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A Clinician-Created Art And Activity Workbook For Children And Adolescents Used During The Covid-19 Pandemic

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A CLINICIAN-CREATED ART AND ACTIVITY WORKBOOK FOR CHILDREN AND ADOLESCENTS USED DURING THE COVID-19 PANDEMIC

By

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Abstract

The Covid-19 Pandemic provided a unique need for telepsychology services. Cognitive Behavioral Therapy (CBT) is an evidence-based approach applicable to a variety of populations and referral concerns, applicable both for in-person or telehealth settings. In the literature review presented here, the development and use of CBT as well as the advantages, challenges, and considerations of teletherapy with children and adolescents is examined. After, a proposed supplemental intervention material is explored: an adaptable art and activity workbook for children and adolescents that is rooted in CBT. Designed for use during telehealth sessions, but adaptable for in-person sessions as well, this workbook is created to emphasize adaptability towards an individual's unique skills, strengths, challenges, and abilities. Evaluation of this workbook as well as limitations and future directions are discussed.

Acknowledgements

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Section I: Introduction

Definition of the Problem and Statement of Significance

While the use of telepsychology services was not a novel concept at the time of the Covid-19 Pandemic, it did force a rapid transition to and incorporation of telepsychology services for mental health clinicians. Cognitive Behavioral Therapy (CBT) is one modality of evidence-based treatment that may be utilized with telepsychology services. CBT is an evidence-based approach that incorporates an individual's feelings with their cognitions and behaviors. It is based within the concept that an individual's behaviors are influenced by their thoughts, and if one can alter the language content of their thoughts, they can thus alter their behaviors (Mayer & Van Acker, 2012).

The use of telepsychology services, including CBT, comes with benefits and limitations specific to this virtually delivered service. While especially prevalent following the disruption of the Covid-19 Pandemic to the everyday lives of children and adolescents, it is vital to make adjustments when utilizing telepsychology services with this population, such as spending time sufficiently orienting these individuals to the virtual format, including more interactive activities to promote engagement, and remaining flexible and adjusting planned sessions as needed (Dueweke et al., 2020). Ideally, the proposed material would provide clinicians an adaptable material to utilize in telepsychology sessions with children and adolescents to address challenges of telepsychology with this population, including helping to establish and build on rapport and increasing engagement.

Purpose and Organization

This Project includes four principal sections. The first is a Literature Review: research pertaining to Cognitive Behavioral Therapy (CBT) and Telepsychology services. This section will provide the reader with background information on the development and use of CBT and utilizing this method with children and adolescents. Additionally, the reader will gain a better understanding of the history of telepsychology, general benefits and limitations of it, and specific benefits, limitations, and adjustments needed when utilizing telepsychology with children and adolescents. The purpose of this review is to demonstrate how an adaptable art and activity workbook based on the evidence-based approach of CBT could be clinically useful when utilizing telepsychology with children and adolescents.

Following this, the second section will primarily focus on the workbook itself. A general description of the workbook will be provided to better understand the concept as well as the key components that were utilized and consciously kept in mind during creation of the workbook. Finally, a prototype of the workbook will be provided in order to provide the reader a direct example of the material.

Finally, there will be a discussion of the clinical utility of the workbook and future directions. The reader will be provided de-identified case studies in order to be provided with context for utilizing the workbook as well as a demonstration of the workbook's adaptive and individualized nature across various clients. Evaluation of the workbook will be discussed as well as limitations and future directions for such a material.

Section II: Literature Review

Methods of Literature Search

The primary search tool for this literature review was the APA PsychINFO database. Search terms included but were not limited to the following: cognitive behavioral therapy, CBT, children, adolescents, teletherapy, telepsychology, and Covid-19 Pandemic. Peer reviewed research studies, published journal articles, and other academic papers as well as information from reputable organizations was utilized.

Introduction to CBT

The foundations and development of what we refer to today as Cognitive Behavioral Therapy have been a topic of interest for years. While the roots may be largely agreed upon by professionals in the field, there is controversy surrounding exactly how best to conceptualize the developmental process. The origins of Cognitive Behavioral techniques are rooted in behavioral therapy, extending from the Ancient Greeks, progressing through waves, phases, or a collective extension that culminates into the present, which most recently investigate efficacy, adaptations, and future directions.

Roots of CBT

Cognitive Behavioral therapy is rooted in behavioral therapy; if there wasn't behavioral therapy, cognitive behavioral therapy would not be where it is today. Early behavioral therapy was largely influenced by respondent conditioning theories, bringing forth concepts such as extinction and habituation. Later, operant learning theory would prove to play a vital role in development of behavioral therapy. This theory postulates established behaviors depend on environmental reactions to a stimulus or occurrence, and

therapy can address how, what kind, and the impact of various environmental reactions, or rewards, on a child's behavior (Benjamin et al., 2011).

Ancient Greeks, such as Plato, proposed an individual's perceptions are what influence their reality. Leahy (1996) noted this was additionally documented by many Western philosophers,such as in the work of Kant, who suggested reality can never be completely known but israther known to the best of our ability through "categories of thinking." Contrary to this point of view, British empiricists, like Hume and Bentham, moved away from categoricalthinking and suggested it was more important to understand the factors that influenced association and learning, such as how stimuli associated with each other (Leahy, 1996).

The Theory of Waves

Some, such as within the work of Hayes (2016), consider the development of behavioral therapies progressing into cognitive behavioral techniques to be a series of three waves. Early prominent psychotherapy techniques were criticized as being too poorly linked to scientifically supported principles and had little to no evidence supporting their use, so an early, first wave of behavioral therapies was developed to utilize more evidence-based practices. These behavioral techniques focused on emotions and problematic behaviors, but many argued this change to a specific area of focus was too narrow (Hayes, 2016).

The work of important individuals of the time cannot be ignored. The research and techniques developed not only influence the area of focus at the time, but it also helps determine the progression of the overall techniques themselves. During the 1950s and 1960s, Skinner, Wolpe, and Eysenck's novel and important work focused on

behavioral modification, which derived from principles of behavioral conditioning. (Herbert & Forman, 2011).

Progressing further, Hayes' (2016) proposed second wave of behavioral therapy development brought in more cognitive components. This was meant to be an attempt to address thoughts and feelings more directly than what had been accomplished with exclusively behavioral methods of the past. Rather, rather than establishing an entirely separate technique, these cognitive model changes were incorporated with prior components of the behavioral model of the first wave, creating a basis for a Cognitive-Behavioral therapy (Hayes, 2016).

Aaron Beck developed Cognitive Behavior Therapy in the 1960's upon noting "cognitive distortions" in his patients' thinking patterns (Chand et al., 2022). During this time, from the late 1960's through the 1990's, there was a focus not only on cognition but additionally with language of cognitions in developing therapeutictechniques. Additionally, while still emphasizing the importance of evidence-based practices, there was a greater emphasis on information that could be learned specificallyfrom clinical trials. The entire focus of therapy shifted slightly to include an individual'sperception of the world and the impact their interpretation had on them (Herbert & Forman, 2011).

With time, Hayes' (2016) explained a third wave of development, the most recent wave, was established. Once again, this was built on the prior work of and incorporating techniques from both the first and second waves rather than establishing a separate ideal. This third wave of therapies incorporated evidence-based practice with more novel concepts, such as generalizability and flexibility built within the design of therapy techniques (Hayes, 2016). Starting in the 1990's, this wave brought forth a shift from exclusively changing thought patterns towards incorporation of mindful and

non-judgmental acceptance of thought patterns and experiences (Herbert & Forman, 2011).

Alternative Theories

While Hayes' proposed waves of development encompasses early to mid-1900's work up to the present, others have suggested different ways of conceptualizing this development, some of which occur in a much smaller and more defined timeframe. One such theory is that of Mayer and Van Acker (2012) who consider three key phases of development. Early behavioral work, which began with individuals such as John Watson, focused primarily on stimulus response patterns. The second phase incorporated the work of individuals such as Hull or Tolman, in which the specific attributes of an individual was emphasized as a unique and necessary component to understand and incorporate, warranting research. Finally, a third phase in the 1950s and 1960s utilized the work of individuals like Bolles, Bower, and Neisser, further incorporating specific cognitive processes into the behavioral work (Mayer & Van Acker, 2012).

There is, in contradiction of all theories based in waves, phases, or any other distinct and categorical method of understanding development, another school of thought. It is suggested these prior theories are inaccurate and a misunderstanding of exactly how the information and techniques have progressed. Rather, they argue that many of the claimed-to-be novel techniques that came forth with each new cycle of such theories was present in the prior cycle, it was just existing to a less prominent degree. Additionally, they argue the history flows together as it builds and grows, comparable to a tree with branches, that acts more like an extension of existing work evolving with time and ultimately rooted in the same theoretical origins (Herbert & Forman, 2011).

Efficacy of CBT

With the further development of Cognitive Behavioral Therapy, researchers investigated the efficacy of this intervention. One population of interest regarding efficacy of a CBT approach is with that of children and adolescents. Early research, beginning in the 1970s and 1980s, lent support to the effectiveness of such approaches with children. Kendall and Wilcox (1980) found improvement with their performance measures for children who presented with self-control difficulties following CBT. This intervention has demonstrated effectiveness as a treatment for a variety of disorders, including but not limited to the following: anxiety disorders, depressive disorders, eating disorders, substance addiction, and severe mental illness (American Psychological Association, 2017). Additionally, Kazdin et. al. (1989) also found children presenting with antisocial behaviors were positively benefited from receiving CBT, supporting its potential effectiveness. Further, the APA (2017) explains CBT has been shown by numerous research studies as equally if not more effective than other psychological interventions or psychiatric medications, and it is an intervention that can significantly improve an individual's functioning and quality of life.

CBT with Children and Adolescents

Cognitive Behavioral Therapy has been supported by research as an effective method of psychotherapy to utilize with children and adolescents for a variety of challenges and disorders including but not limited to the following: depressive disorders, anxiety disorders, Post-Traumatic Stress Disorder, behavioral challenges, and substance abuse (Society of Clinical Child & Adolescent Psychology, 2017). There is now a growing evidence base supporting the use of so-called third-wave behavior therapies,

such as acceptance and commitment therapy, dialectical behavior therapy, and mindfulness-based therapies with children and adolescents, and the modification of such therapies to allow them to be used with this population (O'Brien et. al., 2008).

Telepsychology and the Covid-19 Pandemic

Telepsychology and the use of virtual services was not a novel concept to the Covid-19 Pandemic. Research investigating telepsychology, examining care delivered via video, phone, or both, has been occurring since approximately the 1960s; thus far, it has been shown to be as effective as in-person services for a variety and mental health challenges or disorders, including but not limited to the following: anxiety disorders, depressive disorders, adjustment disorder, substance abuse, eating disorders, and other conditions in children and adolescents (American Psychological Association, 2020). It also has been shown to be as effective for individuals of varying ages (from children to geriatric populations), ethnic identities, and settings (emergency, home health, etc.) (Hilty et. al., 2013). Additionally, research investigated the concern of conducting teletherapy with individuals who have serious mental illness, identified as Schizophrenia-spectrum disorders, severe Major Depressive Disorder, Bipolar Disorder, suicidality, Post Traumatic Stress Disorder, Borderline Personality Disorder, and/or Substance Use Disorders; results suggest these individuals have a similar conversion rate as the general population, and individuals with severe mental illness have a higher attendance rate for telehealth sessions than the general population (Miu et al., 2020). While teletherapy was not a new concept at the time the Covid-19 Pandemic forced closures and much of life became virtual, it certainly caused an increased need for virtually delivered services,

including mental health services. The Covid-19 Pandemic ultimately accelerated the need for and use of widespread teletherapy and telepsychiatry services (Shore et al., 2021).

General Benefits

Telepsychology services come with a variety of benefits. Specific to the Covid-19 Pandemic, this form of services allows for more adherence to safety protocol, such as social distancing, which can be vital for individuals with co-occurring medical complexities. Additionally, during strict lockdown procedure, it has often been the only option for individuals to be able to receive critical mental health services they need (Madigan et al., 2021). Of particular importance during the Covid-19 Pandemic when many individuals may already be facing unexpected financial stress, telepsychology services can be a potentially cost-saving form of services, reducing the financial strain of attending (American Academy of Child and Adolescent Psychiatry (AACAP) Committee on Telepsychiatry and AACAP Committee on Quality Issues. (2017)). Telepsychology services can also reduce the barrier of accessing services, particularly for individuals from rural locations who would otherwise be unable to obtain such resources. Reducing this barrier in accessing services can further reduce the very prevalent health inequalities that often exist for individuals in rural locations (Hilty et. al., 2013).

General Limitations

The use of telepsychology services does come with limitations. In order to access services, it relies on clients having the technology devices to do so, access to the internet, and a private space in order to attend scheduled sessions (American Psychological Association, 2021). Many of the barriers in accessing telepsychology services, such as access to needed technology devices, are even more prominent in marginalized

communities, such as low-income households and Black, Indigenous, People of Color (BIPOC) (Velasquez & Mehrotra, 2020). The permanent replacement of in-person services would not be an ideal option for everyone; telehealth services can be detrimental towards social activities and the physical closeness able to be established during in-person services (Luiggi-Hernandez & Rivera-Amador, 2020). There can be unique challenges arising with delivering services via telehealth, including privacy and security concerns, such as data breaches, and ensuring that clinicians are only practicing within state lines where they are licensed and legally allowed to do so (American Psychological Association, 2021). The physical separation automatically instilled in telepsychology services between the therapist and client can also damage rapport building efforts, limit vital non-verbal communication, and compromise the therapeutic presence of the clinician, identified as the therapist being perceived as being fully in the moment with the client (Geller, S. 2020).

Telepsychology with Children and Adolescents

There can be unique advantages and challenges when considering particular populations obtaining the telepsychology services. Historically there have been many challenges in accessing mental health care for children and adolescents; we have seen a shortage in those specifically trained and competent in serving this population, and this barrier is only magnified when examining rural and some inner-city populations (Carlisle 2013). Some advantages for conducting telepsychology with children and adolescents can include easier access to appointments since parents and caregivers no longer have to physically take them and increased comfort being able to attend sessions from their home environment (Child Mind Institute, n.d.). Some disadvantages include the potential need

for the clinician to increase preparation time prior to session, it can be more difficult to read nonverbal cues virtually, and some individuals may have a difficult time obtaining a private space (Child Mind Institute, n.d.). One even further specified population that may face more significant limitations includes children seeking treatment for trauma, particularly if those children are in lockdown at home with abusive or neglectful caretakers or if they are not in a safe environment to allow for therapeutic processing (Racine et al., 2020).

Adjustments in Telepsychology

Conducting telepsychology services with children and adolescents can have unique considerations when compared to older populations; clinicians will need to explain the telepsychology in a manner that is developmentally appropriate, remember there can be distracting environmental components within the child's setting, incorporate more drawing and play activities, and encourage engagement by switching up activities being completed or using online features unique to telepsychology (American Psychological Association, 2020). In order to promote engagement and build rapport, clinicians may want to adjust their practices, such as by the following: include more art-based therapeutic methods in sessions, give patients as much control as possible by allowing them to choose what they can when completing activities or creating things together, remain flexible, allow them to bring to session and share things from their own life and home, and including more opportunities to play Seager van Dyk et. al., 2020). Other things to take note of when conducting telepsychology with children and adolescents during the Covid-19 Pandemic including being aware symptoms may wax and wane in presence and severity, parents and caregivers may need extra support, and

there will be an increased need to be vigilant for abuse or neglect (American Psychological Association, 2020).

Future Work

Moving towards the future, there remain areas of concern that will warrant continued discussion and research. The continued use of telepsychology services will require an investigation into covering the cost, particularly once the pandemic has passed (American Psychological Association, 2021). Additionally, while much of the research base has focused on descriptive conclusions regarding use of telepsychology services with children and adolescents, there is still the need to continue researching long-term outcomes following telepsychology services (Carlisle 2013).

Section III: Workbook

General Description

The goal of this proposed intervention material is to provide clinicians an adaptable material to utilize in telepsychology sessions with children and adolescents to address challenges of telepsychology with this population. As discussed in the literature review, research suggests utilizing more art and playful activities in session can increase engagement with children and adolescent clients during telepsychology. This intervention material would provide a variety of art and game-based activities for clinicians to pick and choose from to supplement the implementation of CBT with this population over telehealth. The current prototype of the workbook can be found in the Appendix.

Key Components

Session Format

This proposed intervention material was created to be utilized with a telepsychology format. Thus, all activities and games are designed without the need to be in-person to conduct them. Any activities that are created this way can still be utilized with in-person services as well. Thus, this proposed intervention material would have increased utility in that it can be applied across various session formats.

Session Participants

There can be a range in recipients of psychological services. While individual therapy would have one clinician and one client, group therapy (whether in-person or via telehealth) would have multiple clients. Co-led individual or group therapy would have multiple clinicians. While some activities in this proposed intervention material do naturally lend themselves to particular participant formats, the bulk of activities can be

applied directly or adapted so that they can be utilized with any therapeutic setting, be it individual, group, or co-led sessions.

Format of Activities

Some clients may prefer to play a game while others may find that uninteresting or anxiety-provoking. While some may prefer and enjoy utilizing art in therapeutic activities, others may be unwilling or unable to participate in such. When faced with the option of either talking through concepts or playing a game/completing an activity to understand a concept, many would choose to simply talk it through. In order to maintain rapport, encourage engagement, and adapt to each individual's preferred method, this proposed intervention material is full of a variety of different styles of activities, utilizing games, art and craft activities, or simple exercises to talk through the concept. Additionally, many of the activities are adaptable so they can be transitioned from one format to another.

Adapting to Individual Factors

Every individual will present differently; even if a clinician were working with two individuals with similar ages, backgrounds, and referral questions, they would still be vastly different. Chronological age, development, abilities, and preferences all factor into the challenges and strengths of an individual as well as their therapeutic buy-in. Based on this, the proposed intervention material is adaptable in characteristics like complexity and intensity so that it can be carried out appropriately.

Adapting to Individual Interests

In order to additionally customize activities towards each client, it is recommended and designed to be used in such a way that clinicians can bring in an

individual's interests. This will not only hopefully increase therapeutic buy-in, but it can hopefully promote rapport and increased engagement. While some of the activities have an already present theme, the possibilities for incorporation of specific interests are endless. A variety of examples of how to incorporate a different them will be supplied within the prototype provided in this proposal. Additionally, trimmed down versions of activities are provided to allow for clinicians to take the base format and customize it as desired.

Section IV: Workbook Utility and Future Directions

Case Studies

The following "case studies" will be provided in order to examine real-world application of the workbook. A sample of completed workbook pages have been chosen from each to illustrate not only how the workbook was utilized with a variety of diverse clients but also to highlight adaptations made to individualize activities to each client's strengths, challenges, interests, and needs. When possible, a picture of the completed workbook page utilized is provided. Please note that the child's name and any other identifying information for each case has been altered for confidentiality.

Ingrid Illustration

Ingrid Illustration was a 7-year-old female seeking teletherapy services. She had previously witnessed a very traumatic incident, and her caregiver was seeking therapy to allow Ingrid a place to process the trauma and build on her coping skills. Prior to this, Ingrid had never received any mental health services. She presented as a quiet, withdrawn individual who was reluctant to speak, which was only further complicated by the difficult topic of sessions and the telehealth format. Ingrid was reluctant to speak or participate, inhibiting the clinician from beginning Trauma focused-Cognitive Behavior Therapy.

Bravery Activity

Based on this, the Bravery activity was utilized with Ingrid. The hope was this activity would allow for rapport building between Ingrid and the clinician, encourage engagement in sessions by incorporating art (which Ingrid also loved), and incorporate

Ingrid's interests. When narrowing down which Bravery item to create, Ingrid suggested she wanted to be a Princess, so a Bravery Crown (as seen in Prototype of this proposal) was created. While decorating the crown, the clinician encouraged her to decorate it with whatever reminded her most of being Brave. Ultimately, Ingrid colored the crown her favorite colors and added glitter. Rapport building discussion was able to be utilized during the creation of the Crown. At the end of session, Ingrid modeled her Bravery Crown, and the clinician emphasized she could put it on any time she was nervous or needed extra bravery in session while discussing difficult things.

After this, Ingrid brought her crown to every session. At times, she would put it on in order to continue difficult conversations with the clinician. On the rare occasion she forgot to bring her crown, she would charade the act of placing an imaginary crown on her head. The clinician made a conscious effort to draw attention to and comment on Ingrid's bravery during sessions. Eventually, Ingrid did not need to put her Bravery Crown on, and this was processed in session; It was Ingrid who was brave. Ultimately, Ingrid was even able to go through her Trauma Narrative with the clinician and her caregiver without needing the crown.

Emma Example

Emma Example was a 10-year-old female seeking teletherapy services. She was experiencing difficulty adjusting to life during the Covid-19 pandemic, and her caregiver was seeking therapy to help Emma learn how to challenge her negative thoughts and build on her coping skills. Prior to this, Emma had never received any mental health services.

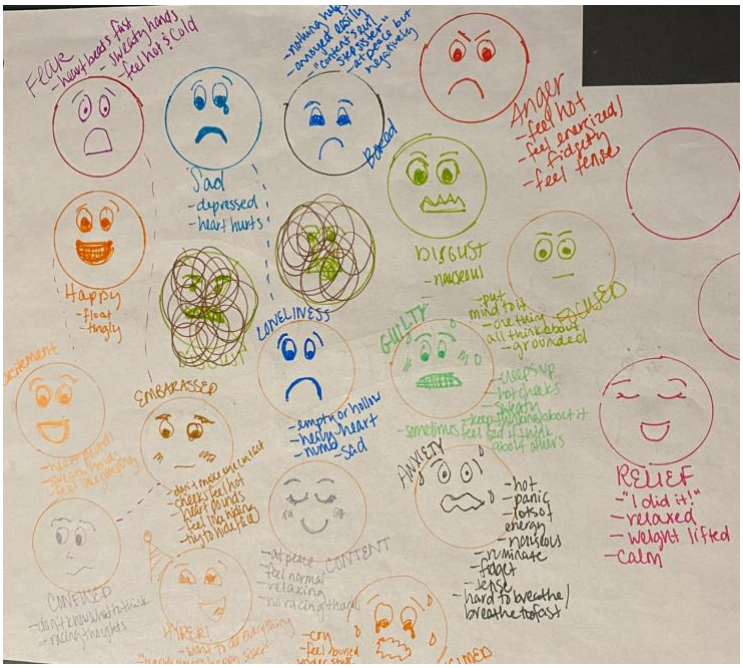
Bravery Activity

Like Ingrid, Emma also utilized the Bravery activity. A gymnast herself, Emma was very interested in gymnastics, and many of her coping skills created during sessions were for utilization at gymnastics practice and meets. Specifically, the Bravery activity was chosen to help Emma embody bravery at these events when she was nervous about gymnastics skills. She specifically identified Simone Biles, Olympic gymnast, as an icon of bravery that she idolized. Her Bravery item was identified as a gymnastics scrunchie. The drawn scrunchie was colored in Emma's favorite colors, and she wrote "Bravery" as well as a variety of words that embodied the concept of bravery all over her scrunchie. The clinician discussed this with Emma and helped her create a routine to utilize at gymnastics practice or meets when she needed extra bravery: when chalking her hands, Emma would close her eyes and imagine pulling the Bravery scrunchie over her ponytail. She reported, "It makes me feel like I can do anything, like Simone Biles!" As with Ingrid, sessions discussed Emma's own bravery outside of the scrunchie, and by the time Emma terminated therapy, her need for the bravery scrunchie in order to be brave had dropped significantly.

Faces of Emotion

Emma displayed some difficulty with emotion identification. To explore her understanding of the presentation of emotions, and because Emma preferred and was further engaged when able to do art activities, the Faces of Emotion activity was completed. To adjust for her age and developmental needs, a simplified and more basic face illustration was chosen. Since Emma loved using color, she picked the color each emotion was drawn in and discussed why it was chosen. While completing this activity, the clinician was able to prompt Emma to charade the faces herself before drawing them,

discuss what each one feels like to her, and some examples of instances that make her experience such emotions. While completing this, Emma not only reported enjoying this activity but spontaneously added to the discussion of emotions. For example, she spontaneously decided to connect the emotions with a line that were very similar for her (such as anger and frustration), and she discussed with the clinician the differences between the two. Ultimately, the activity aided in allowing Emma to explore different emotions more thoroughly while encouraging her participation.



Connor Case

Connor Case was an 8-year-old male seeking teletherapy services. He was described as having low frustration tolerance and displaying tantrum-like behavior, and his caregiver was seeking therapy to help Connor cope with frustration. Prior to this,

Connor had never received any mental health therapy, but he was assessed and received a diagnosis of Social (Pragmatic) Communication Disorder.

Situation Island

Per caregiver request, some basics of CBT were utilized with Connor. In order to investigate the cognitive triangle of CBT that outlines the relationship between thoughts, feelings, and behaviors, Connor completed the Situation Island activity. Initially, a very simplified version of the Situation Island was chosen based on Connor's age and the clinician's estimation of his cognitive abilities. Connor was completely engaged in this activity and picked up on concepts very quickly. Further, the chosen degree of specificity within the Situation Island activity was not as complex as it could be given Connor's impressive cognitive abilities. Based on this, the clinician started increasing the complexity of the design by adding in more complex components. However, the clinician had overcorrected and ultimately Connor became quite confused. Therefore, the Situation Island activity was scaled back down, and several of the complex components were taken away until a middle point could be established with this activity. This illustrates how adaptable activities within this proposed intervention material can be. Clinicians can easily adapt from session to session based on the individual's needs.

When utilizing Situation Island to discuss how Connor conceptualizes helpful and unhelpful behaviors, he stated he actually conceptualizes it as a spectrum rather than extremes. Specifically, rather than simply being unhelpful or helpful, he thought of the following categories: "extremely unhelpful", "a little unhelpful", "unhelpful", "helpful", "a little helpful", and "extremely helpful". Based on this, more islands were added so that discussions would more accurately depict Connor's specific thought processes. To further

individualize this, bring in Connor's interests, and promote engagement, he named each island in accordance with one of his favorite video games. This activity not only allowed for Connor to explore the cognitive triangle and how thoughts, feelings, and behaviors impact each other, but the clinician was able to gain a better understanding of how Connor conceptualized his actions, and bringing in Connor's interests aided in his engagement with the material in future sessions.

Sylvia Sample

Sylvia Sample was a 13-year-old female seeking teletherapy services. She was experiencing difficulty adjusting to life during the Covid-19 pandemic, and her caregiver was seeking therapy to help Sylvia learn how to challenge her negative thoughts and build on her coping skills. Though not an initial referral concern, Sylvia displayed chronic and intense suicidality, and treatment additionally needed to prioritize assessment and addressing her suicidal ideation. Prior to this, Sylvia had never received any mental health services.

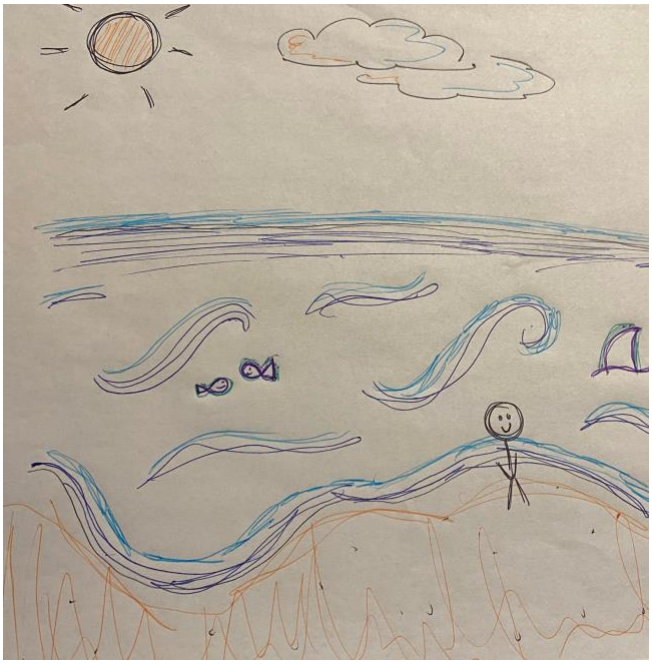
Feelings Buckets

When conceptualizing Sylvia, a pattern emerged: she would become far more stressed, experience an increase in presence and severity of depression symptoms, and display increased frequency of suicidal ideation during school. To explore this, Sylvia completed the Feelings Buckets activity. Sylvia was determinedly against completing art activities, but she often requested and preferred the use of visuals. Through this activity, Sylvia was able to investigate important concepts, such as base stressors (those that are automatically present every-day, ex. School) vs. added stressors (those that are unexpected, ex. Fight with mom) and that there is a maximum amount of stress all of us

can handle at any given time (e.g. when the bucket overflows). This activity aided in Sylvia understanding factors that impact her depressive symptoms and suicidal ideation, and it helped her identify patterns within her own life. Based on this, Sylvia was then able to add in more coping skills based on observed patterns and times she knew would have higher base stressor rates.

Acceptance Ocean

Sylvia struggled with having so much in her environment that was completely outside of her control. It often led to unhelpful, intrusive thoughts. To try and help address the distress she felt, Acceptance Ocean was utilized. With an unending imagination, Sylvia easily imagined the ocean scenery as it was described. She quickly joined and added, fully immersed in the activity. She drew a cotton candy color themed ocean to provide a visual prompt should she ever need one, but most of the time she would close her eyes and picture the ocean in her mind. This activity was referenced throughout future sessions by Sylvia.



Program Evaluation

An important question in the development of such a proposed intervention material is if the material is actually helpful. During creation and use of workbook activities, qualitative data was collected. Individuals were prompted to provide information regarding the ease of use, helpfulness, and enjoyment of each activity. Responses were recorded on a 5 point scale. If an individual did not find the activity useful or had suggestions, these were recorded, and modifications were made at the next session. Since the sample number was small, and the feedback for each activity was even more limited since all individuals did not complete all workbook pages, data was limited, and complex statistical evaluation is outside the scope of this project. To obtain some understanding of the impact of these workbook pages, obtained scores were averaged for all workbook pages together within the three areas. The following means were obtained: Comprehension 4.4, Fun 4, Helpfulness 4.7.

Limitations

Individuals were encouraged to provide honest feedback regarding evaluation of activities. Though adequate rapport was established and the clinician believed feedback was accurate and genuine, it should be noted that feedback was not gathered anonymously, and that has the potential to impact what was said. Additionally, data collected for activities was provided by the child or adolescent participant rather than an outside party, which could also influence feedback or present bias.

Future Direction

Moving forward, it would be ideal to utilize a standardized way of collecting quantifiable data regarding the activities that could measure helpfulness of activities, enjoyment of activities, and other related characteristics. It would be ideal if both participant data and parent/caregiver data could be collected in order to obtain a more holistic understanding. Preliminary work of applying activities to sessions was also done with a relatively small population, so continuing to utilize and refine activities with a larger population would aid in further development of this proposed intervention material.

Conclusions

Research has suggested that teletherapy with children and adolescents will be more helpful when there is an increase in art and activities utilized by the clinician. This proposed intervention material was created in hopes of addressing many of the challenges faced by clinicians when performing telepsychology services with children and adolescents. It is the goal of this workbook to be an adaptable, fun source of games and art activities that clinicians can choose from to supplement their CBT work with this population. Qualitative data results from case studies suggest that this intervention material was a beneficial addition to sessions. Hopefully, future measures of validity will further support this claim.

Appendix

Workbook Prototype

For this project, collaboration with artist Zachary Hall allowed for the following illustrative prototype of the workbook to be created. Each activity begins with a description of the activity, its purpose, and some suggestions for possible modifications or things to keep in mind during the activity. It should be noted that it would be impossible to discuss every possible way to modify each activity, and clinicians are invited to personalize and alter each activity as needed for their patient. Following this description will be the base model of the activity, and an unlabeled version of the base model and/or examples of modification pages as applicable.

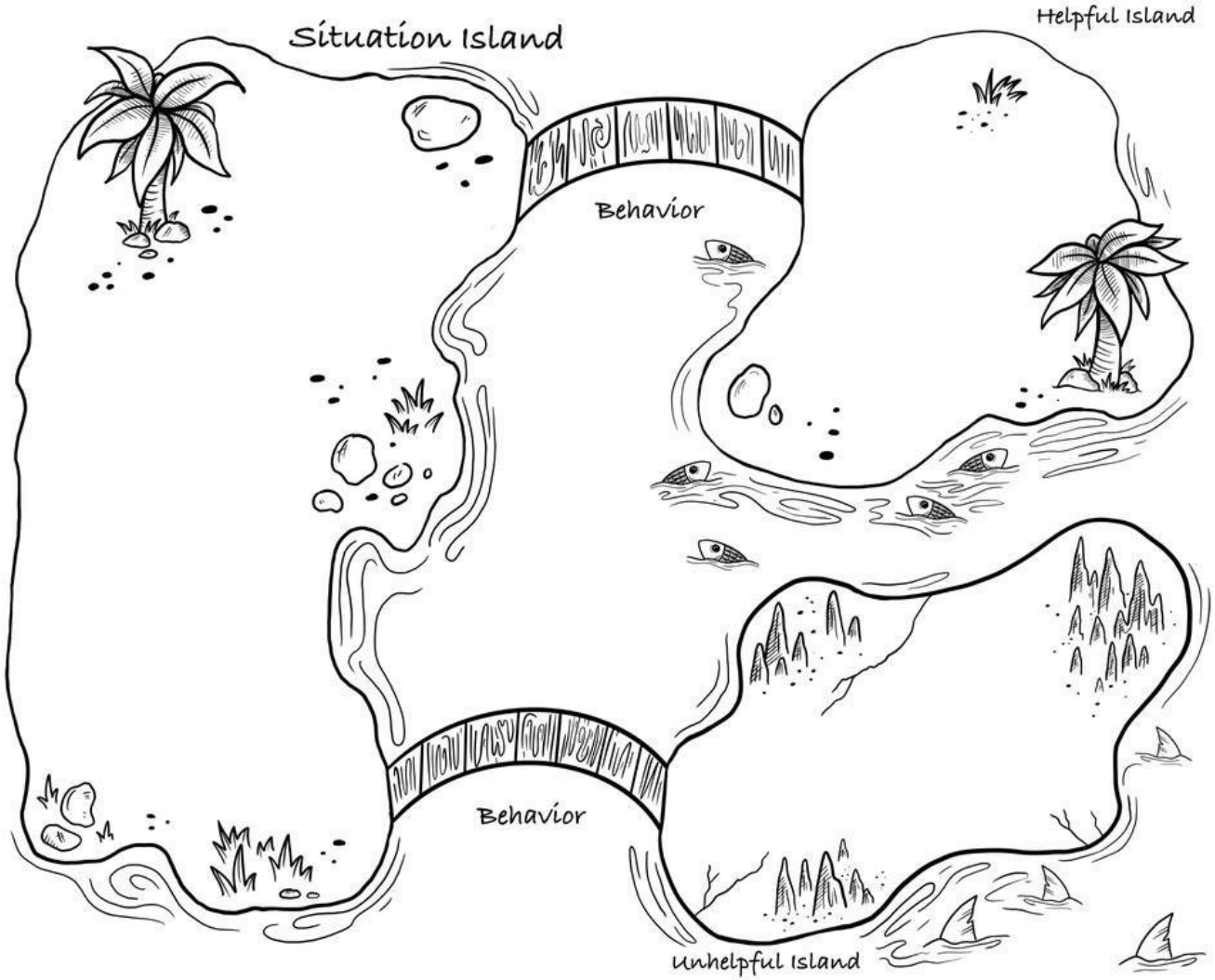
A Supplemental Art and Activity Therapy Workbook for Children and Adolescents

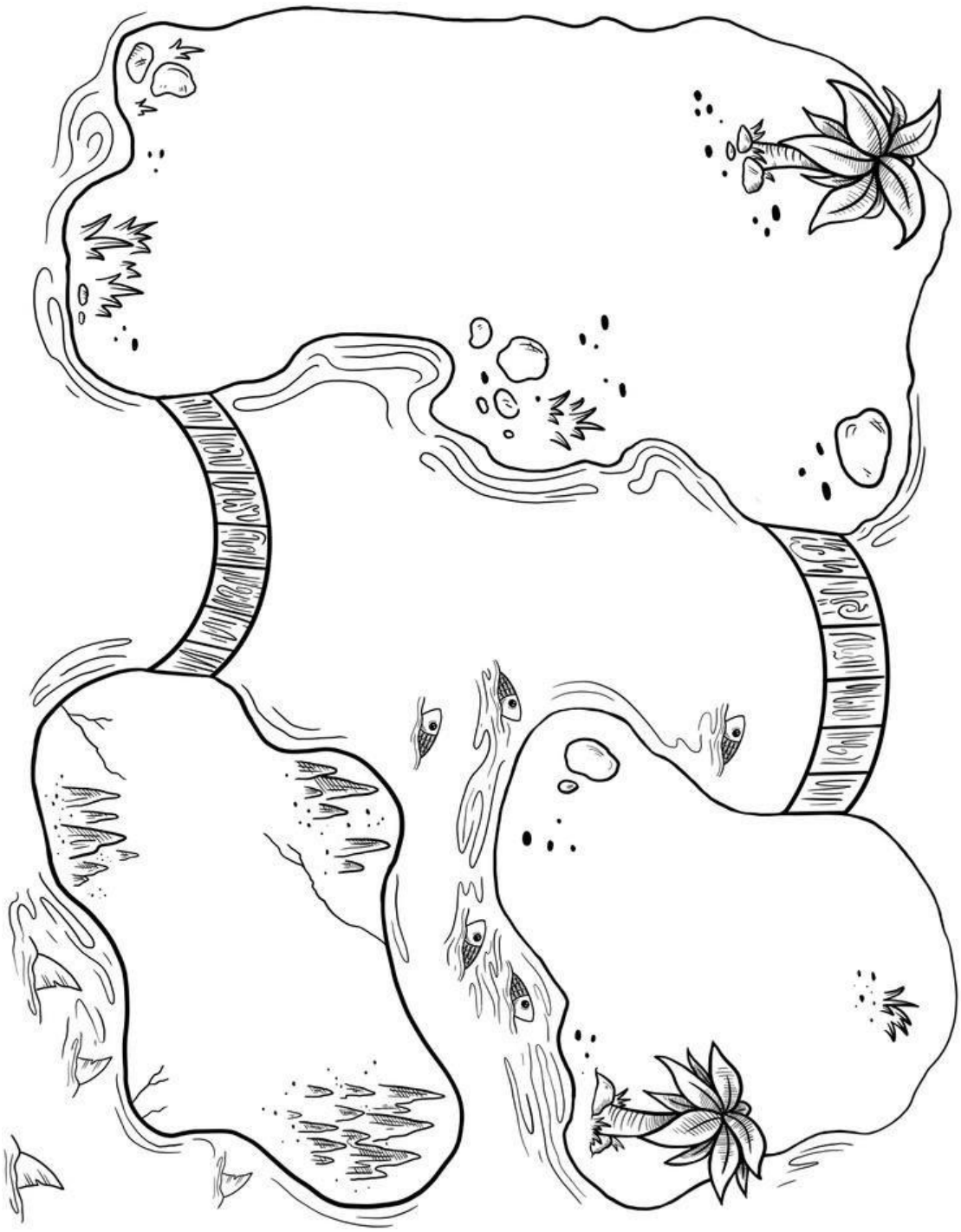
Gabriella Martin

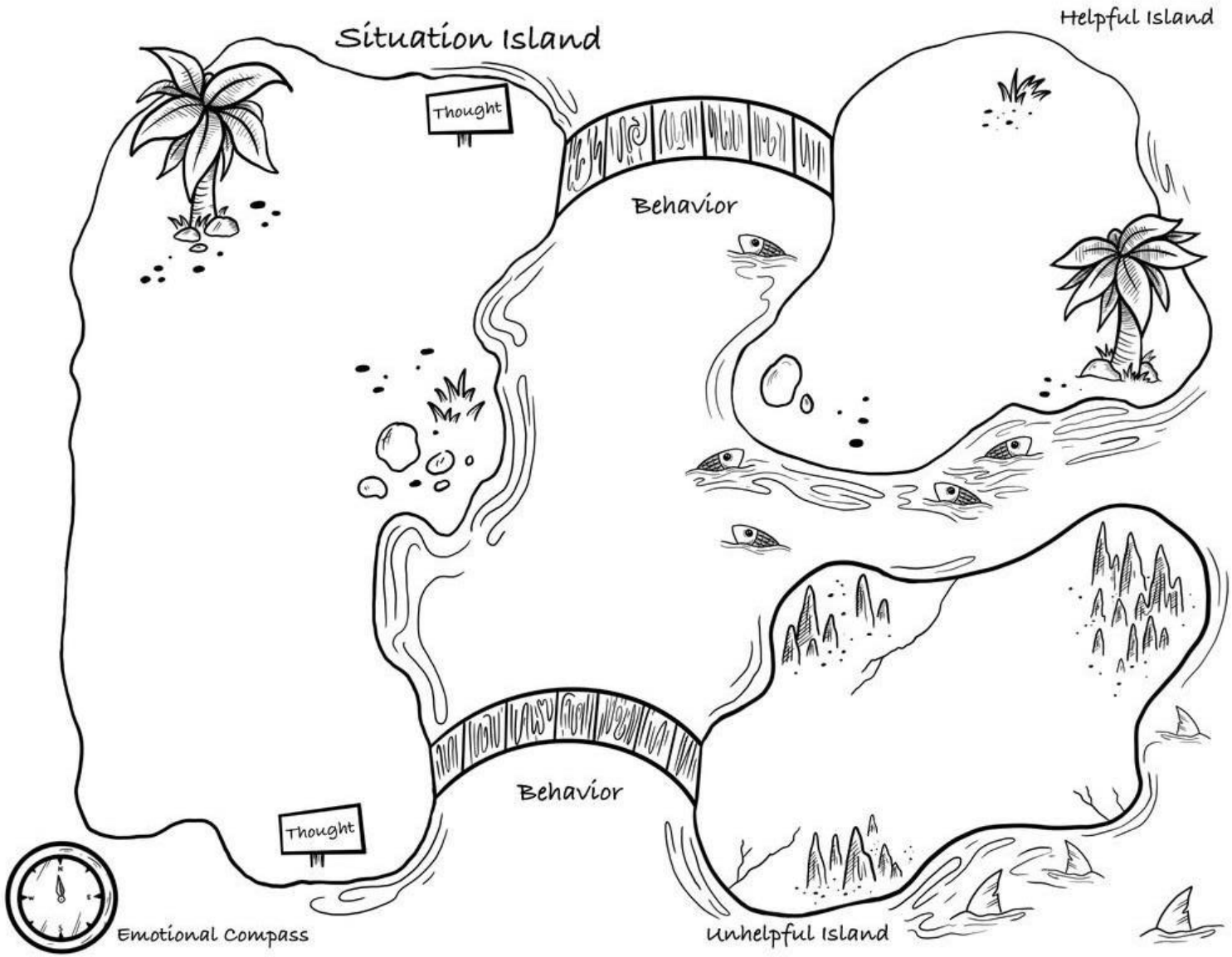
Illustrated by Zachary Hall

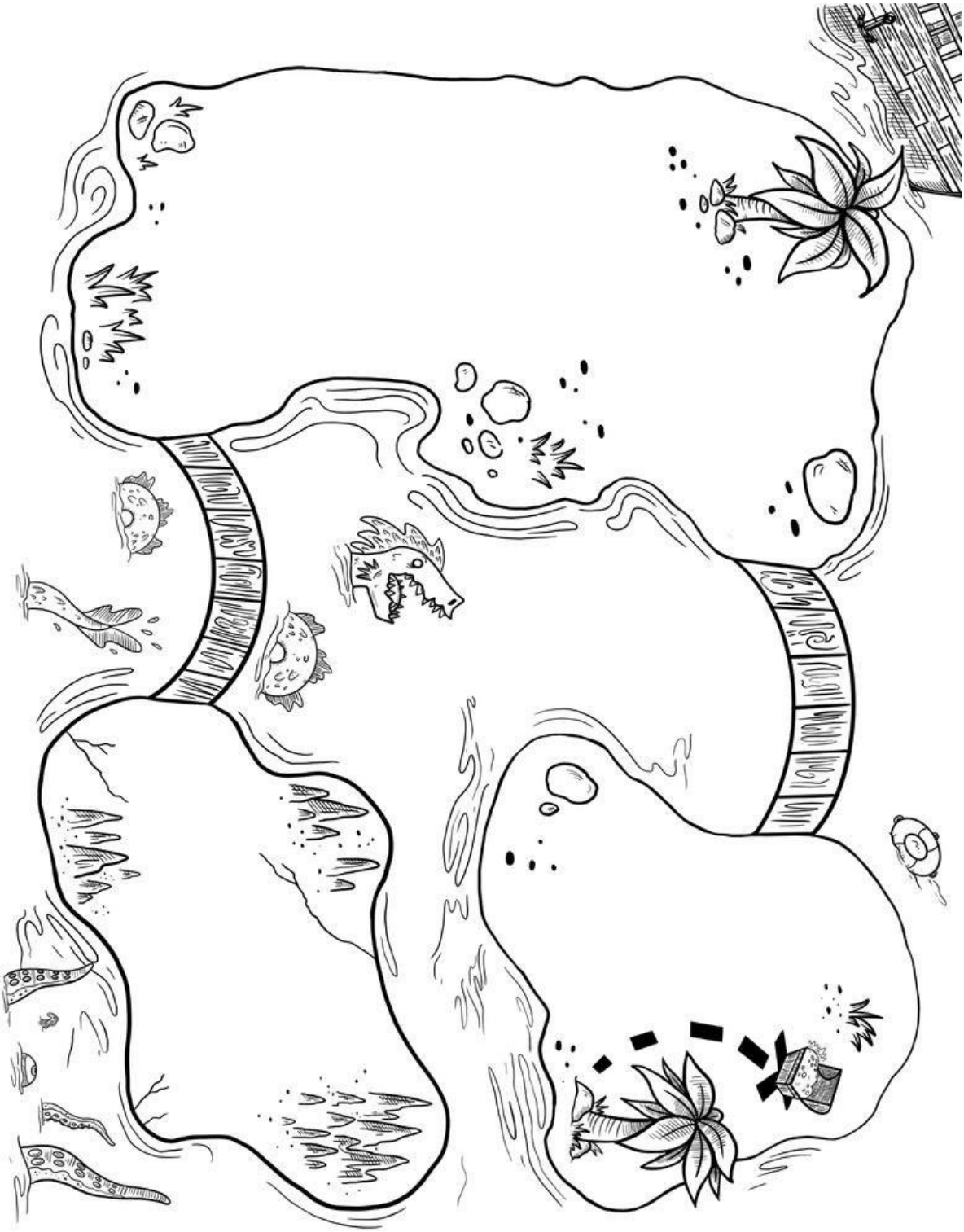
Situation Island

This activity centers around the comprehension and application of the cognitive triangle- the understanding that thoughts, feelings, and behaviors influence one another, and applying this concept to an individual's life. The main island, labeled Situation Island, is where a situation occurs in one's life. An individual's behaviors act as bridges that take them to one of two islands. One island is labeled Helpful, the other Unhelpful, and these are illustrating how our actions can be helpful or unhelpful. Get creative as you go through this. In one of the following illustrations, fish surround Helpful Island, and sharks surround Unhelpful Island. Perhaps Helpful Island has palm trees and treasure while Unhelpful Island has sharp rocks. What will be on or around your islands? Allow the individual to draw themselves on Situation Island as you go through an example from their everyday life. Which bridge did they take? What would happen if they had reacted differently to the same situation and thus taken the bridge to the other island? This picture can be personalized by decorating to reflect interests varying levels of developmental complexity, such as adding in "thought signs" and "feelings compasses" to illustrate how these can impact behaviors. This concept can be used in future sessions; when discussing a situation in an individual's life, ask them which island they went to and why. Perhaps discuss alternate reactions or behaviors and which island those would have taken them to.


Situation Island
Helpful Island
Behavior
Behavior
Unhelpful Island

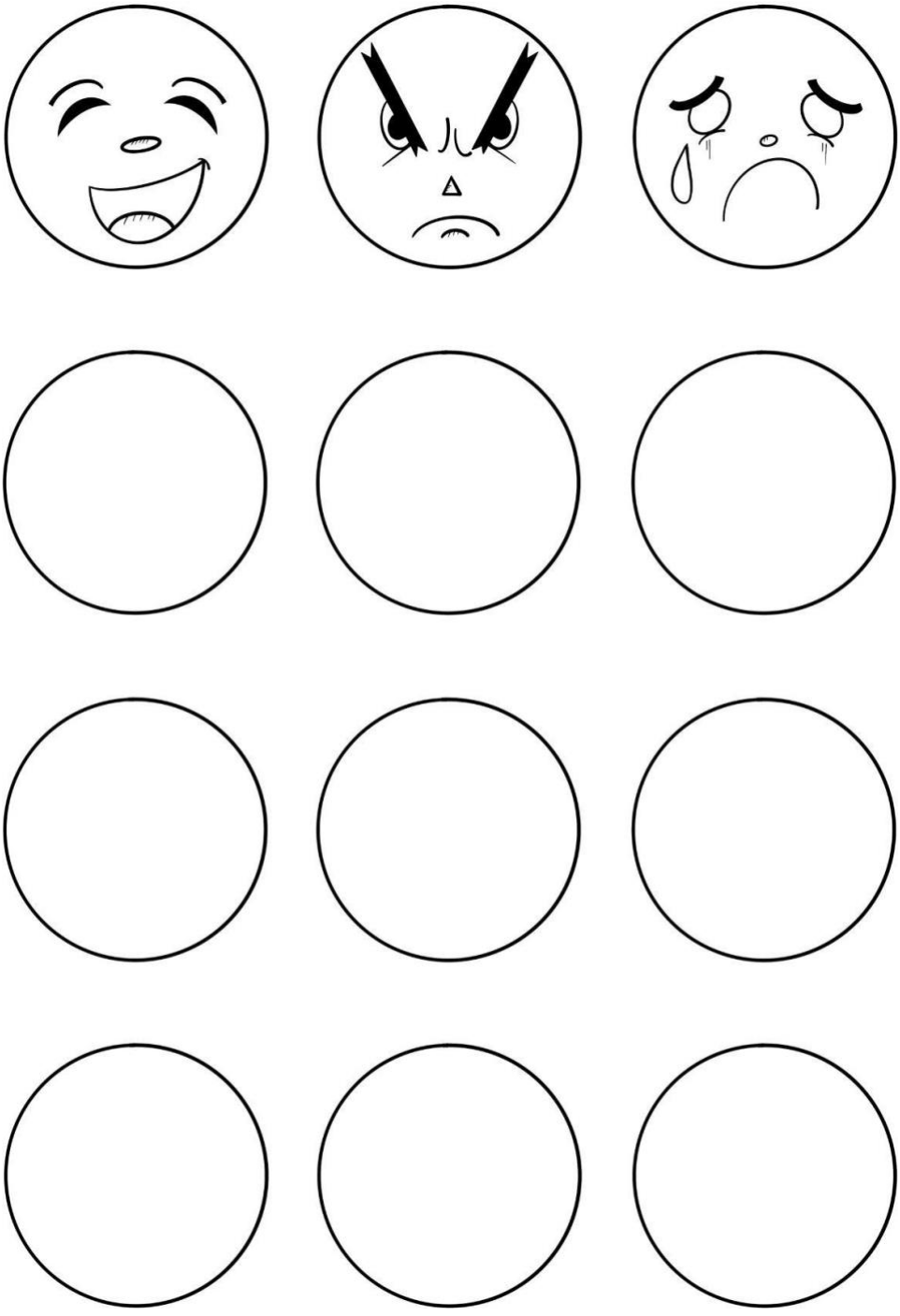


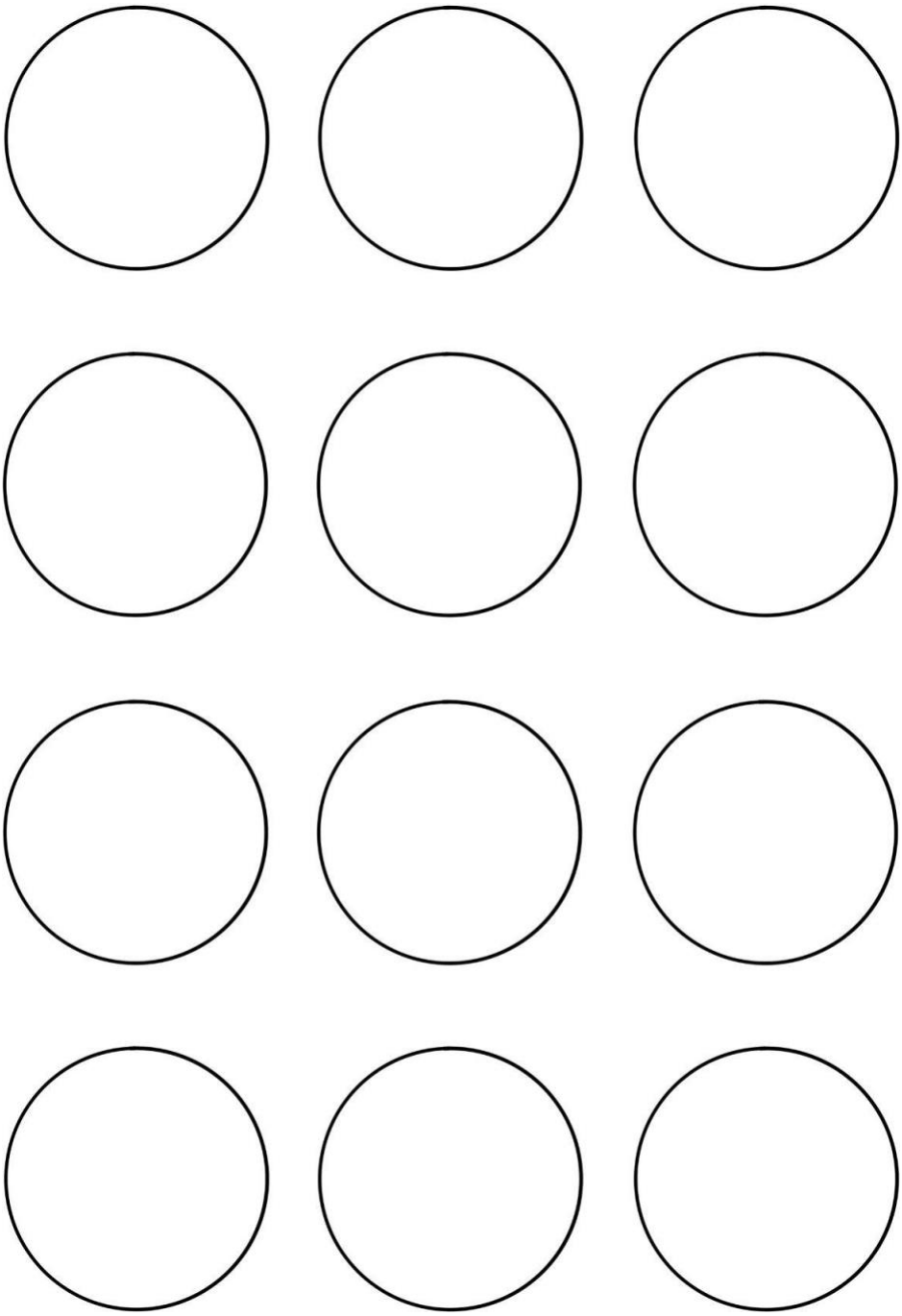

Situation Island
Helpful Island
Thought
Behavior
Behavior
Thought
Emotional Compass
Unhelpful Island



Faces of Emotion

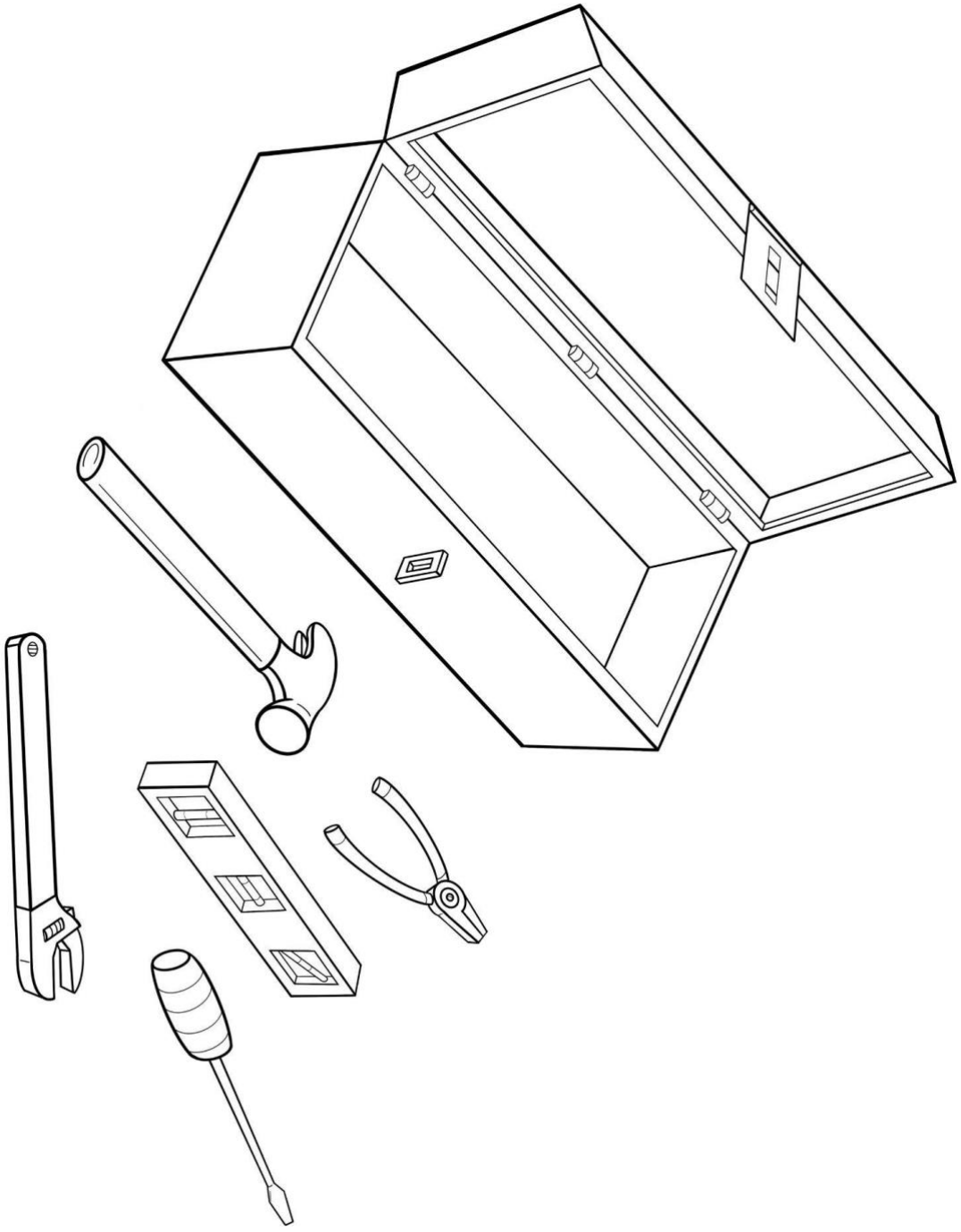
Recognizing emotions in ourselves can be a challenging task for anyone, at any age. Not only can it be helpful to assess an individual's understanding of emotions, but discussions and activities around recognizing emotions can allow further growth of the skill, whether the individual is just starting the process or has been practicing for years. For this activity, draw what emotions can look like for them. You can include as few or as many emotions as are developmentally appropriate or desired goals. If they need help figuring out exactly what an emotion would look like, practice making the expression with them or make it yourself and talk them through what they see. A discussion of what makes them feel that way can help spark ideas and further their understanding. To promote engagement, consider acting out a situation or telling a story involving their example. Play a guessing game where one person acts out the emotion and the other person guesses which one it is. Make it fun! To include their interests, draw characters from their favorite media source that can depict each emotion. For added complexity, make note of their every-day examples as well as other characteristics of each emotion, such as how their body feels when they experience it. You can even draw connecting lines between emotions that they perceive to be similar (such as happy and excited), and discuss what exactly makes them different.

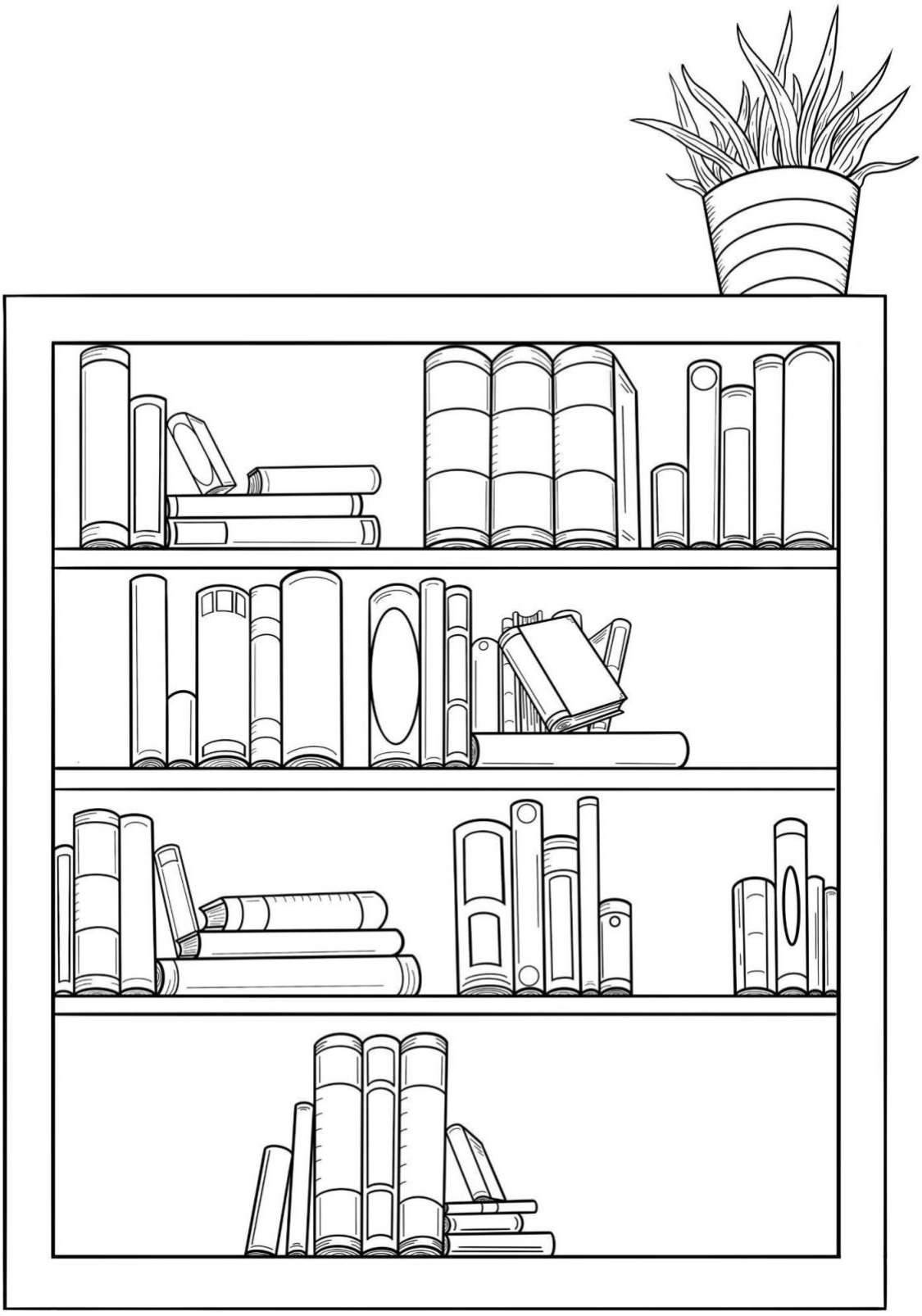




Coping Kits

This activity is meant to be a fun way to keep track of all the coping skills learned or brought up in therapy. Following this description are two potential options of coping kits: a coping toolkit and coping bookshelf. Patients can choose either and label either a tool or book with each new coping skill addition. Talk about and practice each skill as you add it, and add more to the page if you run out of items to label. Perhaps skills that target similar feelings can be placed near one another. Color it in with colors that remind the patient of the skill or their favorite colors. Decorations can also be a fun way to bring in personal interests. Get creative with this! If you or your patient have an idea for a different kind of coping kit, work on designing it together. Let these pages be the inspiration to guide your creations.

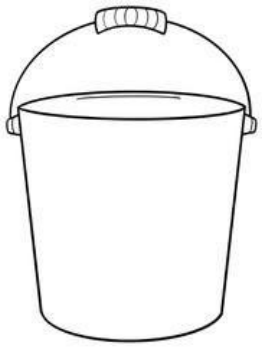




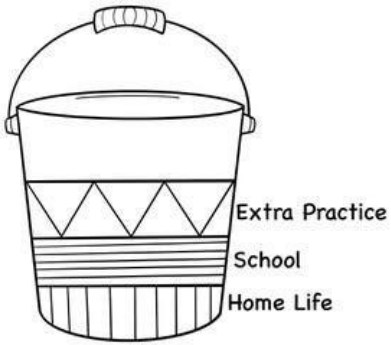
Feelings Bucket

Sometimes the depth of our feelings can become overwhelming, particularly when taking life's challenges into account. This activity is meant to be a way to discuss the impact of feelings, how additional stressors can impact us, and baseline stress. The following page gives a visual of adding stress (or water) to a bucket, which can hold the amount of stress it can carry before it overflows (or we break down). The stress can come from many different areas of our lives, as seen by layers with different patterns, and some forms can be considered baseline stressors. These forms of stress are those that are present consistently and take up some of an individual's emotional capacity (such as stress from school or their home environment). When daily stressors are added in the form of pouring water from the pitcher, the amount needed to overflow the bucket varies depending on stressors already present. Use the provided blank illustration to have your patient fill in what kinds of baseline stress they may have. Explore what kinds of stress is added daily, weekly, or even monthly. Talk about how this impacts them. Can you help them understand patterns? Is their emotional capacity exceeded more quickly during the school year (if they have school as a baseline stressor)? Relate this back to their Coping Kit. Encourage them to use more skills at more stressful times.

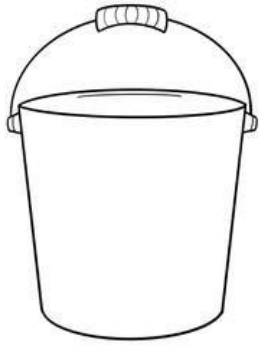
We all have an amount of stress we can carry.



There are lots of different kinds of stress that can add up

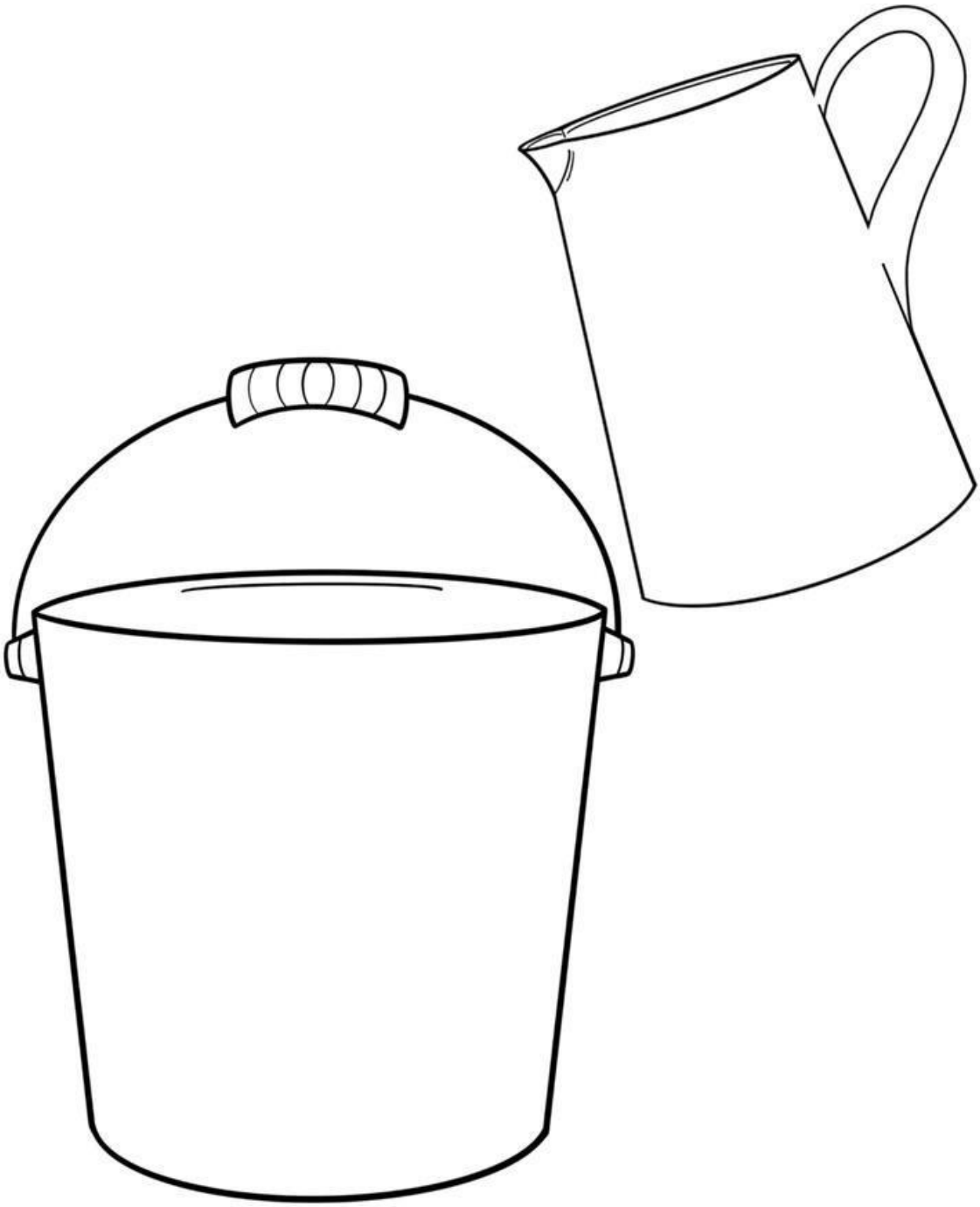


What stress do you have? Draw it!



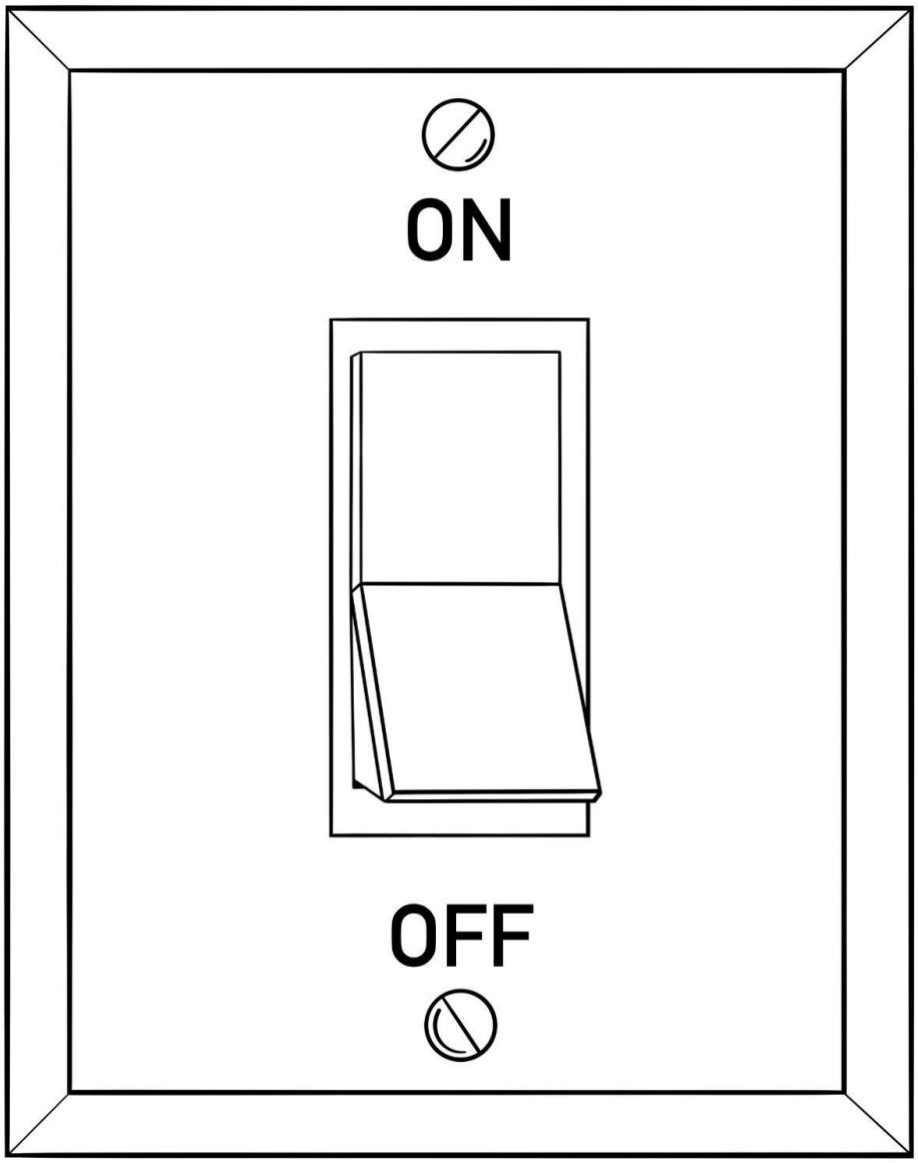
Sometimes our bucket already has stressors (e.g. school, home life, etc.)

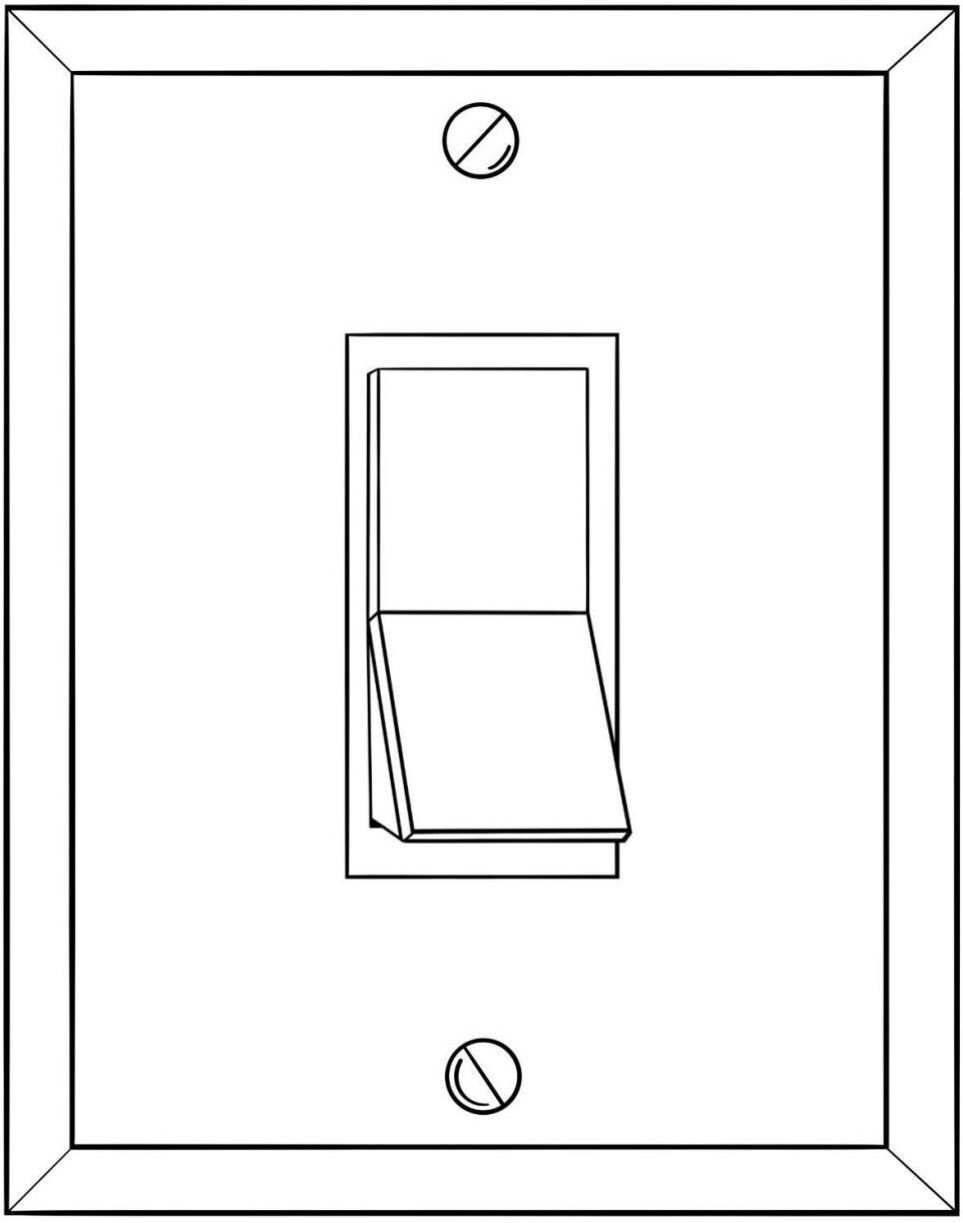
So it doesn't take as much to overflow. We can become overwhelmed. We may cry, scream, or act out because of it.



Feelings Can't Be Flipped

Sometimes feelings can be overwhelming. There can be certain emotions that seem like they will never go away, no matter how hard someone tries. Maybe they're unsure why they even feel that way at all. This activity explores this concept through the use of a lightswitch. Pose the question: A light can be flipped on or off using this lightswitch, can feelings be turned on or off in the same way? Explore this. Discuss what it would look like if we could turn a feeling off at will, and if there would be certain feelings that would never be flipped "on" if we could control such a decision. If there are certain emotions in particular the individual is struggling with (for example, sadness), write this in the "on" position of the lightswitch. Describe or act out examples from everyday life. Then use this as an opportunity to encourage the use of their coping kits when feeling strong emotions that cannot simply be turned off.


ON
OFF

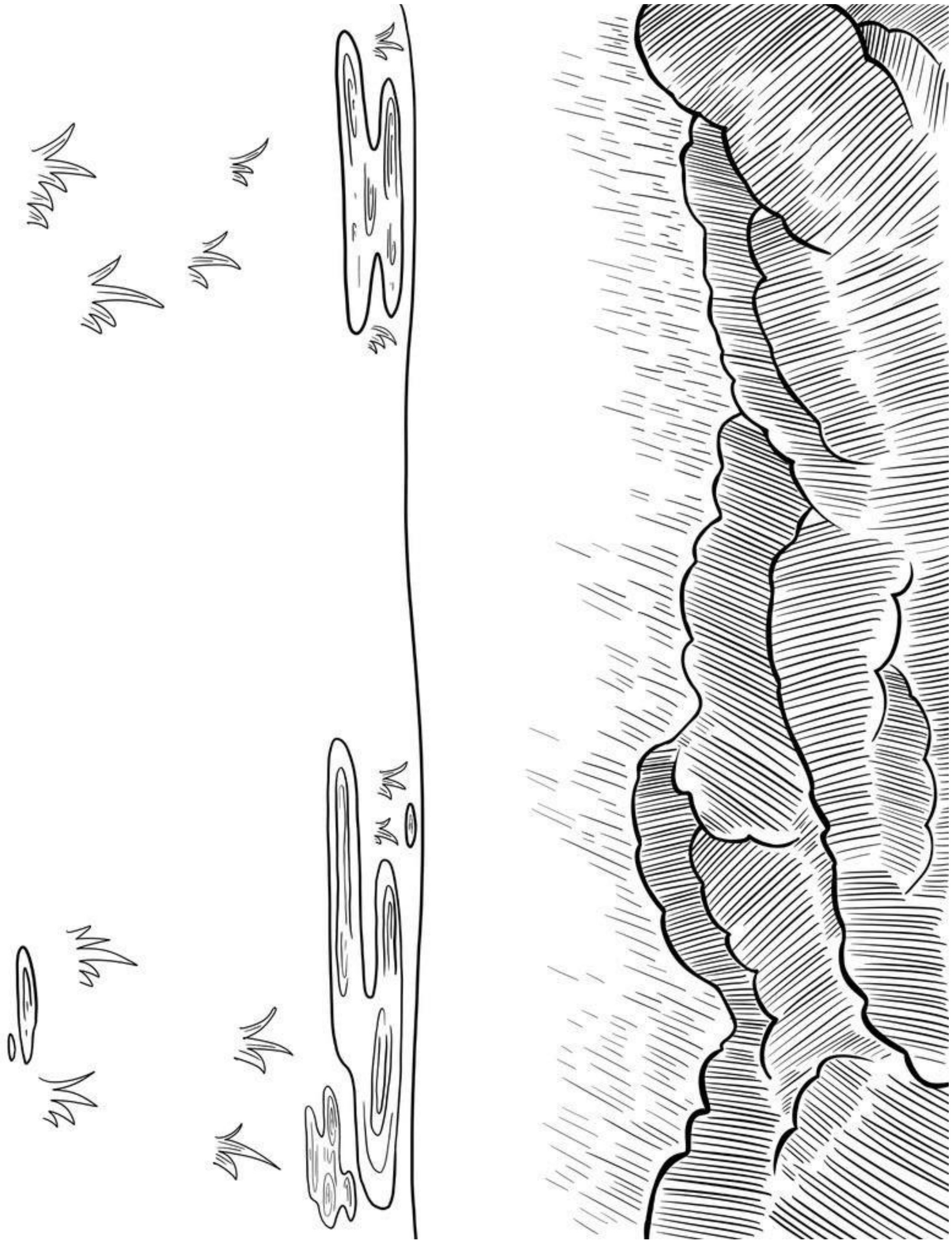


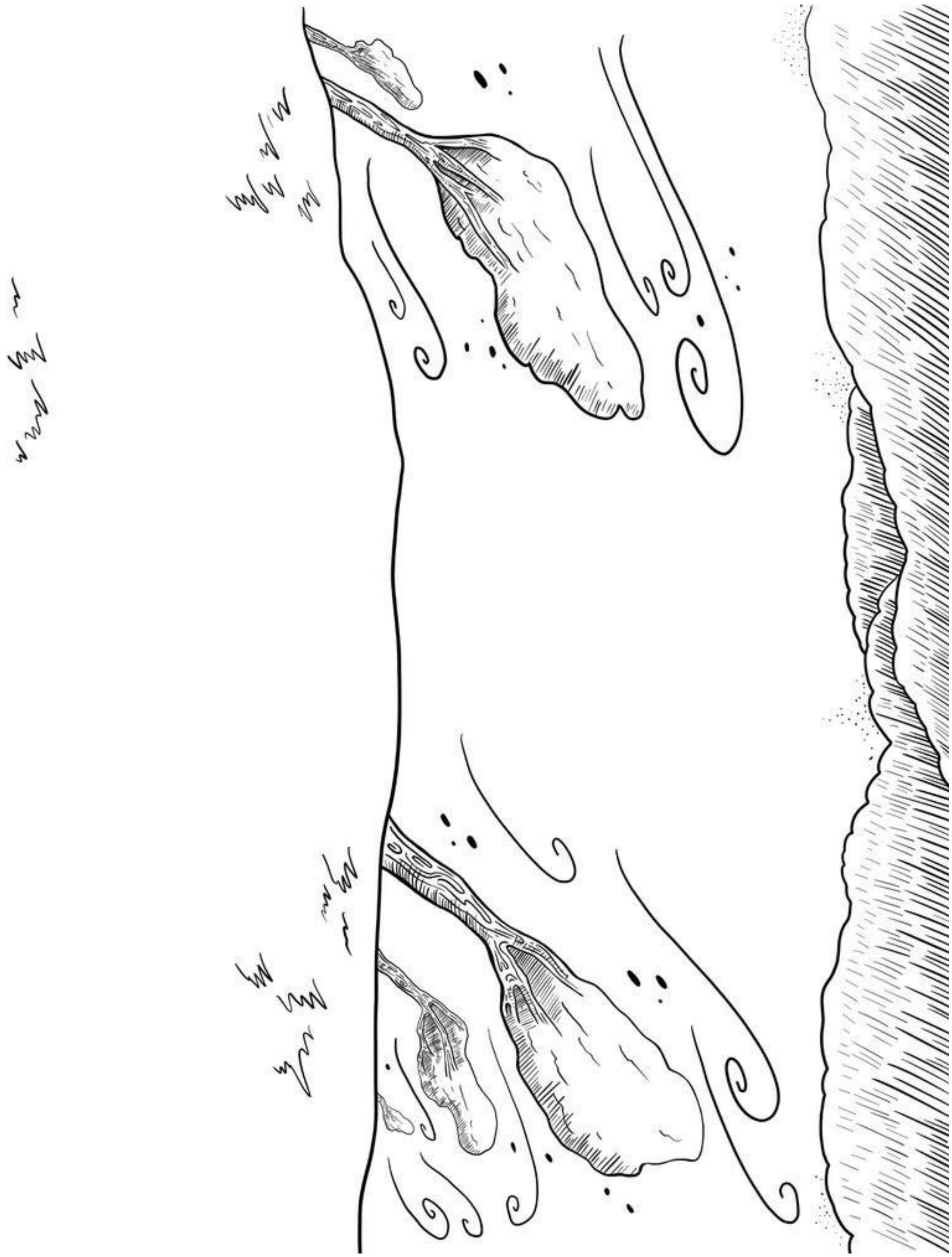
Acceptance Ocean

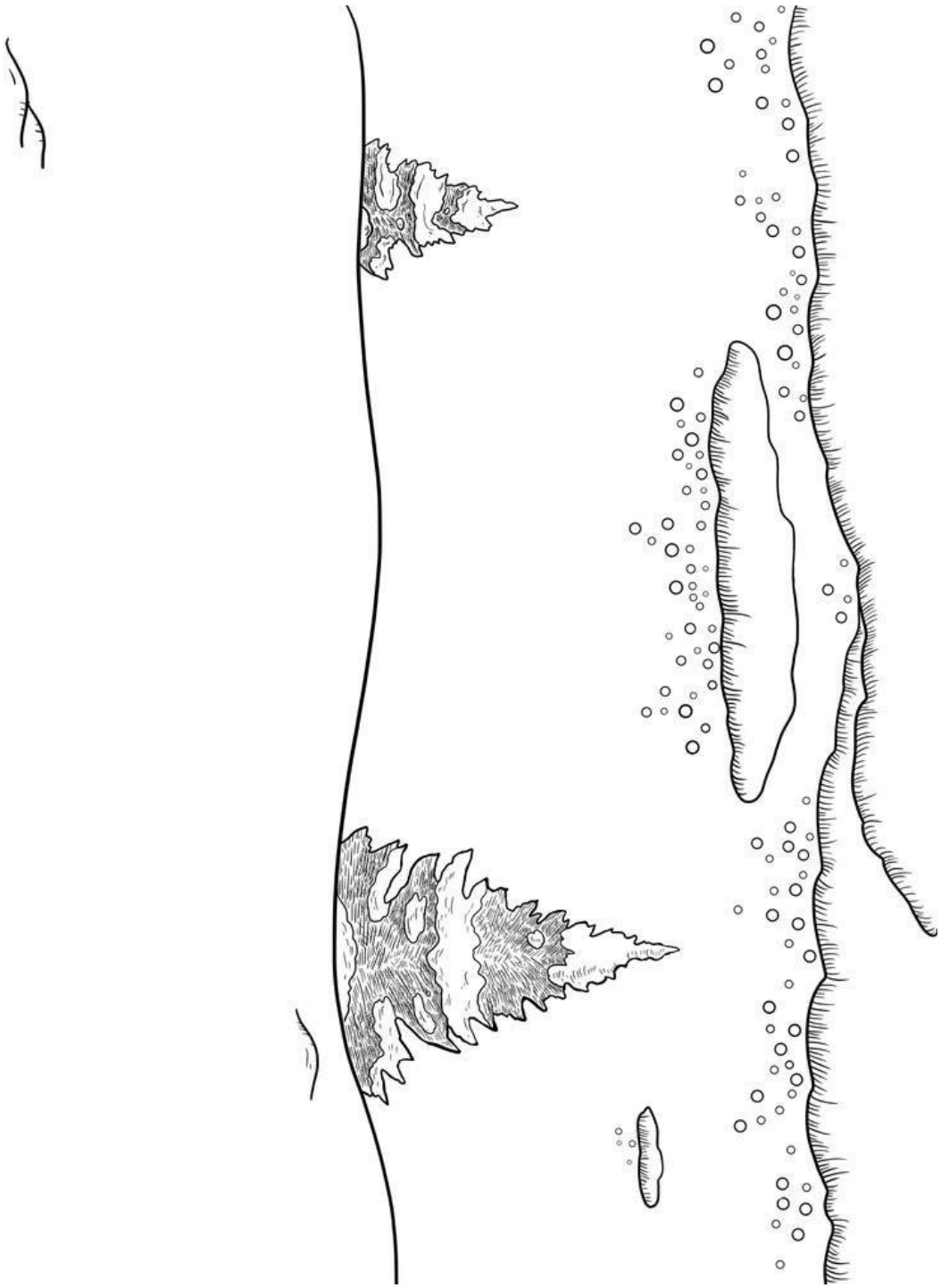
Another useful but often challenging concept to discuss in therapy is acceptance, whether it be accepting things we are unable to change or accepting thoughts as they come. This is where this activity can be helpful. Show the scene to your patient and set the scene by describing the ocean illustration before you. Talk about the feel of the water or the blowing breeze. Make sound effects or play ocean sounds aloud as you complete this activity. Have fun with it! Your patient can draw a sandy beach and add themselves to the picture. You can even have the patient close their eyes and picture they are there. What do they notice? Talk about the waves gently washing over their feet before returning back out to the sea. Use the flow of the water as a comparison for accepting thoughts; just as we notice and accept the flow of the ocean, we can notice and accept our own thoughts and the situations that are out of our control. Add details to the drawing (such as sea creatures or storm clouds) or include things from your patient's interests.

Weather the Storm

Going along with Acceptance Ocean, this activity is also themed around acceptance. The following pages provide a variety of weather conditions. Have your patient pick out whichever one they would most like to use and draw themselves in the picture. Once again, describe the scene in front of you. What are the conditions like? Have fun with it by adding details to the illustration, making sound effects, or playing storm noises aloud. Your patient can color in the scene before them or shut their eyes and pretend they are there. Use the storm as a comparison to the challenges they are facing. You can discuss challenges they are completely unable to control. You can also explore the idea of using coping tools or support systems in their life to make weathering the storm easier. Add things to the drawing to make it easier to withstand the storm or decrease its effect on the drawn person in the picture. Perhaps you'll make the storm worsen when describing life challenges that are more intense and lighten when describing those that are less intense. Combine everything into one drawing or even have different storms for different areas within their life (such as school, friendship, etc.). And as always, add in things they are interested in the drawing to further personalize it and increase engagement.



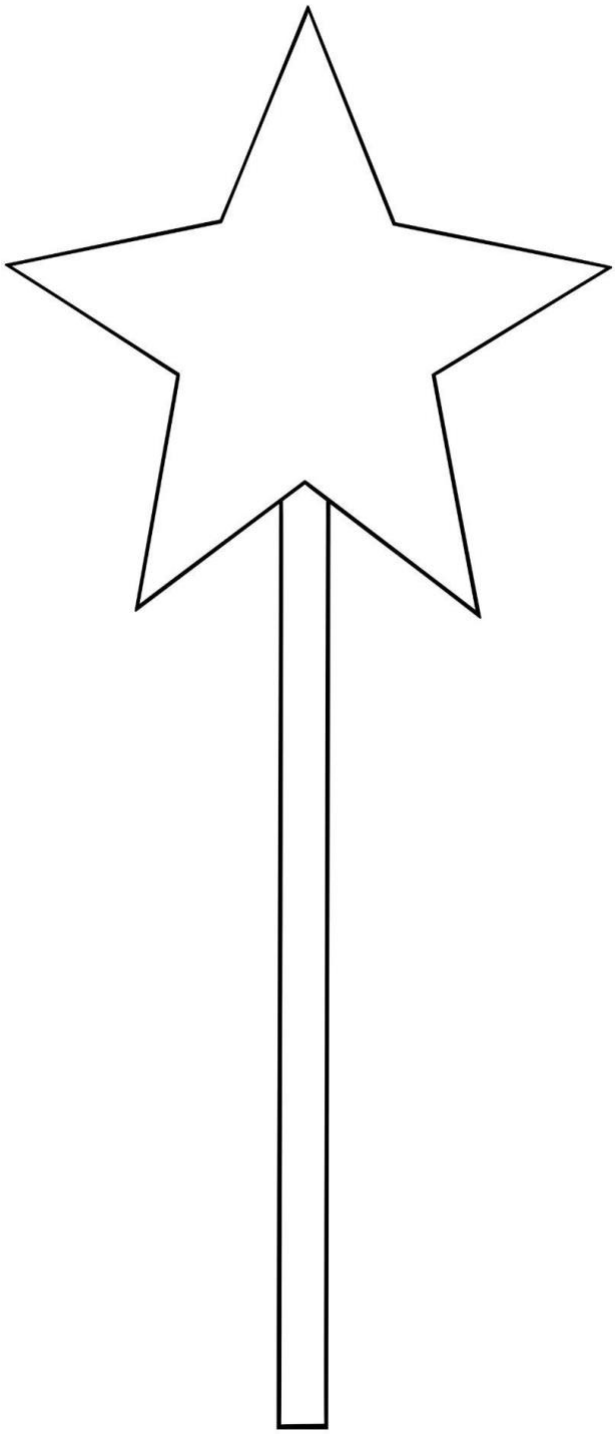




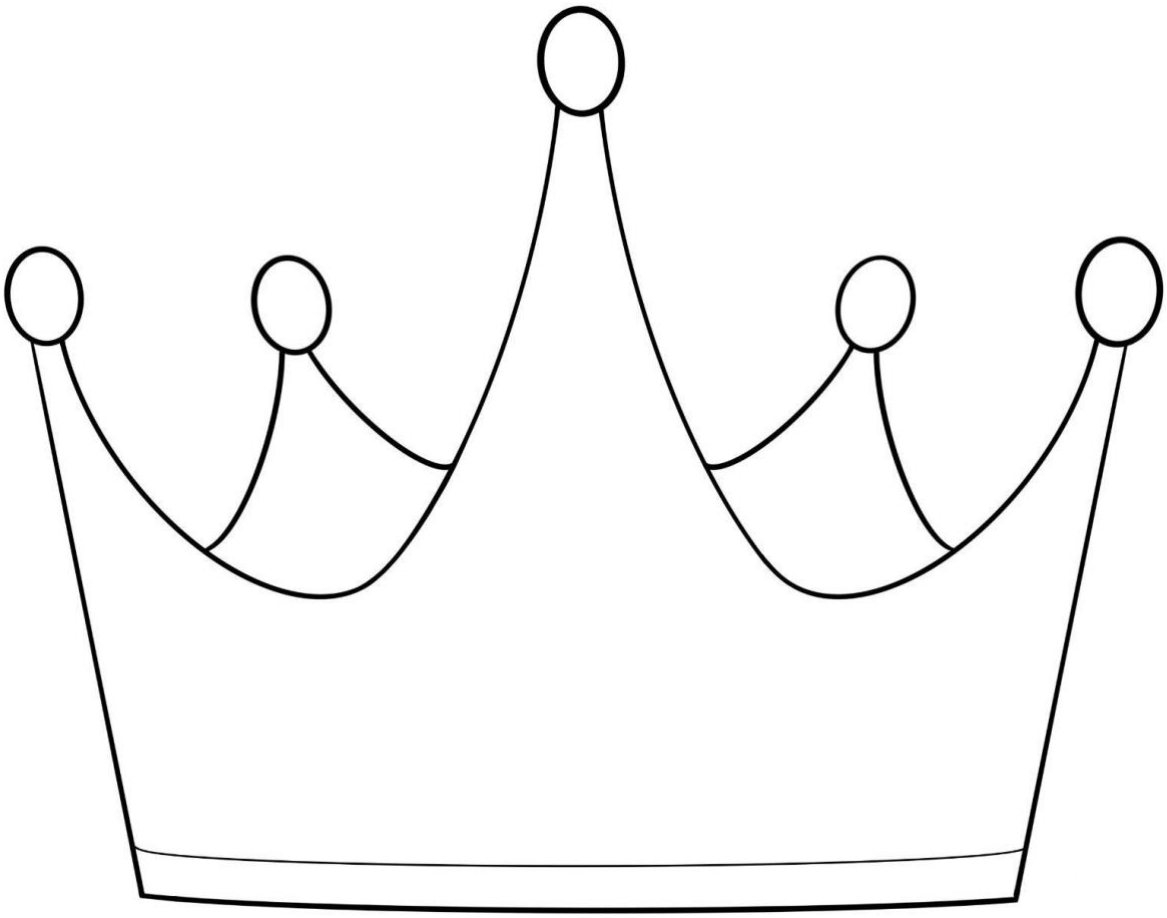
Empowerment Items

This activity is meant to bring awareness to an individual's strength and encourage them during challenging moments. Whether therapy sessions themselves are daunting or outside, life activities leave someone distressed, this can be adapted to be utilized for any setting. First, pick an empowerment item to decorate that is of interest to your patient. There is a selection following, or get crafty and make your own! While decorating, discuss what makes them feel powerful. It can be anything- a character from some form of media they enjoy, an adjective, a family member or celebrity they look up to. Incorporate this into the design. Working on this together can help encourage participation and build rapport. Once complete, cut it out. Patients can bring the items with them to session or any other activities that cause distress, when applicable. If they aren't physically able to bring them, talk about ways to carry them with them in their mind (such as mentally putting them on/carrying the item) or somewhere they could keep it (such as in a bag). This item is meant to help them be strong and face the moments that are scary. As time goes on, monitor how often they utilize their empowerment item. Draw attention to and praise moments when they conquer the distress without the presence of the item. Validate throughout and encourage their efforts. Use this as a time to guide the individual to the understanding that it is they themselves who actually hold the power to do difficult things, rather than the item.

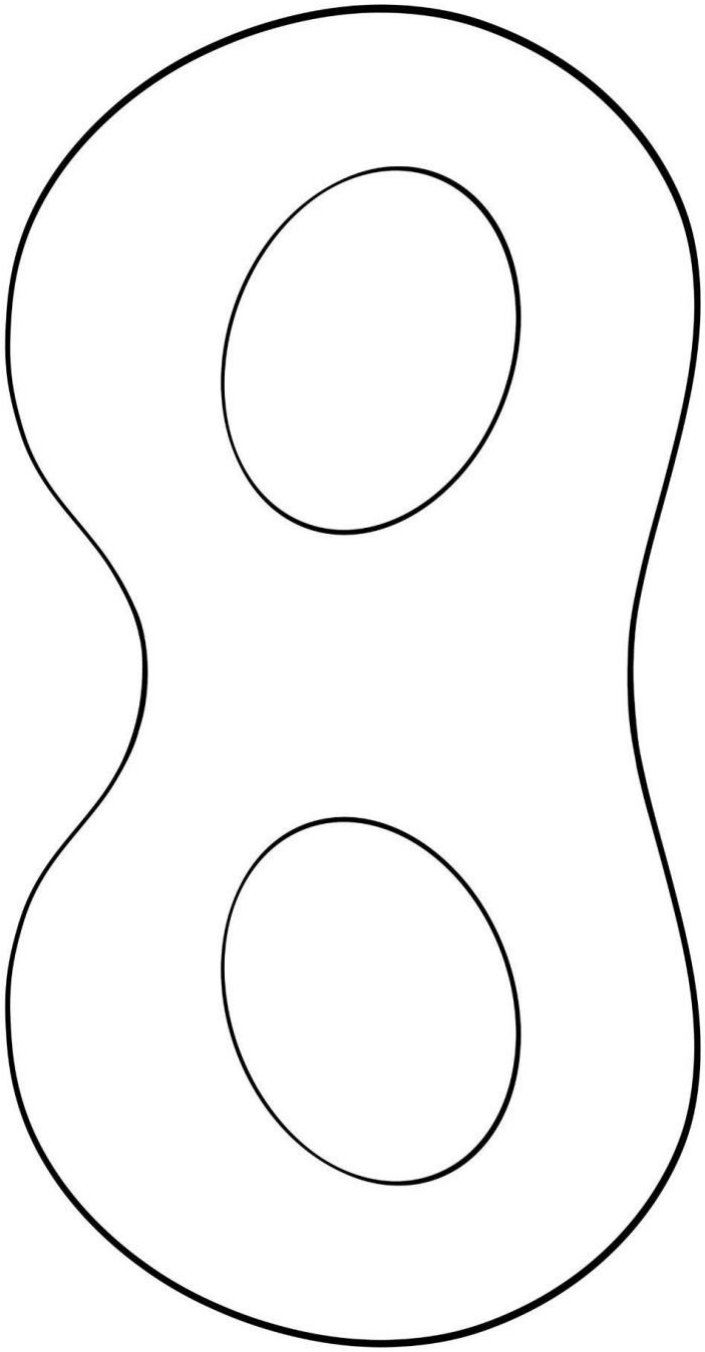
Magical Wand



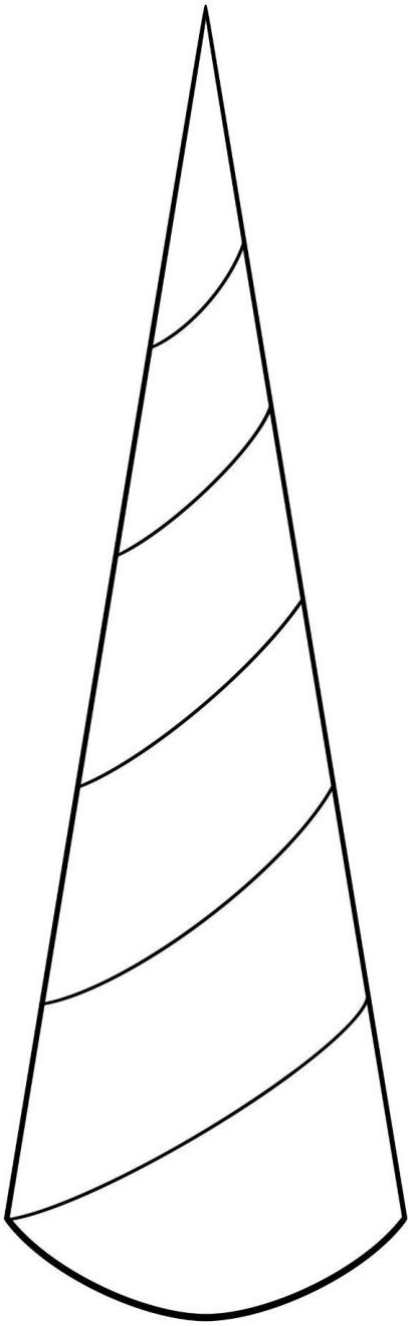
Crown



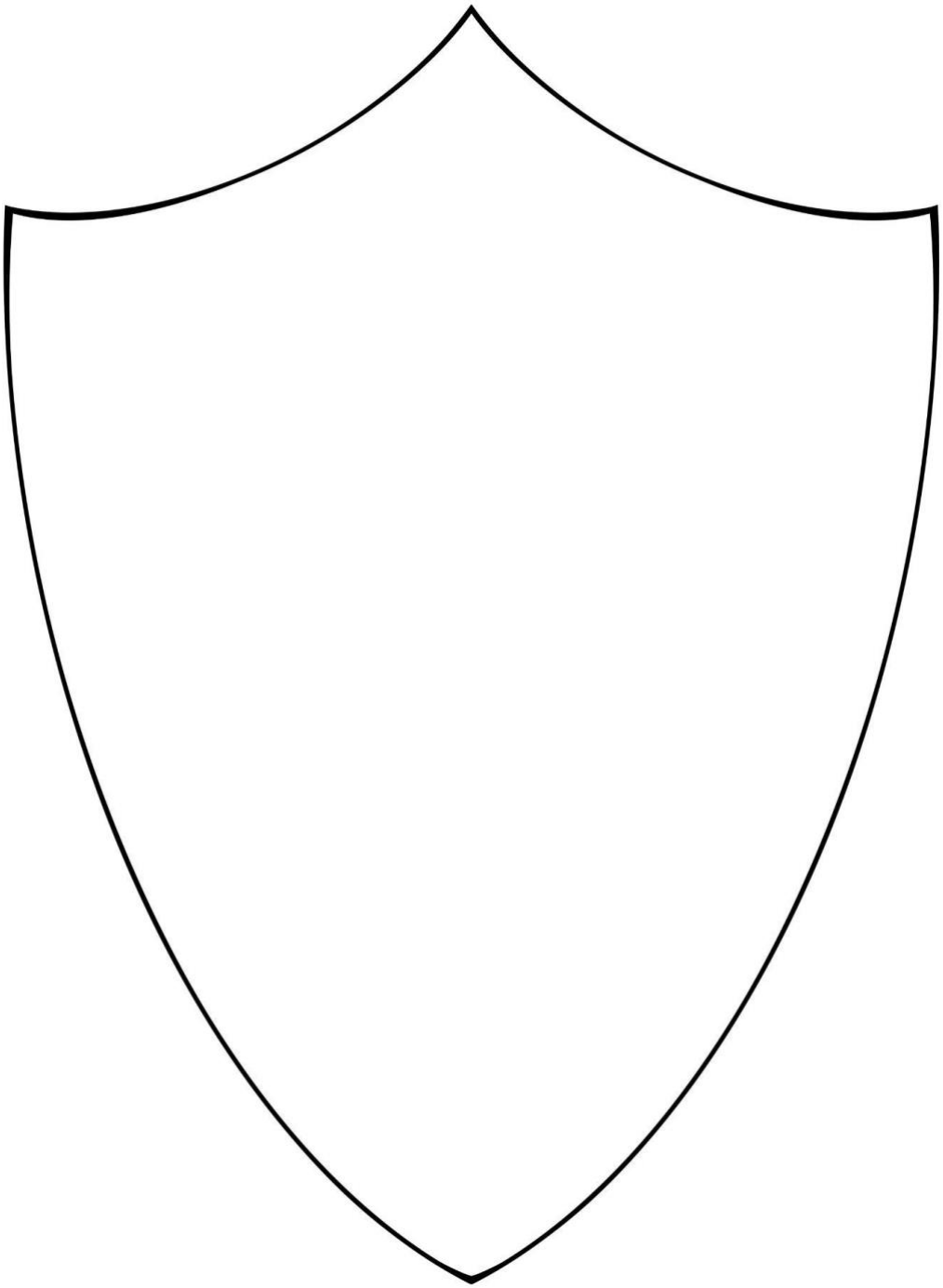
Superhero Mask



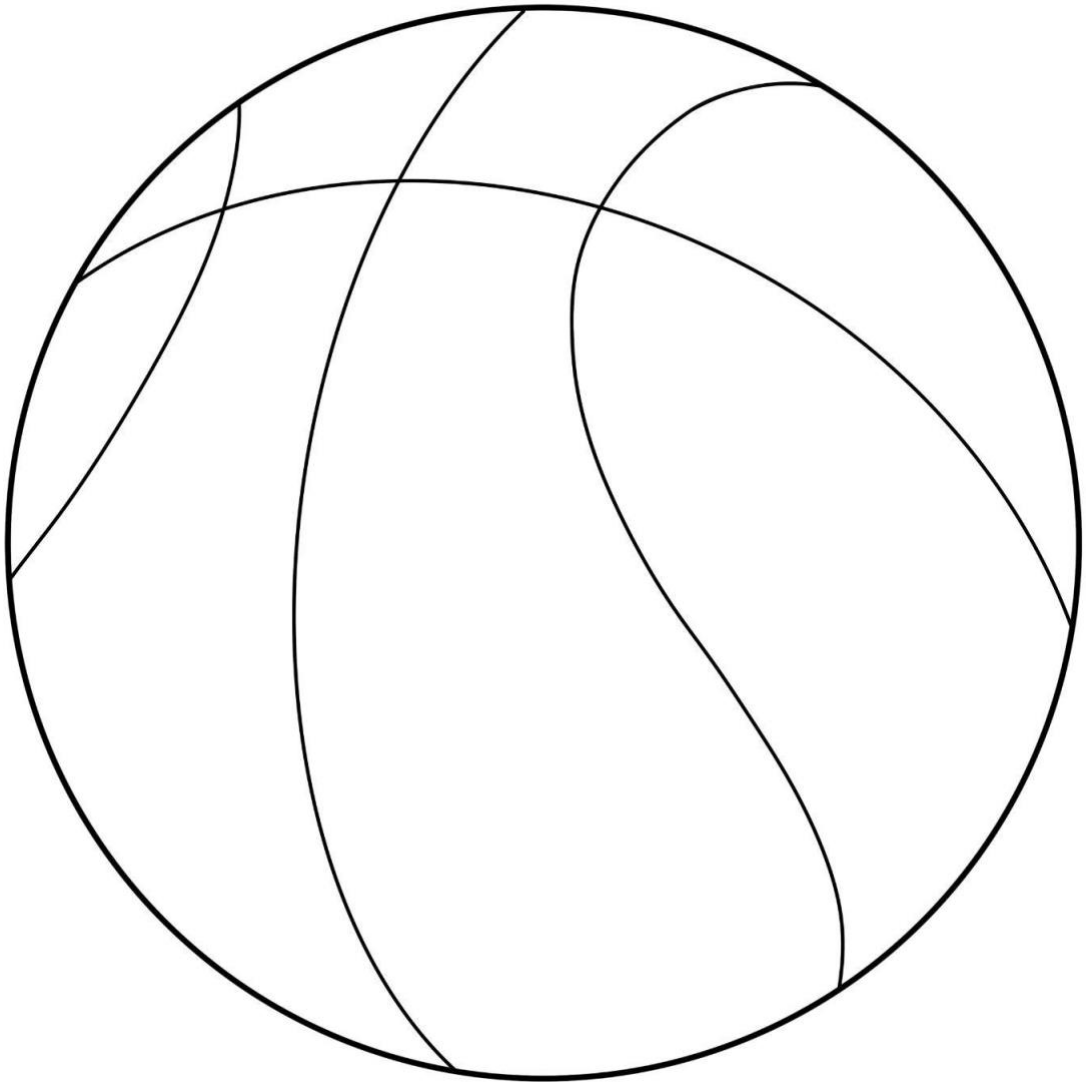
Unicorn Horn



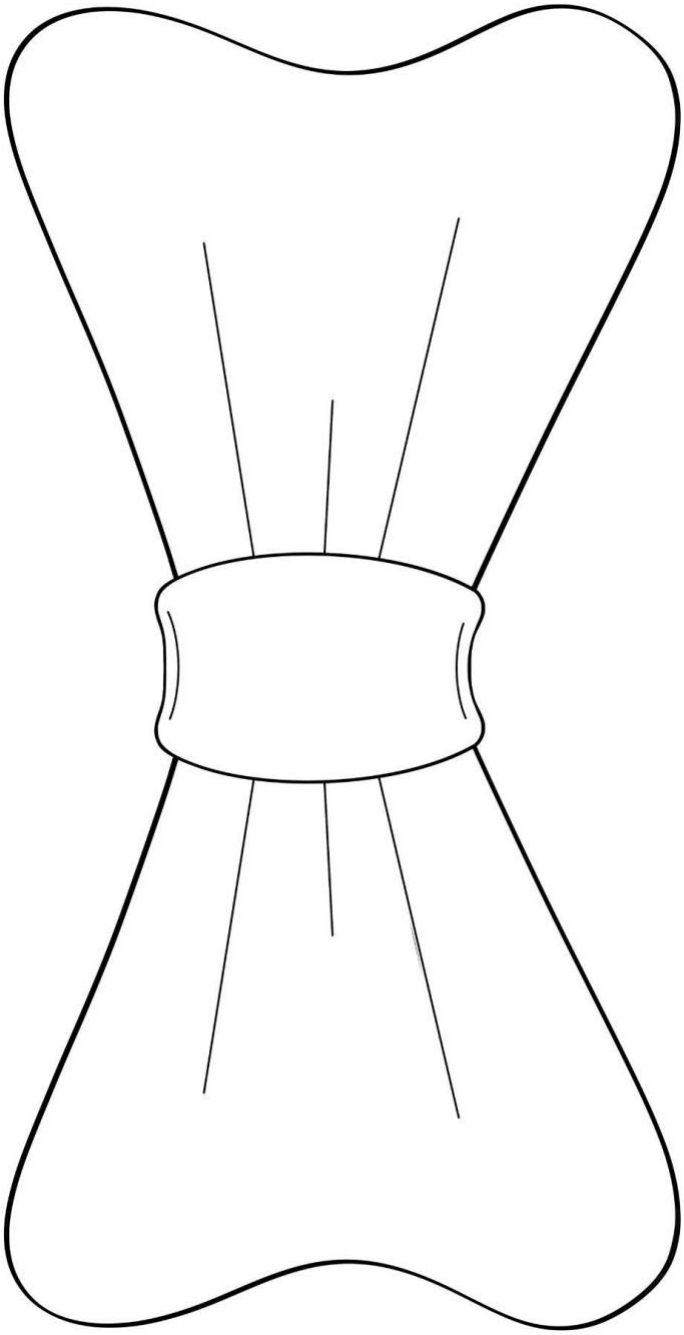
Shield



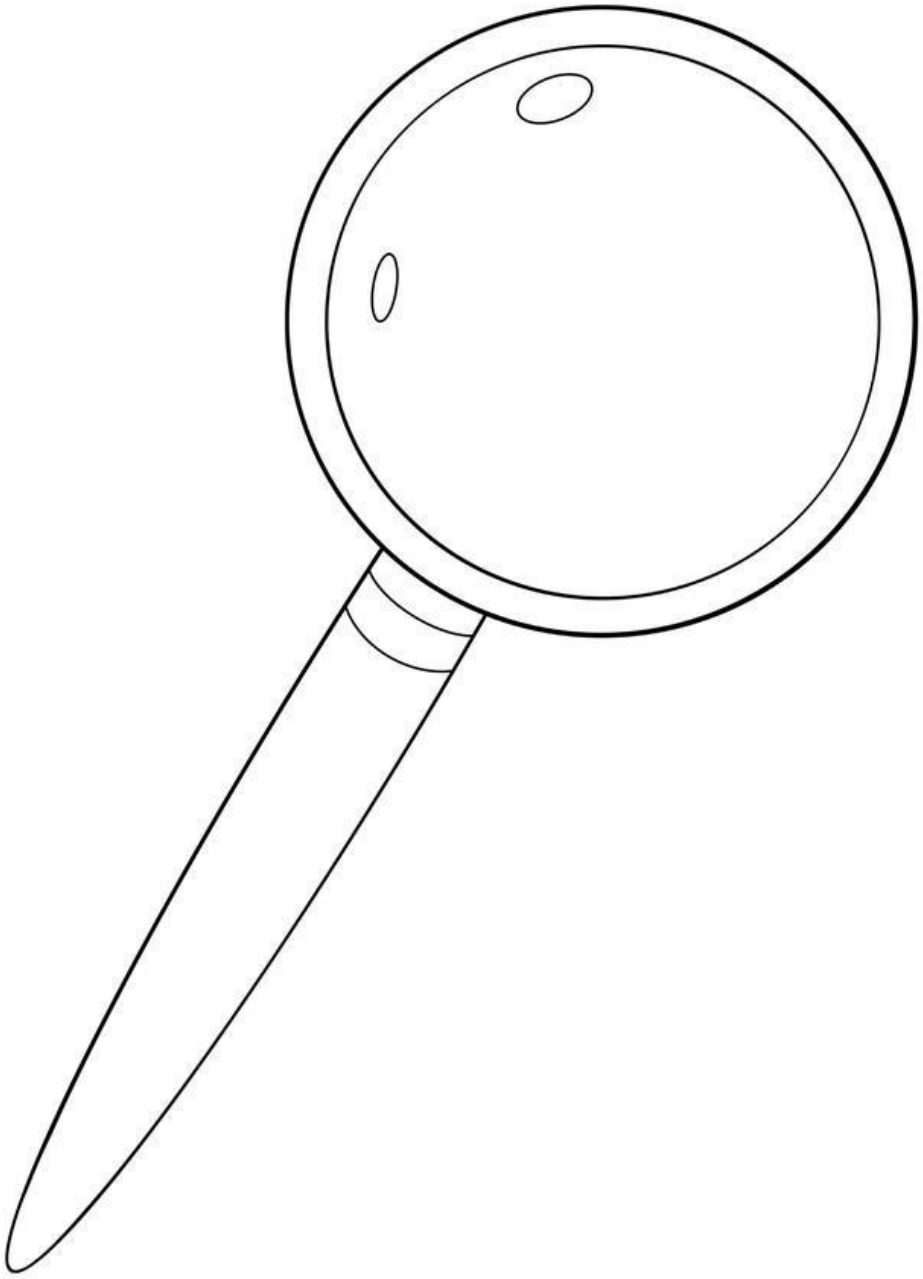
Basketball



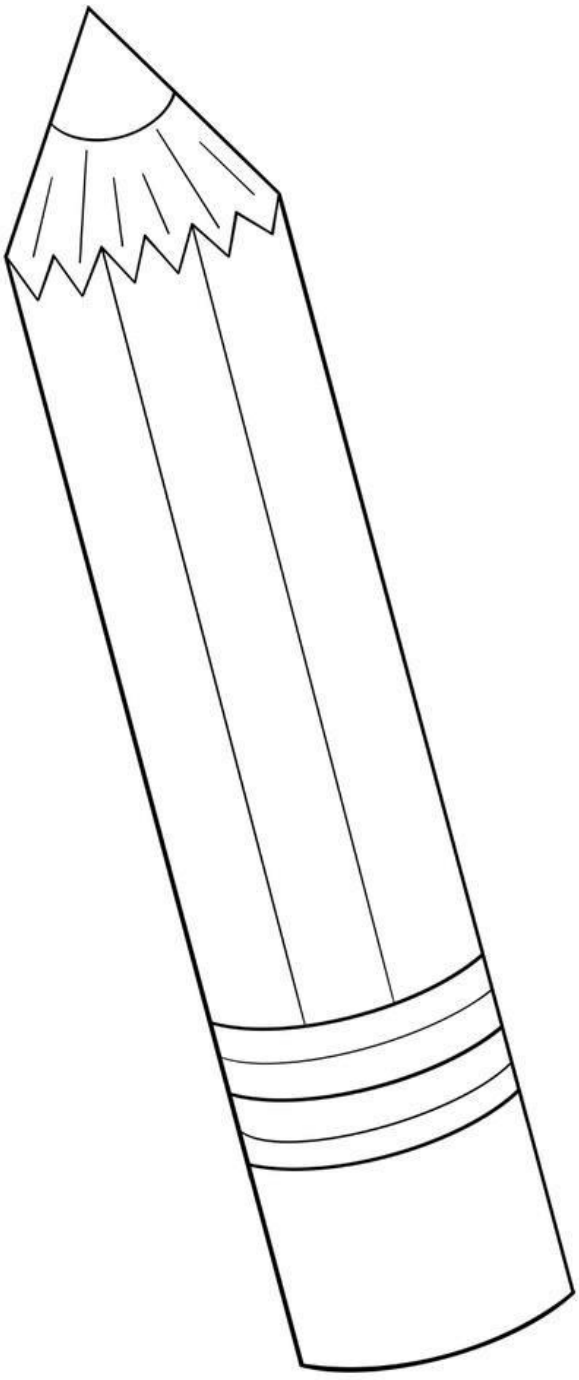
Bowtie/Hair Bow



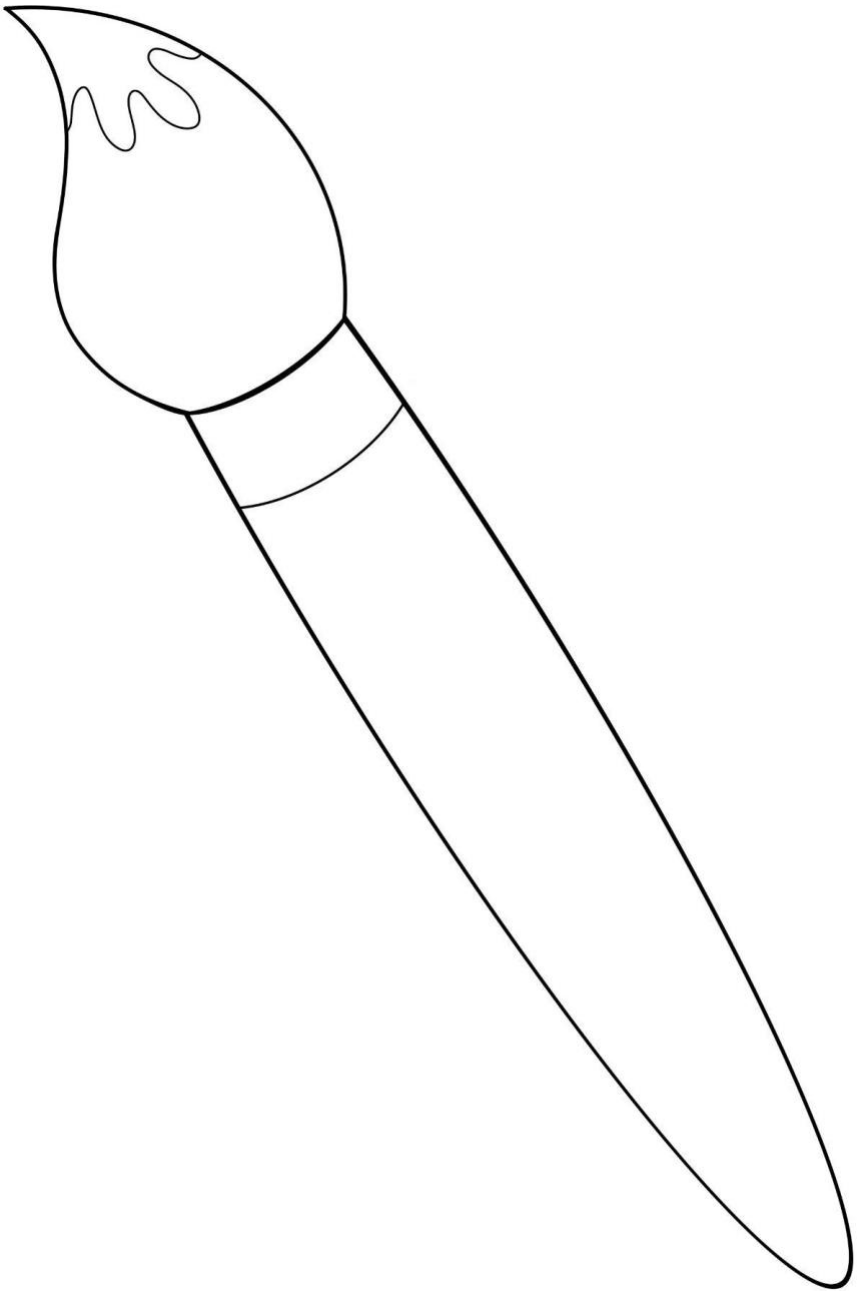
Magnifying Glass



Pencil



Paint Brush



References

American Academy of Child and Adolescent Psychiatry (AACAP) Committee on Telepsychiatry and AACAP Committee on Quality Issues. (2017). *Clinical Update: Telepsychiatry With Children and Adolescents.* Journal of the American Academy of Child and Adolescent Psychiatry.; 56(10):875-893. doi: 10.1016/j.jaac.2017.07.008. Epub 2017 Jul 25. PMID: 28942810.

American Psychological Association. (2017). *What is cognitive behavioral therapy?* Retrieved November 2, 2021, from https://www.apa.org/ptsd-guideline/patients-and-families/cognitive-behavioral.

American Psychological Association. (2020, April 2). *Connecting with children and adolescents via telehealth during Covid-19*. Retrieved November 3, 2021, from https://www.apa.org/topics/covid-19/telehealth-children.

American Psychological Association. (2020). *How well is telepsychology working?* Monitor on Psychology. Retrieved November 2, 2021, from https://www.apa.org/monitor/2020/07/cover-telepsychology.

American Psychological Association. (2021). *Online therapy is here to stay*. Monitor on Psychology. Retrieved November 2, 2021, from https://www.apa.org/monitor/2021/01/trends-online-therapy.

Benjamin, C. L., Puleo, C. M., Settipani, C. A., Brodman, D. M., Edmunds, J. M., Cummings, C. M., & Kendall, P. C. (2011). History of Cognitive-Behavioral

Therapy (CBT) in Youth. *Child and Adolescent Psychiatric Clinics of North America*, *20*(2), 179–189. https://doi.org/10.1016/j.chc.2011.01.011

Carlisle, L. L. (2013). Child and adolescent telemental health. In K. Myers & C. L. Turvey (Eds.), Telemental health: Clinical, technical, and administrative foundations for evidence-based practice (pp. 197–221). Elsevier. https://doi.org/10.1016/B978-0-12-416048-4.00011-7

Chand, S. P., Kuckel, D. P., & Huecker, M. R. (2022, September 9). *Cognitive Behavior Therapy* . NCBI Bookshelf. Retrieved April 4, 2023, from https://www.ncbi.nlm.nih.gov/books/NBK470241/

Child Mind Institute. (n.d.) *Telehealth for Kids*. Retrieved November 3, 2021, from https://childmind.org/article/telehealth-for-kids/

Dueweke, A. R., Wallace, M. M., Nicasio, A. V., Villalobos, B. T., Hernandez Rodriguez, J., & Stewart, R. W. (2020). Resources and recommendations for engaging children and adolescents in telemental health interventions during COVID-19 and beyond. the Behavior Therapist, 43(5), 171–176

Hayes, S. C. (2016). Acceptance and commitment THERAPY, Relational FRAME theory, and the third wave of behavioral and cognitive Therapies – republished article. *Behavior Therapy*, *47*(6), 869–885. https://doi.org/10.1016/j.beth.2016.11.006

Herbert, J. D., & Forman, E. M. (2011). The Evolution of Cognitive Behavior Therapy: The Rise of Psychological Acceptance and Mindfulness . In *Acceptance and mindfulness in cognitive behavior therapy: understanding and applying the new therapies*. essay, John Wiley & Sons.

Hilty, D. M., Ferrer, D. C., Parish, M. B., Johnston, B., Callahan, E. J., & Yellowlees, P. M. (2013). The effectiveness of Telemental Health: A 2013 review. Telemedicine and e-Health, 19(6), 444–454. https://doi.org/10.1089/tmj.2013.0075

Kazdin, A. E., Bass, D., Siegel, T., & Thomas, C. (1989). Cognitive-behavioral therapy and relationship therapy in the treatment of children referred for antisocial behavior. *Journal of Consulting and Clinical Psychology*, *57*(4), 522–535. https://doi.org/10.1037/0022-006x.57.4.522

Kendall, P. C., & Wilcox, L. E. (1980). Cognitive–behavioral treatment for impulsivity: Concrete versus conceptual training in non-self-controlled problem children. *Journal of Consulting and Clinical Psychology*, *48*(1), 80–91. https://doi.org/10.1037/0022-006x.48.1.80

Leahy, R. L. (1996). Historical Context of Cognitive Therapy. In *Cognitive therapy: Basic principles and applications*. Northvale, NJ: J. Aronson.

Luiggi-Hernandez, J.G., & Rivera-Amador, A.I. (2020). Reconceptualizing social distancing: Teletherapy and social inequality during the COVID-19 and loneliness pandemics. Journal of Humanistic Psychology, 60(5). https://doi.org/10.1177/0022167820937503

Madigan, S., Racine, N., Cooke, J. E., & Korczak, D. J. (2021). COVID-19 and Telemental health: Benefits, challenges, and future directions. Canadian Psychology/Psychologie Canadienne, 62(1), 5–11. https://doi.org/10.1037/cap0000259

Mayer, M. J., & Van Acker, R. (2012). Historical Roots, Theoretical and Applied Developments, and Critical Issues in Cognitive-Behavior Modification. In *Cognitive-behavioral interventions for emotional and behavioral disorders: School-based practice*. New York: Guilford.

Miu, A.S., Vo, H.T., Palka, J.M., Glowacki, C.R., & Robinson, R.J. (2020). Teletherapy with serious mental illness populations during COVID-19: Telehealth conversion and engagement. Counseling Psychology Quarterly. https://doi.org/10.1080/09515070.2020.1791800

O'Brien, K. M., Larson, C. M., & Murrell, A. R. (2008). Third-wave behavior therapies for children and adolescents: Progress, challenges, and future directions. In L. A. Greco & S. C. Hayes (Eds.), Acceptance and mindfulness treatments for children and adolescents: A practitioner's guide (pp. 15–35). New Harbinger Publications.

Racine, N., Hartwick, C., Collin-Vezina, D., Madigan, S. (2020). Telemental health for child trauma treatment during and post-COVID-19: Limitations and considerations. Child Abuse & Neglect. https://doi.org/10.1016/j.chiabu.2020.104698

Seager van Dyk, I., Kroll, J., Martinez, R., Emerson, N., & Bursch, B. (2020). COVID-19 Tips: Building Rapport with Youth via Telehealth. 10.13140/RG.2.2.23293.10727.

Shore, J., Search for more papers by this author, & Yellowlees, P. (2021, April 20). *The COVID-19 pandemic and virtual care: The transformation of psychiatry*.

Psychiatric News. Retrieved November 2, 2021, from https://psychnews.psychiatryonline.org/doi/10.1176/appi.pn.2021.5.30.

Society of Clinical Child & Adolescent Psychology. (2017). *Cognitive Behavioral Therapy.* Retrieved November 3, 2021, from https://effectivechildtherapy.org/therapies/cognitive-behavioral-therapy/