm and relaxed	5	4	3	2	1	0
I have felt active and vigorous	5	4	3	2	1	0
I woke up feeling fresh and rested	5	4	3	2	1	0
My daily life has been filled with things that interest me	5	4	3	2	1	0

Living with a Chronic Illness: A Measure of Social Functioning

Instructions: The following statements help us learn what life is like for you living with a chronic illness. First circle true if the sentence describes your experience and circle false if it does not.

If you answer **FALSE** skip to the **next** sentence. If you answer **TRUE** then answer the next question and say if it is because of your illness or not. Then tick the box to show much it upsets you.

					How much does this upset you?		
	True or False?		Is it because of your illness?		Not at all	Just a little	Pretty much	Very much
1. I miss school	T	F	Y	N	1	2	3	4
2. I do not take part in school activities (examples: social groups, school clubs, school trips)	T	F	Y	N	1	2	3	4
3. I am left out from activities or games with other children	T	F	Y	N	1	2	3	4
4. I do not play team sports	T	F	Y	N	1	2	3	4
5. I have problems making or keeping friends	T	F	Y	N	1	2	3	4
6. I am teased by other children about my appearance	T	F	Y	N	1	2	3	4
7. I do not take part in outdoor exercise sports	T	F	Y	N	1	2	3	4
8. I am treated differently than my classmates by teachers	T	F	Y	N	1	2	3	4
9. I am not as independent as other children the same age	T	F	Y	N	1	2	3	4
10. I do not take part in social activities after school	T	F	Y	N	1	2	3	4

			How much does this upset you?			
	True or False?	Is it because of your illness?	Not at all	Just a little	Pretty much	Very much
11. I do not take part in social clubs and organizations	T F	Y N	1	2	3	4
12. I have school grades below average	T F	Y N	1	2	3	4
13. I have problems getting along with my family	T F	Y N	1	2	3	4
14. I feel different from other children the same age as me	T F	Y N	1	2	3	4
15. I feel uncomfortable or uneasy in social events	T F	Y N	1	2	3	4
16. I do not like others to know about my diet, medication, etc.	T F	Y N	1	2	3	4
17. I do not get along with people outside of my family	T F	Y N	1	2	3	4
18. I do not do as many activities as my siblings do	T F	Y N	1	2	3	4
19. I do not play outside often	T F	Y N	1	2	3	4
20. I am teased by others	T F	Y N	1	2	3	4
21. I do not get along with children the same age as me	T F	Y N	1	2	3	4
22. I do not take part in many family activities	T F	Y N	1	2	3	4
23. I am not able to travel	T F	Y N	1	2	3	4
24. I do not start new projects at school or home	T F	Y N	1	2	3	4
25. I do not do chores at home	T F	Y N	1	2	3	4
26. I am ignored by other children	T F	Y N	1	2	3	4

			How much does this upset you?			
	True or False?	Is it because of your illness?	Not at all	Just a little	Pretty much	Very much
27. I have fewer friends than my classmates do	T F	Y N	1	2	3	4
28. I do not regularly take part in physical education classes	T F	Y N	1	2	3	4
29. I am not invited to play or take part in fun activities	T F	Y N	1	2	3	4
30. I do not have friends who understand what it is like to be me	T F	Y N	1	2	3	4
31. I have to spend time following a strict daily routine	T F	Y N	1	2	3	4
32. I miss out on some of my break time in school	T F	Y N	1	2	3	4
33. I miss out on sleepovers with friends	T F	Y N	1	2	3	4
34. I am treated differently by my friends	T F	Y N	1	2	3	4
35. I am treated differently than my siblings by my parents	T F	Y N	1	2	3	4
36. I feel lonely	T F	Y N	1	2	3	4
37. I am not allowed to have pets	T F	Y N	1	2	3	4
38. I have to adapt what I do to keep myself well	T F	Y N	1	2	3	4
39. I am not free to go places or do things like my friends are	T F	Y N	1	2	3	4

KIDCOPE

PART 1:

Instructions: We are interested in finding out how children deal with different problems. Think of a time during the past two weeks when you had a problem related to your illness that bothered you. (If you cannot think of an example please think of how you deal with problems with your illness in general and skip to Part 2 below.)

Can you describe this problem by writing about it here:

_____

_____

_____

_____

_____

PART 2:

On the next page is list of questions asking how you dealt with the problem you described above. Everyone deals with problems in their own way. **There is no right or wrong answer.** Please tick Yes or No to show which of the things you did to deal with the problem. If you could not think of a problem please just tick the ways you deal with problems with your illness in general and how much you think those things help.

If you tick No please go to the next question. If you tick Yes please show us how much you think it helped from "not at all" to "very much".

(1) Did that time (related to the above described problem) make you feel NERVOUS or ANXIOUS?

Not at all A little Somewhat A lot Very much

(2) Did it make you feel SAD or UNHAPPY?

Not at all A little Somewhat A lot Very much

(3) Did it make you feel CROSS or ANGRY?

Not at all A little Somewhat A lot Very much

			How much did it help?				
Did you:	Yes	No	Not at all	Not much	Some what	A little	A lot
1) Try to forget it?	Y	N	1	2	3	4	5
2) Do something like watch telly or play a game to forget it?	Y	N	1	2	3	4	5
3) Stay on your own?	Y	N	1	2	3	4	5
4) Keep quiet about the problem?	Y	N	1	2	3	4	5
5) Try to see the good side of things?	Y	N	1	2	3	4	5
6) Blame yourself for causing the problem?	Y	N	1	2	3	4	5
7) Blame someone else for causing the problem?	Y	N	1	2	3	4	5
8) Try to sort out the problem by thinking of answers?	Y	N	1	2	3	4	5
9) Try to sort it out by doing something or talking to someone about it?	Y	N	1	2	3	4	5
10) Shout, scream or get angry?	Y	N	1	2	3	4	5
11) Try to calm yourself down?	Y	N	1	2	3	4	5
12) Wish the problem had never happened?	Y	N	1	2	3	4	5
13) Wish you could make things different?	Y	N	1	2	3	4	5
14) Try to feel better by spending time with others; family, grown-ups friends?	Y	N	1	2	3	4	5
15) Do nothing because the problem couldn't be solved?	Y	N	1	2	3	4	5

Perception of Living with a Chronic Illness

Please circle the number to show how true each statement is for you from "Very true for me" to "Not true for me at all"

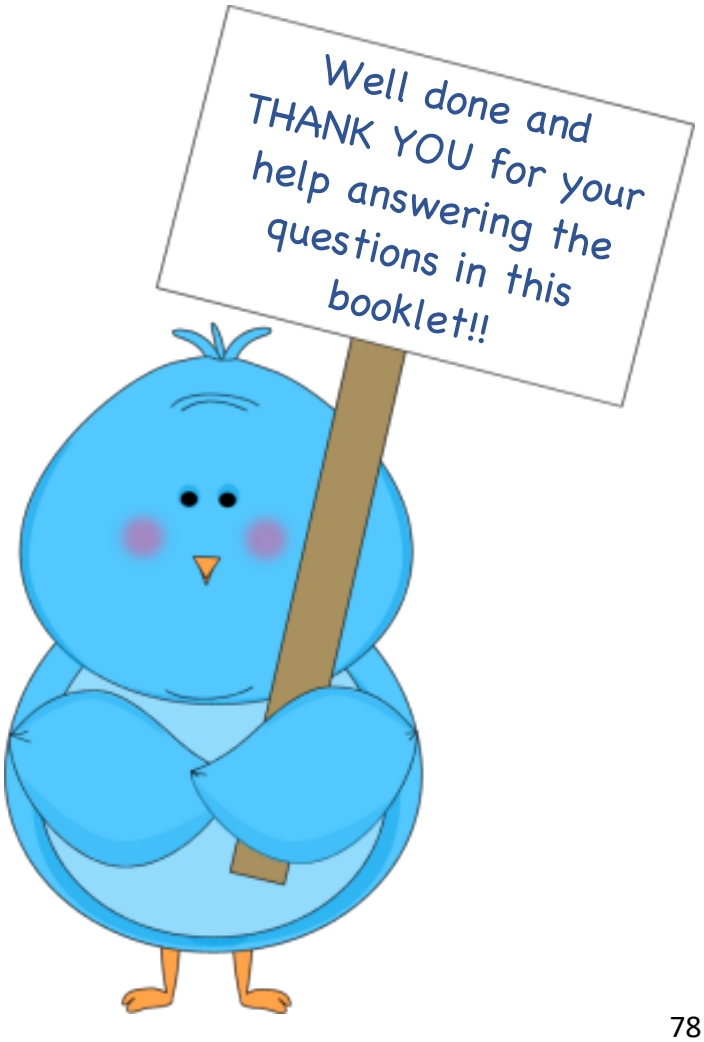
	Very true for me	True for me	Sort of true for me	Not really true for me	Not true for me at all
1. I feel controlled by my illness	1	2	3	4	5
2. My illness means I can never relax	1	2	3	4	5
3. I am proud of myself for how I manage my illness	1	2	3	4	5
4. I get embarrassed when others notice the things I do to manage my illness	1	2	3	4	5
5. The things I do to manage my illness make me feel different to my friends	1	2	3	4	5
6. I know other people of my age with my illness	1	2	3	4	5
7. I know other people of my age with a long-term illness	1	2	3	4	5
8. I don't discuss my illness with my friends because I fear I will be rejected	1	2	3	4	5
9. I avoid managing my illness so I don't feel so different to my friends	1	2	3	4	5
10. I get embarrassed when others ask me lots of questions about my illness	1	2	3	4	5
11. I only tell my closest friends about my illness	1	2	3	4	5
12. I try to not tell people I have an illness	1	2	3	4	5
13. I have friends that understand my illness	1	2	3	4	5
14. I like it when my friends ask about my illness because it shows they care	1	2	3	4	5

Strengths and Difficulties Questionnaire

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of how things have been for you over the last s 2 weeks

	Not True	Somewhat True	Certainly True
I try to be nice to other people. I care about their feelings	☐	☐	☐
I am restless, I cannot stay still for long	☐	☐	☐
I get a lot of headaches, stomach-aches or sickness	☐	☐	☐
I usually share with others (food, games, pens etc.)	☐	☐	☐
I get very angry and often lose my temper	☐	☐	☐
I am usually on my own. I generally play alone or keep to myself	☐	☐	☐
I usually do as I am told	☐	☐	☐
I worry a lot	☐	☐	☐
I am helpful if someone is hurt, upset or feeling ill	☐	☐	☐
I am constantly fidgeting or squirming	☐	☐	☐
I have one good friend or more	☐	☐	☐
I fight a lot. I can make other people do what I want	☐	☐	☐
I am often unhappy, down-hearted or tearful	☐	☐	☐
Other people my age generally like me	☐	☐	☐
I am easily distracted, I find it difficult to concentrate	☐	☐	☐
I am nervous in new situations. I easily lose confidence	☐	☐	☐
I am kind to younger children	☐	☐	☐
I am often accused of lying or cheating	☐	☐	☐
Other children or young people pick on me or bully me	☐	☐	☐
I often volunteer to help others (parents, teachers, children)	☐	☐	☐

Your signature ..... Today's date .....


Well done and
THANK YOU for your
help answering the
questions in this
booklet!!

Parent/Guardian Code:

Date Questionnaire Completed: ……/……/……

PARENT/GUARDIAN QUESTIONAIRE
Living with a Chronic Illness: A Measure of Social Functioning

The following statements help us learn about what you feel life is like for your child living with a chronic illness. First circle true if the sentence describes your child's experience and circle false if it does not.

If you answer **FALSE** skip to the **next** sentence. If you answer **TRUE** then answer the next question and say if it is because of their illness or not. Then tick the box to show much you feel it upsets them. Please do not ask your child their opinion. It is important we learn about your perspective as parent/guardian. Your child will complete a similar measure that will tell us from their perspective.

			How much do you feel this upsets your child?			
	True or False?	**Is it because of his/her illness?**	**Not at all**	**Just a little**	**Pretty much**	**Very much**
1. My child misses school	T F	Y N	1	2	3	4
2. My child does not take part in school activities (examples: social groups, school clubs, school trips)	T F	Y N	1	2	3	4
3. My child is left out from activities or games with other children	T F	Y N	1	2	3	4
4. My child does not play team sports	T F	Y N	1	2	3	4
5. My child has problems making or keeping friends	T F	Y N	1	2	3	4
6. My child is teased by other children about their appearance	T F	Y N	1	2	3	4
7. My child does not take part in outdoor exercise sports	T F	Y N	1	2	3	4
8. My child is treated differently than their classmates by teachers	T F	Y N	1	2	3	4

			How much do <u>you</u> feel this upsets your child?			
	True or False?	**Is it because of his/her illness?**	**Not at all**	**Just a little**	**Pretty much**	**Very much**
9. My child is not as independent as other children the same age	T F	Y N	1	2	3	4
10. My child does not take part in social activities after school	T F	Y N	1	2	3	4
11. My child does not take part in social clubs and organizations	T F	Y N	1	2	3	4
12. My child has school grades below average	T F	Y N	1	2	3	4
13. My child has problems getting along with members of our family	T F	Y N	1	2	3	4
14. My child feels different from other children the same age as them	T F	Y N	1	2	3	4
15. My child feels uncomfortable or uneasy in social events	T F	Y N	1	2	3	4
16. My child does not like others to know about their diet, medication, etc.	T F	Y N	1	2	3	4
17. My child does not get along with people outside of our family	T F	Y N	1	2	3	4
18. My does not do as many activities as their siblings do	T F	Y N	1	2	3	4
19. My child does not play outside often	T F	Y N	1	2	3	4
20. My child is teased by others	T F	Y N	1	2	3	4
21. My child does not get along with children the same age as them	T F	Y N	1	2	3	4

			How much do <u>you</u> feel this upsets your child?			
	True or False?	**Is it because of his/her illness?**	**Not at all**	**Just a little**	**Pretty much**	**Very much**
22. My child does not take part in many family activities	T F	Y N	1	2	3	4
23. My child is not able to travel	T F	Y N	1	2	3	4
24. My child does not start new projects at school or home	T F	Y N	1	2	3	4
25. My child does not do chores at home	T F	Y N	1	2	3	4
26. My child is ignored by other children	T F	Y N	1	2	3	4
27. My child has fewer friends than their classmates do	T F	Y N	1	2	3	4
28. My child does not regularly take part in physical education classes	T F	Y N	1	2	3	4
29. My child is not invited to play or take part in fun activities	T F	Y N	1	2	3	4
30. My child does not have friends who understands what it is like to be them	T F	Y N	1	2	3	4
31. My child has to spend time following a strict daily routine	T F	Y N	1	2	3	4
32. My child misses out on some of their break time in school	T F	Y N	1	2	3	4
33. My child misses out on sleepovers with friends	T F	Y N	1	2	3	4

			How much do <u>you</u> feel this upsets your child?			
	True or False?	**Is it because of his/her illness?**	**Not at all**	**Just a little**	**Pretty much**	**Very much**
34. My child is treated differently by their friends	T F	Y N	1	2	3	4
35. My child is treated differently than their siblings	T F	Y N	1	2	3	4
36. My child feels lonely	T F	Y N	1	2	3	4
37. My child is not allowed to have pets	T F	Y N	1	2	3	4
38. My child has to adapt what they do to keep themselves well	T F	Y N	1	2	3	4
39. My child is not free to go places or do things like their friends are	T F	Y N	1	2	3	4
40. My child is treated as if they were younger than they are	T F	Y N	1	2	3	4

Thank you very much for helping this study by answering these questions!

Parent/Guardian

Strengths and Difficulties Questionnaire

P 4-16

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of the child's behaviour over the last 2 weeks

Parent/Guardian Code:

Date Questionnaire Completed: ...../...../.....	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	☐	☐	☐
Restless, overactive, cannot stay still for long	☐	☐	☐
Often complains of headaches, stomach-aches or sickness	☐	☐	☐
Shares readily with other children (treats, toys, pencils etc.)	☐	☐	☐
Often has temper tantrums or hot tempers	☐	☐	☐
Rather solitary, tends to play alone	☐	☐	☐
Generally obedient, usually does what adults request	☐	☐	☐
Many worries, often seems worried	☐	☐	☐
Helpful if someone is hurt, upset or feeling ill	☐	☐	☐
Constantly fidgeting or squirming	☐	☐	☐
Has at least one good friend	☐	☐	☐
Often fights with other children or bullies them	☐	☐	☐
Often unhappy, down-hearted or tearful	☐	☐	☐
Generally liked by other children	☐	☐	☐
Easily distracted, concentration wanders	☐	☐	☐
Nervous or clingy in new situations, easily loses confidence	☐	☐	☐
Kind to younger children	☐	☐	☐
Often lies or cheats	☐	☐	☐
Picked on or bullied by other children	☐	☐	☐
Often volunteers to help others (parents, teachers, other children)	☐	☐	☐
Thinks things out before acting	☐	☐	☐
Steals from home, school or elsewhere	☐	☐	☐
Gets on better with adults than with other children	☐	☐	☐
Many fears, easily scared	☐	☐	☐
Sees tasks through to the end, good attention span	☐	☐	☐

Do you have any other comments or concerns?

Please turn over - there are a few more questions on the other side

Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No	Yes- minor difficulties	Yes- definite difficulties	Yes- severe difficulties
☐	☐	☐	☐

If you have answered "Yes", please answer the following questions about these difficulties:

- How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year
☐	☐	☐	☐

- Do the difficulties upset or distress your child?

Not at all	Only a little	Quite a lot	A great deal
☐	☐	☐	☐

- Do the difficulties interfere with your child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
HOME LIFE	☐	☐	☐	☐
FRIENDSHIPS	☐	☐	☐	☐
CLASSROOM LEARNING	☐	☐	☐	☐
LEISURE ACTIVITIES	☐	☐	☐	☐

- Do the difficulties put a burden on you or the family as a whole?

Not at all	Only a little	Quite a lot	A great deal
☐	☐	☐	☐

Signature ..... Date .....

Completed by (please circle):

Thank you very much for your help

Appendix 4.5 Post-Therapy Questionnaires Showing Items Adapted for Children

Curative Climate Instrument – Child Version

Curative Climate Instrument – Original Items	Items adapted for use with children in this study	Factor
1. Being able to say what was bothering me instead of holding it in.	1. I was able to say what was bothering me instead of holding it in.	*Catharsis*
2. Belonging to and being valued by a group.	2. I felt I was valued by the group and I felt I belonged	*Cohesion*
3. Feeling less alone and more included in a group.	3. I felt included in the group and less alone	*Cohesion*
4. Learning that I react to some people or situations unrealistically with feelings that somehow belong to earlier periods in my life.	Not applicable	
5. Learning how to express my feelings.	4. I learned how to express my feelings	*Catharsis*
6. Learning how I block off my feelings towards others in the present.	5. I learned how sometimes I don't let my real feelings show	*Insight*
7. Continued close contact with other people.	6. I liked getting to know the other group members each week	*Cohesion*
8. Belonging to a group of people who understood and accepted me.	7. I felt I belong to a group of people who understood me and accepted me	*Cohesion*
9. Expressing negative and or positive feelings toward other persons in the group.	8. I felt I could say what I wanted in the group whether it was good or bad	*Catharsis*
10. Discovering and accepting previously unknown or unacceptable parts of myself.	9. I felt I learned something new about myself	*Insight*
11. Expressing my feelings even though I am uncertain.	10. I could express my feelings or thoughts even if I felt unsure	*Catharsis*
12. Belonging to a group I liked.	11. I felt like I belonged to a group I liked	*Cohesion*
13. Learning why I think and feel the way I do (i.e., learning some of the causes and sources of my problems).	12. I learned about myself and why I think and feel the way I do	*Insight*
14. Learning how to share, in an honest and responsible way, how group members are coming across to me.	Not Applicable	

Self-Expression and Emotional Regulation in Art Therapy Scale – Child Version

SERATS – Original Items	Items adapted for use with children in this study
1. I get in touch with my feelings through the process of making art	1. Making art helped me know what I am feeling
2. I am able to depict my feelings in art therapy	2. I was able to put my feelings into the art I made
3. Through the process of making art, I am able to discover what is at play within me	3. Through making art I was able to discover thoughts and feelings inside of me
4. I am able to express my feelings through the process of making art	4. I was able to express my thoughts and feelings through making art
5. I am able to make things fall into place in the art	5. The art helped me to figure things out or understand my problems in new ways
6. Making art is a kind of outlet for me	6. Making art helped me to relax and feel good
7. A piece of art I have created can help me hold on to a particular feeling	7. A piece of art I have created helps me to hold onto a particular feeling or memory
8. I apply the new behaviour that I have been experimenting with in art therapy outside of the therapy setting	8. I have learnt new skills in art therapy that I use to help me cope with my chronic illness
9. I gain greater insight into my psyche through art therapy	9. I have learned about myself through art therapy

Appendix 4.6 Focus Group Scripts

Parent Focus Group – Suggested Script

Welcome and purpose of focus group
My name is ……. and I am an assistant in this research study. I will be facilitating the focus group today. Firstly, I want to welcome you and thank you for coming today and taking the time to share your valuable opinion on you and your child's experience of this art therapy group for kids living with chronic illness. Thank you also for your commitment over the last 8 weeks to the group and for participating in our research. As you know this is part of a randomised controlled trial for a PhD being conducted through the School of Psychology in Trinity College, Dublin. We really hope that your children have enjoyed their time in the group.

What we are really interested in finding out today is:

- What this group has meant to your child?
- If you noticed any changes in your child?
- Has anything changed for you or your family?
- Is there anything you would change about the group or anything we could do to improve it?

There are no right or wrong answers; please feel free to share your point of view even if it differs from what others have said.

Confidentiality
We would like to tape the focus groups so that we can make sure to capture the thoughts, opinions, and ideas we hear from the group. We will be on a first name basis however we won't use any names in our transcripts - you may be assured of complete confidentiality. No names will be attached to the focus groups and the tapes will be destroyed as soon as they are transcribed. Also, if one person could speak at a time so we can clearly capture what was said.

We understand how important it is that this information is kept private and confidential. We will ask participants to respect each other's confidentiality

General points
- Please ensure phones are turned off
- Focus group will last about 45 minutes
- Feel free to move around and help yourself to refreshments
- Does anyone have any questions? OK, let's begin…

Warm up
First, I'd like everyone to introduce themselves. Can you tell us your name, your child's name and what chronic condition they have?

Introductory question
Would anyone like to begin by talking about what the group has meant to your child…

Ending Questions
And finally, as you know you have been part of a research trial – so we will be running other groups like this. What would you say to other parents who are thinking of enrolling their child in this group?
Review purpose of the study and asks the participants: "Have we missed anything?"

Children's Focus Group Script

My name is ……. And I am …….. I will be running this group with you today to help us learn a little about your experience of being in the art therapy group with [therapist] and [co-facilitator]

Firstly, I want to say thank you for coming today and taking the time to talk to us. Thank also for all your hard work and effort you put into in the art therapy group over the last 8 weeks and for answering all the questions in the booklets. We really hope that you enjoyed you time in the group.

What we are really interested in learning is:

- What you felt about the group?
- What were the good bits and what were the bad bits? What did you like/not like?
- What parts were difficult and what parts were fun?
- What did you learn in the group? And what things helped you learn?
- Is there anything you would change about the group?

There are no right or wrong answers and everyone's opinion is equally important. Just like the art therapy groups this group is confidential. That means only the researcher will know who said what in the group. However, if someone says something to suggest that someone is not safe or is at risk of harm, we have to let an another adult know. What you say on the tape recordings will be written down and the tapes will be deleted. The researcher will change your name so no one outside of the group will know it was you who gave that answer.

As we're tape recording it's really important that only one person could speak at a time or else we won't be able to hear what was said on the tape. Perhaps if people raised their hand when they want to say something so we don't talk over one another? We're recording the session because we don't want to miss any of your important comments.

We will be here for the next 30 - 40 mins and then there will be time for some art making and fun afterwards!

Would anyone like to begin by talking about what they felt about the group?

Final questions:

- Do you feel it is important to have groups like these for kids with chronic conditions and why?
- What would you say to other boys and girls who have a chronic health condition and are thinking of joining a group like this?
- Is there anything we have missed?

Appendix 4.7 Reflect Interview (RI) Scripts

Reflect Interview – Sample script

Could you tell me your age, what chronic illness you have and say a few words about starting the art therapy group? How did you feel?

Could you tell me about your first piece? Describe it and tell us about why you made it?
At what point in therapy did you make this piece?
What was it like making this piece in art therapy?

Could you tell me about your second piece? Describe it and tell us about why you made it?
At what point in therapy did you make this piece?
What was it like making this piece in art therapy?

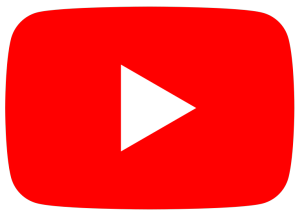
What do you feel has changed for you from being a part of this art therapy groups? Has the group helped you at all and how?

Has making art in the group helped you, and how?

As someone who has had art therapy what would you say to another young person with a chronic illness who is thinking of joining a group like this?
(Ask them to say why they would say that – elaborate)

Appendix 4.8 Link to TAFFI Art Therapy Group Audio Image Recordings (AIR) on YouTube

https://www.youtube.com/playlist?list=PLeXv7k9Nv-Q7Z806XRC_QL0EeygG6-lyM



Appendix 5.1 Supplementary Post-hoc Statistical Tables

T-test analyses were repeated with two participants omitted due to procedural reasons related to hypotheses around the influence of social desirability when measures were completed at time 1 in the art centre. While social desirability could have impacted all participants, and omitting two participants may be somewhat arbitrary, these analyses were run as post-hoc analyses due to queries raised looking at the data. Discrepancies observed in some results, depending on where the measures were completed, were too stark to ignore. These post-hoc analysis were just for therapist understanding of the data and what might be going on. Shown below are the t-test results for the primary and secondary outcome measures with two participants removed. Illness-related social functioning, wellbeing and engagement showed significant improvements on within-subject tests from time 1 to time 2 with large and moderate effect sizes respectively.

Means, Standard Deviations, and T-Test Statistics for Primary Outcome Measures of Social Functional and Positive Well-Being

Measure[1]	Total Pre-intervention Scores	Total Post-intervention Scores	Pre- to post-test		Effect Sizes [95% CI]
	M (SD)	*M (SD)*	*t(df)*	*p*	*Cohen's d*
LCI					
			t (26)		
Illness Related Difficulties	14.15 (8.61)	8.59 (6.02)	3.70	.001	.71
Non-Illness Related Difficulties	6.25 (7.98)	5.56 (11.39)	.54	.596	.10
EPOCH			*t* (26)		
Total Scores	3.76 (.70)	3.89 (.65)	-1.89	.070	.36
Engagement	3.38 (.96)	3.69 (.91)	-2.26	.032	.44
Perseverance	3.70 (.90)	3.84 (.79)	-.97	.340	.19
Optimism	3.45 (.84)	3.56 (.82)	-.94	.353	.20
Connectedness	4.32 (.82)	4.34 (.89)	-.28	.781	.32
Happiness	3.91 (.95)	4.00 (.77)	-.76	.457	.24

[1] Abbreviations: LCI Living with Chronic Illness Scale, EPOCH Engagement, Perseverance, Optimism, Connectedness, and Happiness Scale

Means, Standard Deviations, and T-Test Statistics for Secondary Outcome Measures

Measure[2]	Total Pre-intervention Scores	Total Post-intervention Scores	Pre- to post-test		Effect Sizes [95% CI]
	M (SD)	*M (SD)*	*t(df)*	*p*	*Cohen's d*
WHO-5					
Wellbeing	68.44 (20.59)	76.74 (19.34)	-2.55 (26)	.017	.49
KidCOPE			*t* (25)		
Coping Frequency	4.96 (2.38)	5.12 (2.20)	-.64	.527	.13
Coping Efficacy	22.04 (13.53)	22.77 (11.97)	-.43	.668	.08
CATIS					
Attitude towards Illness	43.89 (8.97)	44.82 (9.49)	-.94 (26)	.853	.18
PedsQL			*t* (26)		
Total Quality of Life	76.51 (14.33)	78.03 (15.46)	-.90	.377	.17
Physical	83.33 (15.25)	80.96 (20.62)	.71	.483	.14
Psychosocial	73.33 (15.00)	76.67 (16.17)	-1.84	.077	.35
SDQ			*t* (27)		
Total Difficulties	31.62 (6.10)	30.13 (6.48)	.62	.540	.12
Externalising	17.37 (3.27)	16.51 (2.9)	1.91	.067	.37
Internalising	4.29 (3.56)	4.65 (3.94)	-.71	.473	.14
Pro-social	13.14 (1.94)	13.07 (1.83)	.18	0.855	.04
PLCI					
Illness Perception	53.62 (9.56)	52.31 (10.09)	.918 (25)	0.367	.18

[2] Abbreviations: WHO-5 World Health Organisation 5 Wellbeing Scale, KidCOPE Measure of Coping, CATIS Child Attitude Towards Illness Scale, PedsQL Paediatric Quality of Life Scale, SDQ Strengths and Difficulties Questionnaire, PLCI Perception of Living with Chronic Illness Scale