



Dyadic art psychotherapy: Key principles, practices and competences



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ABSTRACT

A recent survey indicates that a dyadic parent–child approach to art psychotherapy is being used by 60% of British art psychotherapists working with children and young people with some degree of frequency (Taylor Buck, Dent-Brown, & Parry, 2012). However, currently there is insufficiently robust evidence to support the efficacy of this approach. Outcome-based studies are needed to demonstrate efficacy, and an important first step in designing such research is to establish an accepted definition of the process and practices of dyadic art psychotherapy. A two-round Delphi process was used to seek consensus on the core therapeutic principles, practices, and competences required for the delivery of dyadic art psychotherapy. Consensus was reached on ten principles, six practices and fifteen competences required for the delivery of art psychotherapy which could be used in practice, evaluation, and future outcome-based research.

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Introduction

High quality research is needed to evaluate the effectiveness of art psychotherapy³; however studies such as randomised controlled trials depend a clear description of the process and content of the intervention being trialled. A clear consensus on the practice and process of art psychotherapy has yet to be established (Patterson, Crawford, Ainsworth, & Waller, 2011, p. 73). Obstacles to defining the process of art psychotherapy may include heterogeneous settings and diverse client groups. However, special interest groups within the British Association of Art Therapists have begun the process of developing clinical guidelines for specific

client groups (Springham, Dunne, Noyse, & Swearingen, 2012). This constitutes a promising first step towards clarity and specificity for the profession.

The drive to describe and define psychotherapeutic interventions and modalities is also gaining momentum in many other related fields. Practitioners and researchers in the field of systemic family therapy have recognised and engaged with the need for specificity and clarity (Pote, Stratton, Cottrell, Shapiro, & Boston, 2003). Similarly narrative therapists have reported on their enquiry into the narrative therapy process with a study aiming 'to explore and distil out the "common themes"', highlighting the importance for any therapeutic model hoping to demonstrate efficacy of establishing 'an accepted definition of its components and practice' (Wallis, Burns, & Capdevila, 2011).

The aim of this study was to reach consensus on core principles, practices and competences (PPCs) relating to one particular art psychotherapy intervention for an equally specific client group. A survey of British art psychotherapists working with children and young people (Taylor Buck, Dent-Brown, & Parry, 2012) has shown that over half of the therapists surveyed (60%) involve parents and carers⁴ in dyadic sessions with some degree of frequency. This practice of dyadic parent–child art psychotherapy is the subject of this Delphi study, with a specific emphasis on the treatment of

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³ The British Association of Art Therapists has shed light on the dual use of the term *art therapist* and *art psychotherapist*: 'All the Arts Therapies professional bodies are currently seeking to include "psychotherapy" in their professional titles in order to clarify the level at which they practice and in recognition of their qualifying standards. . . Art Therapist and Art Psychotherapist are both used although they refer to the same level of professional competency' (BAAT & AMICUS, 2005). In line with this, the terms art therapy and art psychotherapy, and art therapist and art psychotherapist are used interchangeably throughout this article.

⁴ The term carer is used in this paper to mean a child's primary caregiver.

disruptions and difficulties within the primary attachment relationship.

Dyadic parent–child approaches

Beyond the profession of art therapy the practice of working directly with the child–caregiver dyad is championed by researchers and therapists from attachment-based backgrounds (Amos, Beal, & Furber, 2007; Hughes, 2004; Moss et al., 2011) and psychodynamic backgrounds (Cohen et al., 1999; Cummings & Wittenberg, 2008). Focusing on the parent–infant dyad is a core component in some interventions and the effectiveness of this approach looks promising (Howe, 2005, p. 221). Attachment-based interventions with school-age children are also likely to involve both carer and child (Howe, 2005, p. 234).

Dyadic art therapy

Similarly, within the field of art therapy, the joint involvement of caregiver and child within the art therapy sessions is seen as helpful in some instances (Taylor Buck et al., 2012). This practice may be linked to the ‘Family Systems’ orientation identified in the Elkins and Stovall (2000) survey, or it may come from other theoretical origins such as attachment theory. Waller (2006) suggests that: ‘Increasingly art therapists are turning to attachment theory to explore early childhood relationships and their impact on subsequent behaviour’ (p. 281). This burgeoning interest in attachment relationships and the trauma which can ensue from damage and disruption within these relationships is evident in the writing of art psychotherapists working with children and young people (e.g. Boronska, 2000, 2008; Case, 2005, 2010; O’Brien, 2004, 2008).

A review of literature discussing dyadic parent–child art therapy was undertaken. An initial search of relevant databases (PsychINFO and Web of Knowledge) retrieved an original article by Plante and Berneche (2008) and two book reviews of *Strengthening Emotional Ties Through Parent–Child-Dyad Art Therapy* by Lucille Proulx (2003). A search of Google Scholar produced more results, some of which indicated that dyadic art therapy is used on occasion to refer to couple or marital art therapy (Ricco, 2007), and also two person group art therapy (Brooke, 2006). Other references to dyadic art therapy included book chapters by Maggie Ambridge (2001) and Yonathan Schur (2001) and an article by Hilary Hosea (2006) about parent–infant art therapy groups. Following up references within these results also pointed to chapters in Judy Rubin’s (2005) *Child Art Therapy* and a paper by Helen Landgarten (1975) describing an art therapy group for mothers and daughters.

The references that were found highlighted the significant contribution from Canadian Art Therapist Lucille Proulx (2003). Her rich and informative book *Strengthening Emotional Ties through Parent–Child-Dyad Art Therapy* is a theoretical and practical guide to dyadic art therapy interventions primarily with infants and preschoolers. Proulx describes her work as ‘a therapeutic modality based on certain principles from the fields of child psychiatry, psychology, and art therapy’ (p. 16).

Proulx’s book (2003) primarily describes a group intervention with parents and infants or children under the age of three. She also discusses some groups involving older children and also some ‘individual dyad therapy’. Although Proulx describes how dyad art therapy has been successful with children of all ages from 10 months through to adolescents (p. 51), she states that the main objective of the book is ‘to record and teach dyad art therapy to art therapists interested in working in the prevention field with the early childhood population’ (p. 19).

Proulx has also contributed to a CD accompanying Judy Rubin’s (2005) *Child Therapy*, which itself contains a number of references to joint parent–child art therapy. Rubin writes that she

has experience of running weekly parent–child groups which typically involve some time with the dyads together ‘followed by separate activities – usually a 45 minute discussion time for parents and snack and activity for children’ (p. 214). Rubin also describes dyadic art therapy as a useful component of family work: ‘Although family art therapy can and usually does involve the entire nuclear family... it is also helpful to work with smaller components of the larger unit’ (p. 188). Rubin states that in her experience the ‘most important and influential person in a child’s life is usually the mother’ and as such ‘[i]t is often useful to have occasional mother–child session both early and late in treatment, for a variety of purposes’ (p. 188). However, she also describes some father–child sessions, and explains how dyadic sessions can have value for both ‘diagnostic and treatment purposes’, serving to complement a range of art therapy interventions such as family and group art therapy.

David Henley (2005) has also written about involving parents and carers in the child’s art therapy sessions when working with post-institutionalised adopted children with attachment disorders. Henley provides three case studies which provide insight into how he structures these art therapy sessions which include some time alone with the child, and some time with the child–carer dyad. In his paper, and in a subsequent chapter written about art therapy supervision, Henley (2007, p. 92) discusses the complexities of negotiating the tricky three-way relationship between child, carer and therapist.

The literature search also retrieved significant contributions from two British art therapists (Hall, 2008; Hosea, 2006) in relation to joint parent–infant interventions. Hosea (2006) describes a community art therapy group for mothers and infants. She compares this group to Proulx’s groups saying: ‘Although Proulx and I share many theoretical ideas, my approach in the community group is different, more open to individual creativity and far less structured. The health visitors, nursery nurse and I are intent on releasing the mother’s own initiative and creativity which she may have lost touch with or need to make contact with.’ (Hosea, 2006).

Hosea hypothesises that the use of art materials in her groups allows mothers and children to engage in more constructive ways, with increased emotional contact. She also refers to the work of Hall (2008) who recounts her use of art therapy groups for mothers and young children over two decades:

‘I began to use art therapy in family work with the under 5s in company with a clinical psychologist colleague ... Systemic family therapy had a strong presence in the clinic and my colleague received supervision in using a video interaction guidance technique ... we evolved a way of working with art materials in our clients’ homes, using brief video recordings of the parents’ and children’s interaction. The art images produced became instruments for change’ (p. 23).

Hall links the evolution of her dyadic work to systemic family therapy, an approach also underpinning the illustrated story books used as part of family therapy by Hanney and Kozłowska (2002). There is clearly a significant overlap between dyadic parent–child art therapy and systemic family art therapy, and in some instances (for example a single parent with only one child) it could be argued to be one and the same thing. Possibly it would be too difficult and somewhat artificial to definitively separate the two approaches which may be intertwined and mutually enriching. However, in practice a helpful distinction may be that which was given earlier by Rubin (2005), namely that family art therapy ‘can and usually does involve the entire nuclear family’ where as dyadic art therapy is ‘work with smaller components of the larger unit’ (p. 188). Although this could be seen as a technicality, there may be implications in terms of therapeutic alliance and emphasis.

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