

Effect of art therapy and counseling on adolescents

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One of the most common problems associated with adolescent is stress. Adolescent stress results from various factors like parental pressure, self-expectations, peer pressure, interpersonal relationships, physical appearance and so on. The related effects includes compromised lifestyle & behavior resulting in physical inactivity, drug abuse, intense aggression or anger, violent acts, self injury and may even lead to suicidal tendencies. One of the most significant ways to deal with stress is art therapy along with personal-social counseling. Art therapy encourages self- discovery and emotional growth of an individual. Counseling along with art therapy may enable students to deal with stress in a healthier manner. In this research, an in-depth analysis has been done to study the impact of art therapy and counseling on adolescents (13 to 18 years) undergoing stress. The result of the research shows that all the adolescents benefitted from art therapy and personal-social counseling.

Keywords: art therapy, stress, counseling, adolescents

With the changing demands of the environment and technological advancements, life has become more complex and stressful. Just about everybody, men, women, children and even fetuses suffer from stress. Relationship demands, chronic health problems, pressure at school or workplaces, meeting deadlines, peer pressure, bullying can trigger stress conditions. People react to it in their own ways and in some people, stress-induced adverse feelings and anxieties tend to persist and intensify. Learning to understand and manage stress can prevent the counter effects of stress.

Stress is a term that is commonly used today but has become increasingly difficult to define. It shares, to some extent, common meanings in both the biological and psychological sciences. Stress is usually thought of in a negative term. It is thought to be caused by something bad (for example, death of loved one, poor scholastic grades, relationship difficulties). This is a form of distress. But there is also a positive, pleasant side of stress caused by good things (for example, a student scores highest marks in school, an attractive person asks you for a date, an employee is offered a job promotion at another location). This is a form of eustress. With organisms as complex as humans, stress can take on entirely concrete or abstract meanings with highly subjective qualities, satisfying definitions of both cause and effect in ways that can be both tangible and intangible. In other words, stress can be viewed from a number of different ways and has been described as the most imprecise word in the scientific dictionary but still few psychologists have tried to define it. Lazarus and Folkman (1984) stated that stress is a mental or physical phenomenon formed through one's cognitive appraisal of the stimulation and is a result of one's interaction with the environment.

The experience of stress at whatever age is acutely uncomfortable (Ursin & Olf, 1993); what is more important however is the capacity of stress to adversely affect individual states of health either through direct impact or through the mediation of health risk behaviors (Rice, 1999). The time course over which stress might be expected to influence the development of significant physical pathology is probably too great for any reliable association between stress and somatic illness to become evident in adolescence (Mandler, 1984). Of all life stages adolescence is arguably the one most marked by

rapid and potentially tumultuous transition (Brockman, 2003; Cook & Furstenberg, 2002). This is to be seen not just in the domain of biological development where changes are externally manifest (Siefert & Hoffnung, 2000) but is equally evident in the progression of both cognitive (Eccles, Wigfield, & Byrnes, 2003) and psychosocial (Muzi, 2000) maturity from that of childhood to that of the fully functioning adult. While the transition through adolescence is inevitable (Price, 1985) the speed and magnitude of these changes overtax the capacity of many young people to cope (Collins, 2001; Davis, 2003; Jessor, 1993) and the resulting phenomenon of adolescent stress is now well recognized (Byrne & Mazanov, 2002).

Adolescence is also a time when risks are laid down for chronic conditions which will only become manifest in later adulthood. The experience of adolescent stress has been systematically associated with a range of health compromising lifestyles and behaviors (Larouche, 1998; Murphy et al., 2001; Neumark-Sztainer, Story, French, & Resnick, 1997). There can be no doubt therefore that the experience of adolescent stress constitutes an issue of central importance to the broader understanding of adolescent health. Adolescent stress can be caused by environmental factors, psychological factors, biological factors, and social factors. Chiang (1995) proposed that school is one of the main sources of stress among adolescents. Further, Cheng (1999) stated that stress from high expectations of teachers, parents, and self is usually an agony for students studying in schools. Another factor that holds utmost importance in an adolescent's life is their physical appearance. Research by Wang and Ko (1999) pointed out that girls feel upset more easily than boys, mainly because of their concerns about physical appearances.

Thus, stress can have serious consequences, making it necessary to use coping strategies to manage the stressors. Methods of coping with stress are plenty. The most significant or sensible way out is a change in lifestyle. Relaxation techniques such as meditation, physical exercises, listening to soothing music, deep breathing and various expressive therapies like art therapy, music therapy, drama therapy etc. are some of the most effective of the known non-invasive stress busters

Art therapy is a form of projective technique that uses the creative process of art making to improve and enhance the physical, mental and emotional well being of individuals of all ages. It is based on the belief that the creative process involved in artistic self-expression

helps people to resolve conflicts and problems, develop interpersonal skills, manage behavior, reduce stress, increase self-esteem and self-awareness, and achieve insight. Art therapy integrates the fields of human development, visual art (drawing, painting, sculpture, and other art forms), and the creative process with models of counseling and psychotherapy. According to British Association of Art Therapists (2011), "Art therapy is a form of psychotherapy that uses art media as its primary mode of communication. It is practiced by qualified, registered Art Therapists who work with children, young people, adults and the elderly. Clients who can use art therapy may have a wide range of difficulties, disabilities or diagnoses. These include, for example, emotional, behavioral or mental health problems, learning or physical disabilities, life-limiting conditions, brain-injury or neurological conditions and physical illness. Art therapy may be provided for groups, or for individuals, depending on clients' needs. It is not a recreational activity or an art lesson, although the sessions can be enjoyable. Clients do not need to have any previous experience or expertise in art".

Perrin, Smith, and Yule (2000) observed that children manifest their symptoms in metaphoric modalities such as play, drawing, and storytelling, and in separation anxiety. Behavioral symptoms in both children and adolescents can include disruptiveness, impulsivity,

inattentiveness, poor socialization, and low academic achievement. Because verbal recollection of the trauma is often difficult or beyond a child's capacity, approaches that do not rely heavily on verbal access to trauma material, such as art therapy, are potentially important treatments. There are many case studies in the literature on the use of art therapy to reduce trauma symptoms and some proposals for art therapy treatment protocols for PTSD in children and adults (Cohen, Barnes, & Rankin, 1995; Collie, Backos, Malchiodi, & Spiegel, 2006; Rankin & Taucher, 2003; Raymer & McIntyre, 1987; Sweig, 2000).

One of the most fascinating measures taken for stress relief can be art therapy. With so many different forms of therapy today it's tough to know which are the most effective for which condition, but art therapy enjoys great success in helping people suffering from a collection of conditions that are both physical and mental. Art therapy is an excellent way for relieving stress. For over 30 years, art therapists have observed that drawing and painting are useful in the assessment and treatment of traumatic disorders in children and adolescents (Gantt & Tinnin, 2007). Art therapy helps an individual to know how art can lead to self-awareness and understanding, as well as how soothing it can be to engage in the creative process. Taking the time to focus on a piece of art alone can make a tremendous difference in how we live and think and can reduce stress amazingly. Art therapy also helps people to discover things about themselves based on what they draw. Beebe, Gelfand and Bender (2010) stated after conducting research that art therapy showed benefits both during the therapy and for months afterward.

Along with Art therapy, it is necessary to counsel children so that they are able to overcome their issues & fears. Art therapy & counseling can together help a child in enhancing their capacity to deal with problems and would eventually lead to their optimal development.

Child and adolescent counseling, like all aspects of counseling is an art and a science, it is an art to discover the private world of children and adolescents. For working with children, the challenge is finding ways to communicate that are not restricted by language and

cognitive development. Challenges for working with adolescents are keeping lines of communication open and maintaining trust. One way of conceptualizing the art of child and adolescent counseling is "reaching in-reaching out" (Nystul, 1999). In this process, the counselor attempts to meet children or adolescents from perspective of their internal frame of reference-the world that makes sense to them and they feel safe in. As trust and respect are established, the child or adolescent may then feel encouraged to reach out into the world of others. This may be characterized by a movement towards success oriented rather than failure oriented activities in school. Throughout this process, the counselor communicates a wide range of emotions such as care, compassion, and empathy to provide the structure and emotional support necessary for the optimal development of children and adolescents. American Counseling Association, 1997 (ACA) defined counseling as "the application of mental health, psychological or human development principles, through cognitive, affective, behavioral or systemic interventions, strategies that address wellness, personal growth, or career development, as well as pathology".

Thus, Counseling is a process that focuses on enhancing the psychological well being of the clients, such that the client is then able to reach their full potential. This is achieved by the counselor facilitating client's personal growth, development, and self-understanding, which in turn empowers them to adopt more constructive life practices. Counseling may be helpful in a number of ways. It may enable one to develop a clearer understanding of their concerns and help them to acquire new skills to better manage personal and educational issues. Counseling is often performed face-to-face in confidential sessions between the counselor and client. Counseling can and may take many different forms to bring a person to a better understanding of themselves and others. It can therefore be seen that Counseling can be of benefit to a person experiencing problems in finding, forming, and maintaining relationships. Kadzin et al. (1994b) found that the effect of child and adolescent counseling are superior to no treatment, the degree of positive changes is comparable to adult counseling, there is little variation in efficacy of treatment modalities such as behavioral versus non-behavioral, and treatment outcomes are similar for internalized problems such as depression and externalized problems such as aggression.

Based on this previously discussed research, two competing hypotheses were formed to measure the level of stress associated with adolescents. Firstly, it was hypothesized that there would be a significant difference in stress scores after implementing art therapy on students. The second hypothesis stated that there would be a significant difference in stress scores after counseling students.

Method

Participants

Ten adolescents of age group 13-18 years undergoing stress were taken for this study. The adolescents were selected on the basis of teacher's reference and pre-stress test questionnaire.

Material and Procedure

Pre-and post-stress test questionnaire developed by the research investigator. A Stress test questionnaire consisting of 20 questions was developed by the investigator to assess the stress level of students. The scoring of the stress test questionnaire was done on a five point rating scale in which, Not at all = 1 point, Rarely = 2 point,

Sometimes = 3 points, Often = 4 points, Very Often = 5 points. The same test was used to assess pre-stress and post-stress scores.

The pre-stress test questionnaire was administered in the initial stages of the study to know the stress level of adolescents and the post-stress test questionnaire was administered at the end of the study to see if significant changes have taken place in stress level of adolescents after undergoing art therapy and counseling.

Assumptions and Limitations

This empirical study is subject to the inherent limitations of any causal comparative study. It may be difficult to assess the representativeness of the study sample, that is, the sample may or may not be representative of the broader population of individuals who have received art therapy. This implies that generalizations based on study findings must be drawn with caution. Further, the research design employed does not allow issues of causality to be addressed in the study. However, results should be useful in identifying correlations among study variable and providing direction for future research.

Ethical assurances

Consent to participate will be obtained from participants used in this study. Each participant will be informed that his or her participation will be voluntary and that he or she has the right to withdraw from the study at any time. Psychometric data from adolescents will be used in this research. The data will be obtained from the questionnaire prepared by the research investigator. All of the information that is going to be acquired will be considered strictly confidential. The American Psychological Association's Ethical Principles in the Conduct of Research with Human Participants (1973) guidelines will be maintained including informed consent, protection of the welfare of participants, preservation of the subjects' freedom to participate, explanation of the nature of the study, and explanation and maintenance of confidentiality. Guidelines of the facility where the information was gathered will also be followed. All data will be coded for anonymity by the author.

Procedure

Assessment: During the initial stages of art therapy and counseling, rapport was formed with the client. It was done by the investigator to find out what the client was going through and to gain more information about the client. It was made clear to the client that this session was not treatment oriented, but for assessment purpose.

Interventions

The following interventions were administered on the clients:

Art therapy

In the present study, the entire process of art therapy was divided into three stages:

Rapport Formation, Administration of Art therapy techniques, and Termination.

Art therapy was followed by personal-social counseling at each stage.

Stage 1: Rapport formation

In this stage of the study, rapport was strengthened with the client so that he can share his issues with the researcher. The rapport between the researcher and client is important, as it would allow the development of trust in the relationship.

After establishing rapport with the client and getting grasp on the client's vantage point, the researcher introduced art therapy to the client. This was done by giving background information about art therapy, and answering any questions that the client may have. At this point, the therapist suggested doing some artwork.

Stage 2: Administration of art therapy techniques

In this stage, various techniques of art therapy were administered on the client. This stage laid emphasis on goal oriented sessions. The investigator established directions and boundaries, both personal and professional. The following techniques of art therapy were administered on each of the ten adolescents.

Exploration Tasks: The goal of exploration tasks was to encourage the client to let go of conscious thoughts and controls, and to have them express themselves as freely and spontaneously as possible. In this way, exploration tasks were very much akin to verbal free associations. Exploration tasks were used in the beginning sessions of art therapy. The following types of exploration tasks were administered on the clients:

Automatic drawing (also known as the scribble technique) In automatic drawing, the client was asked to relax and to begin to draw free lines or scribbles on paper. After a while, the client was instructed not to remove his or her pen from the paper until the exercise is over. Automatic drawing provided an excellent way for the client to let down their guards and thus was a good starting point for therapy.

Free Drawing - In free drawing all the choices were up to the client. The client was told to express himself freely, and not to worry about planning the picture. This technique was useful because the images that the client created were mirrors of their problems, strengths and weaknesses. At the end of free drawing, the client was asked to share and explain what they drew.

Drawing Completion - In the drawing completion technique, the client was given one piece of paper that already had a few lines and simple shapes on them. These shapes or lines acted as a starting point for the art therapy artist, and they were to incorporate these into a larger picture.

Expression of Inner Feelings: These techniques were designed to help the client get in touch with inner feelings, desires and fantasies and to make visual representations of them. This was administered in the hopes that the client will become increasingly aware of himself. The therapist attempted to help the client deal with these feelings, and move in a direction toward a solution. The following type of inner feelings technique was administered on the clients:

Three Wishes - In the three wishes technique, the client was asked to paint or portray three or more wishes. Responses tended to be of desires for things, personal security, leaving bad habits, maintaining cordial interpersonal relationship and so on. Responses to this exercise reflected maturity level and degree of egocentricity. Discussion that followed this exercise focused on the strength of the wish and whether or not these wishes were attainable.

Self Perception: The self perception technique was aimed at moving the client towards more complete awareness of personal needs and body image. The following self perception techniques were administered on the client:

Self-Portraits In this technique, the client was asked to portray himself and his important features. The task varied from being realistic, done with or without a mirror to abstract.

Draw Yourself as an Animal - Here the client was asked to draw themselves as any kind of animal, or as the animal that they see themselves as most similar to. The aim of this task was to make clients aware of their positive and negative qualities and the discussion that followed helped them in realizing the changes that they need to make in their personality or behavior.

The individual's place in the world: This technique was designed to help the client to see where he or she fits into the world, and hopefully accept and deal with this realization. The following technique was administered on the client:

House-Tree-Person- In this, the client was asked to depict a house, tree and a person in one picture. The client was faced with the task of relating the human figure to the other two common environmental features.

Relaxation technique

Progressive muscle relaxation technique (Jacobson, 1920), which is a systematic technique for achieving a deep state of relaxation, was administered on each client during the therapy. The counselor instructed the client to do progressive muscle relaxation in the following way:

Take a few minutes to relax, breathing in and out in slow, deep breaths.

When you're relaxed and ready to start, shift your attention to your right foot. Take a moment to focus on the way it feels.

Slowly tense the muscles in your right foot, squeezing as tightly as you can. Hold for a count of 10.

Relax your right foot. Focus on the tension flowing away and the way your foot feels as it becomes limp and loose.

Stay in this relaxed state for a moment, breathing deeply and slowly.

Now shift your attention to your left foot and squeeze it as tightly as you can. Hold for a count of 10. Relax your left foot and focus on the tension flowing away and the way your foot feels as it becomes limp and loose. In the same way, instructions were given to relax legs, abdomen, back, neck and face.

Stage 3: Termination

The counselor prepared the client well in advance for the termination and this was done by bringing up the issue of termination, focusing on its importance and discussing and interpreting feelings and behaviors due to the ending of the sessions. This was a difficult tightrope for the therapist to walk because focusing on the end often brings to mind other separations that client may have suffered.

During the end of the therapy, the counselor & client also relooked at the art that the client had created throughout the sessions & discussed about the progress that the client had made.

Counseling

Counseling was performed on each client in way of face-to-face confidential sessions. Each session of art therapy was followed by personal social counseling sessions. The intensity and degree of counseling varied from nature of problems faced by the clients.

Results and Discussion

The aim of the present investigation was to measure the effect of art therapy & counseling as an intervention to reduce stress among adolescents. For this purpose, the investigator hypothesized that there would be significant differences in stress scores after

implementing art therapy and counseling on adolescents undergoing stress. The results as indicated in table 1 shows that the post-test stress scores of adolescents decreased after undergoing art therapy and counseling which means that hypothesis one i.e. there would be significant difference in stress score after implementing art therapy on adolescents and hypothesis two i.e. there would be significant difference in stress score after implementing counseling on adolescents are verified. Thus, the obtained results are in support of the previously conducted research.

Table 1: Showing the pre and post stress score of clients

| Clients | Pre-Stress Scores | | Post Stress Scores | |
|---------|-------------------|------------|--------------------|------------|
| | Raw Score | Percentage | Raw Score | Percentage |
| 1 | 90 | 97.8 | 37 | 40.2 |
| 2 | 90 | 97.8 | 37 | 40.2 |
| 3 | 89 | 96.7 | 31 | 33.7 |
| 4 | 89 | 96.7 | 30 | 32.6 |
| 5 | 83 | 90.2 | 29 | 31.5 |
| 6 | 89 | 96.7 | 30 | 32.6 |
| 7 | 89 | 96.7 | 37 | 40.2 |
| 8 | 84 | 91.3 | 31 | 33.7 |
| 9 | 83 | 90.2 | 31 | 33.7 |
| 10 | 89 | 96.7 | 35 | 38.4 |

*post stress scores were obtained after conducting Art Therapy and counseling adolescents

Research by Rosal et al. (1997) found that children and adolescents from divorced families might experience decreased academic performance. In their paper, the effectiveness of individual art therapy with a 12-year-old female whose academic performance decreased after her parents divorced was examined. An AB single subject design was implemented. To study changes in self-concept the Piers-Harris Children's Self-Concept Scale (CSCS) was administered as a pre/post test. Academic performance was based on — three trimester report card periods: the final report card of the sixth grade, the first trimester of the seventh grade, and the second trimester of the seventh grade. Ten individual art therapy treatment sessions over a 5-week period focused on problem-solving skills and self-concept as a means of improving school performance. Results indicate a notable increase (data analysis was based on visual analysis of graphed raw scores) on all seven self-concept subtests and in academic performance. Art therapy was found to be a useful school-based intervention for this client. (Pleasant-Metcalf & Rosal, 1997, p. 23; Abstract modified by St. John, 8/14/05).

Adolescents suffering from trauma and stress related symptomatology appeared to respond positively to the use of art therapy enabling them to tap into their internal symbols, make audible imagery to discuss in words and to discover a symbolic language coupled with verbal discussion to help the person reach a fuller understanding of self. Lyshak-Stelzer, &

Chemtob et al. (2007) examined the efficacy of an adjunctive trauma-focused art therapy intervention in reducing chronic child posttraumatic stress disorder (PTSD) symptoms in an inpatient psychiatric facility for youth. They compared 2 treatment conditions, each delivered in one 1-hour group sessions over 16 weeks: a trauma-focused expressive art therapy protocol (TF-ART) and a treatment-as-usual (TAU) control condition, the standard arts and craft making activity used as the two participating facilities. Youths were randomized to either treatment condition, and assessed

before and after treatment. There was a significant treatment by condition interaction indicating that the adolescents in the TF-ART condition had greater reduction in PTSD symptom severity than youths in the TAU condition. TF-ART was not found to be associated with more behavioral problems during the treatment period. Results indicate that TF-ART may be a promising adjunctive treatment for inpatient adolescents with PTSD symptoms.

Research suggests that counseling plays a very important role in modifying the behavior of adolescents. It not only helps clients to become more positive but also deals with their wellness, personal growth and pathological concerns. Weisz, Weiss, and Donenberg (1992) reports strong support for the efficacy of child and adolescent counseling and also suggest that a developmental perspective is critical in identifying appropriate counseling intervention with children and adolescents. Thus, it becomes necessary for the counselors to choose interventions that suit the needs of the client. Glasser (1985) proposes that counselors play an important role in modifying the life of their clients as they convey to their clients that they will never give up on them regardless of what the client does. Nystul (1999) suggests that reaching in- reaching out is a counseling approach that can be very useful in child and adolescent counseling. The 'reaching in' phase involves trying to find a way into a client's world and meeting client's on their terms. The 'reaching out' phase involves a transformation of the self-reflected in a shift in the client's private logic to increased social interest and willingness to cooperate with the counselor.

We are living in a time of rapid social & technological change where adolescents have to deal with the increasing pressures of life; thus it becomes necessary for adolescent to deal with stress & related stressors so as to function effectively. High levels of stress bring increased risks for physical disease & mental health problem. Mental health problems may develop when life stress combines with other risk factors & these mental disturbances are not a normal part of adolescent development. Society is exposing youth to serious risks, including drugs, alcohol, poverty & violence, which add to the psychological distress of growing up. Cultural changes as well as developmental, individual & familial factors may contribute to the risk for eating disorder, stress or depression. There is considerable evidence that an increasing proportion of today's adolescent, experience difficulties such as substance abuse, risk-taking behavior, suicide and diagnosis of other psychological disorders (Green & Horton, 1982; Peterson & Hamburg, 1986). While the cause for these disturbing trends probably lie in broad societal factors, it is important to recognize the additional stress place on the adolescent in modern society. The struggle to achieve ego identity in adolescence has never been easy, but it may be even more difficult for today's adolescent faced with single-parent homes, alienation from peer groups, and modern urban life. Seriously emotionally disturbed adolescents are faced with a variety of adjustment problems, many of which are directly linked to developmental processes. The ability to cope effectively with those challenges varies considerably. While some of these adolescents may cope successfully, lead relatively normal lives, and effectively negotiate the course of adolescent development, other adolescents have a much more difficult time. They are unable to cope effectively, leading to probable negative psychosocial outcomes such as depression, anxiety, aggression and low self-esteem.

It is important for researcher and clinicians to always bear in mind that the adolescent's own self-perceptions are heavily influenced by

their interactions with their parents (Seligman et al., 2010). This implies that parents need to be constantly aware of the important role that they play in nurturing of adolescent self-esteem.

Thus, the researcher in the present study aimed to reduce the stress of adolescent by using art therapy and counseling as an intervention. The research proved out to be successful as stress level of adolescents reduced after undergoing art therapy & counseling. Combined effort of both, the researcher & the client resulted in clients effective functioning and dealing with stress in a healthier manner.

An additional recommended approach would be to administer Rosenberg Self-Esteem Scale (RSE) developed by Rosenberg (1965) to measures the global self-esteem of the client. At each stage, the researcher could administer one or the complete battery of tests. Future treatment interventions should be designed to meet the needs of the adolescents, such as specifically choosing trauma related material that is interesting to the adolescent group. The therapists who run the trauma group need to create a group where the teens feel safe and the adolescent's schedules and high activity levels are considered.

The findings of this study should be seen as exploratory in nature; further, the findings should be interpreted with caution given the inherent limitations in the study design and methodology.

It is hoped that the findings of this study will prove useful for both clinicians and researchers as they seek to develop effective interventions addressing the emotional and psychological needs of adolescents. Future research should replicate the work in the current study, expanding the approach to include a larger and more representative sample. Such interventions are needed to address the unmet developmental needs of adolescents at risk for depression, anxiety, aggression and low self-esteem.

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