

# ATOL: Art Therapy OnLine

## **Developing safe space through art therapy in a child and adolescent In-patient unit.**

**Emma Inman**

### **Abstract**

The following case study provided a clinical vignette for my MA Art Psychotherapy dissertation, which explored the dynamics between art therapy, groups and adolescents in psychiatric inpatient services.

An introduction provides a thorough view of the state of children's mental health and the services offered within England, highlighting aspects in need of attention and using up-to-date data to draw these conclusions from.

A case vignette offers an experience of the art therapy group with adolescent inpatients and links theoretical ideas to practice. Alongside other group art therapy theories, development of an aspect of an embedded theory such as containment is offered as a hypothesis. Through the discussion it is fair to conclude art therapy may provide safe space in the environment because images themselves act as containers. Art therapy models the scaffolding needed in this setting and the quantitative and qualitative research reviewed indicates that art therapy can be a useful intervention for this client population.

**Keywords:** Art Therapy, Group, Collaborative, Adolescent In-Patient, Pre-therapy, Systemic Containment

## **Introduction**

The presentation I gave at the Finding Spaces, Making Places conference was born out of the research and preparation for my MA Art Psychotherapy dissertation, in addition to my practical development as an art psychotherapist and researcher. My paper aimed to explore the dynamics between art therapy, groups and adolescents in psychiatric inpatient services and sought to answer the questions:

- How may group art therapy enable the development of safe space for adolescent inpatients?
- What does art therapy contribute to the child and adolescent inpatient service as a whole?

As stated in my presentation at the conference, one of the main objectives when facilitating a group within this environment is to ascertain if young people are able to locate within themselves a safe space. Art therapy is an excellent intervention for exploring this notion and we must not take for granted ones ability to locate safe space, sadly it is not always possible to find it within ourselves or outside of ourselves. Another key objective of the art therapy group was to provide a 'good enough' model of therapy in order to provide an experience that a young person could draw upon in the future which enabled them to access therapeutic work at a time when they felt it appropriate. My thinking is influenced by the group research of Yalom (2005) - still significantly in use by many art therapists today; the group analytic art therapy work of McNeilly (2006) and also the writings of Prokofiev (1998) and Foulkes (1984). This presentation was heavily based upon my clinical practice experience of facilitating an 'open' art therapy group within an adolescent inpatient unit alongside my thinking around a development of McNeilly's analytic theories of 'the individual in the group' and 'the group as a whole', which extended to include what I refer to as 'the group outside of the group' or 'systemic containment'.

To follow is a current view of the child and adolescent mental health services, where art therapy contributes according to the NICE guidelines and how it

may be represented in a child and adolescent mental health service. This will be followed by a view on adolescence and then the presentation of a case study, which I feel conveys a story of why the group outside the group came into my thought process and led to my hypothesis of 'systemic containment', a developing piece of theory around mental health services and interventions with children and young people.

### **Child and Adolescent Mental Health - Current View**

The current view of mental health services in England is outlined in a report from February 2016 by the independent Mental Health Taskforce to the NHS in England. The report identified that:

'Half of all mental health problems have been established by the age of 14. One in ten children aged 5 – 16 has a diagnosable problem such as conduct disorder (6 %), anxiety disorder (3%), attention deficit hyperactivity disorder (ADHD) (2%) or depression (2%).' (Mental Health Taskforce Strategy, 2016, p.5).

To illuminate the scale of the problem within child and adolescent mental health these figures can be compared to one in five hundred children who will develop a form of cancer by the age of 14 ([www.childrenwithcancer.org.uk](http://www.childrenwithcancer.org.uk), 2016).

In addition to the disorders mentioned above, self-harm and eating disorders contribute to a majority of referrals and admissions to specialist CAMHS, however there are no statistics available to reference which may have provided a view of the scale of these difficulties.

The comprehensive report acknowledges that a small group of children and young people will need inpatient services. Estimates based on data regarding the total number of patients in England alone using adolescent inpatient mental health services results in approximately 150 admissions per year (NHS Commissioning Board, 2013, p.1), it is unclear whether these figures include those detained in adult psychiatric services but we know there is a shortage of available beds in many areas of the country, 'Owing to inequity in provision, young people may be sent anywhere in the country, requiring their families to travel long distances.' (Mental Health Taskforce Strategy, 2016,

p.9). The average stay for a young person in is between 58-115 days (NHS Benchmarking group, 2013, p.7) and we can see from the Mental Health Taskforce Strategy report that trends have consistently risen and an adolescent psychiatric inpatient admission is regarded as a major intervention in a young person's life, (Green et al, 2005).

### **Art therapy in NICE**

The National Institute of Clinical Excellence (NICE) ([www.nice.org.uk](http://www.nice.org.uk)) makes recommendations based on evidence and Art Therapy is included in these guidelines as an intervention for children and young people diagnosed with Psychosis, Schizophrenia, Post-Traumatic Stress Disorder (PTSD) and Depression. Further research into the effectiveness of art therapy within this clinical setting may be helpful in order to improve adolescent inpatient services and the art therapy evidence base, however it is accepted that trials are difficult to undertake due to funding and the fact that the population is complex and difficult to replicate reliably. Trials often exclude co-morbidities and in the adolescent inpatient population co-morbidity is commonplace. 'It is acceptable in the absence of the randomised control trial (RCT) to learn from qualitative research.' (Morris & Waggett, 2010, p.12)

### **Art therapy in Child and Adolescent Mental Health Services (CAMHS)**

Child and adolescent mental health services involve complex networks of care. Tier 4 Children's Services deliver specialist inpatient and day-patient care to children who are suffering from severe and/or complex mental health conditions that cannot be adequately treated by community services. The art therapist in this provision will be a member of a multi-disciplinary team (MDT) and one of a few specialist team members that will offer a nonverbal approach. Robbins (1998, p.100) offers, 'the language of the artist and our psycho-aesthetic perspective are our unique contribution to the treatment process.'

'An estimated 60-65% of interpersonal communication is conveyed through nonverbal behaviours' (Burgoon et al 1978, p.129-170) many of which are unconscious and may represent a more accurate depiction of a patient's

attitude and emotional state making the argument for availability of an intervention that does not rely on the spoken word viable.

All individuals will experience mental health difficulties and diagnoses differently and it is important for clinicians in general to recognise that what matters is finding the approach that works best for our patients. Clinicians in the inpatient environment are well placed to explore what works with individuals as the time spent with these patients is infinitely more than when managing cases back in the community, time within an inpatient unit must be utilised in order for professionals to understand the needs of the patients and families on a deeper level and develop a good enough picture in order to attempt to provide what is most likely to work for that individual in the future.

Art therapy has a significant role to play in aiding the exploration of safe space and providing a good model of therapy simply because the process of 'making' in a safe and non-judgemental environment is central to the art therapy approach.

Art therapy approaches fit into a multitude of paradigms and this is definitely communicated through our training, in my experience, as well as in recent art therapy theory publications (Hogan, 2016). It is essential in the adolescent inpatient setting to approach therapeutic interventions pragmatically, even within our individual specialities. I believe that pragmatism and collaborative working are not only helpful for young people to witness but also for the unit as a whole. Collaboration models real life dynamics and group work is a good way to explore the thoughts and feelings of another persons mind and how this affects us individually.

## **Adolescence**

'They mustn't know my despair, I can't let them see the wounds which they have caused, I couldn't bear their sympathy and their kind-hearted jokes, it would only make me want to scream all the more. If I talk everyone thinks I'm showing off; when I'm silent they think I'm ridiculous; rude if I answer, sly if I get a good idea, lazy if I'm tired,

selfish if I eat a mouthful more than I should, stupid, cowardly, crafty etc'. - Anne Frank (1991, p.76)

'This dream isn't feeling sweet, We're reeling through the midnight streets, And I've never felt more alone, It feels so scary getting old.' - Lorde (Ribs, Pure Heroine, 2013)



Figure 1. 'Puberty', Edvard Munch, 1895

The image (Fig.1) expresses wonderfully, the fragility of the adolescent and helps to illustrate meaning in the quotes used to convey their expanding, complicated minds.

Anne Frank left the world leaving behind an honest insight, into the mind of an adolescent girl living in hiding during World War II. She reminds us of the battle for the need to contain and hold our own emotions while an inner voice niggles away with all encompassing self doubt and fractious feelings that no-one can possibly understand. In today's popular culture, 'Lorde' - an adolescent singer/songwriter from New Zealand alludes to the heartbreaking reality of the loneliness of growing up and separating from those who have taken care of us. Both icons are separated by time yet undoubtedly connected by the similarities of their fragile and complex adolescent minds.

The excerpts above from Frank and Lorde are included here to demonstrate how writing, music and art are powerful ways for adolescents to communicate the complexity of their minds. These young women have chosen to share with the world their observations of the environment, society and complexities within in their own time and space. The words here are powerful and they convey to the reader the raw, conflicting and passionate mind of the adolescent. It is passion and perhaps a connection with our own adolescence in addition to the awareness of the need for good-enough relating that enables us to work with and manoeuvre in the potential space within this population. (Moon, 1999, p.194) states, 'the arts are the natural language of adolescents.'

The transition from child to adult is physically and psychologically demanding and requires robust scaffolding to provide enough safety to enable one to be free to explore and grow. Whilst the normal need for separation ideally occurs in a safe and supported environment, we know this is not always the case. Some adolescent experiences are of a forceful and aggressive splitting from their caregiver/s which can leave a scar that effects us long into adult life; for example when a child is bereaved:

‘Studies of adults with various mental disorders, especially depression, frequently reveal childhood bereavement, suggesting that such loss may precipitate or contribute to the development of a variety of psychiatric disorders and that this experience can render a person emotionally vulnerable for life.’ (Osterweis et al, 1984, p.100)

Winnicott (1971, p.146) provides advice with regards to how one may manage a forceful separation:

‘For the sake of adolescents, and of their immaturity, do not allow them to step up and attain a false maturity by handing over to them responsibility that is not theirs yet, even though they may fight for it.’

What he is alluding to here is that we must support and encourage the adolescents maturing process while holding the potential space for the adolescent, and not handing over too much so they become overwhelmed by the looming prospect of adulthood. Group art therapy can enable safe space, hold and contain the needs of our clients through therapeutic relationships, and be further scaffolded by the use of images to create connections with each other, with the images, with ourselves. Bachelard (1994), like Schaverien (1999) and Bion (1961) values the richness of the image in terms of daydreams and imagination. He suggests we may connect with our internal space through images, Fig.2 portrays ‘housed’ internal space and Bachelard writes extensively about the house as a symbolic safe place for our memories. He writes: ‘...the real beginnings of images, if we study them phenomenologically will give concrete evidence of the values of inhabited space’ (1994, p.5).

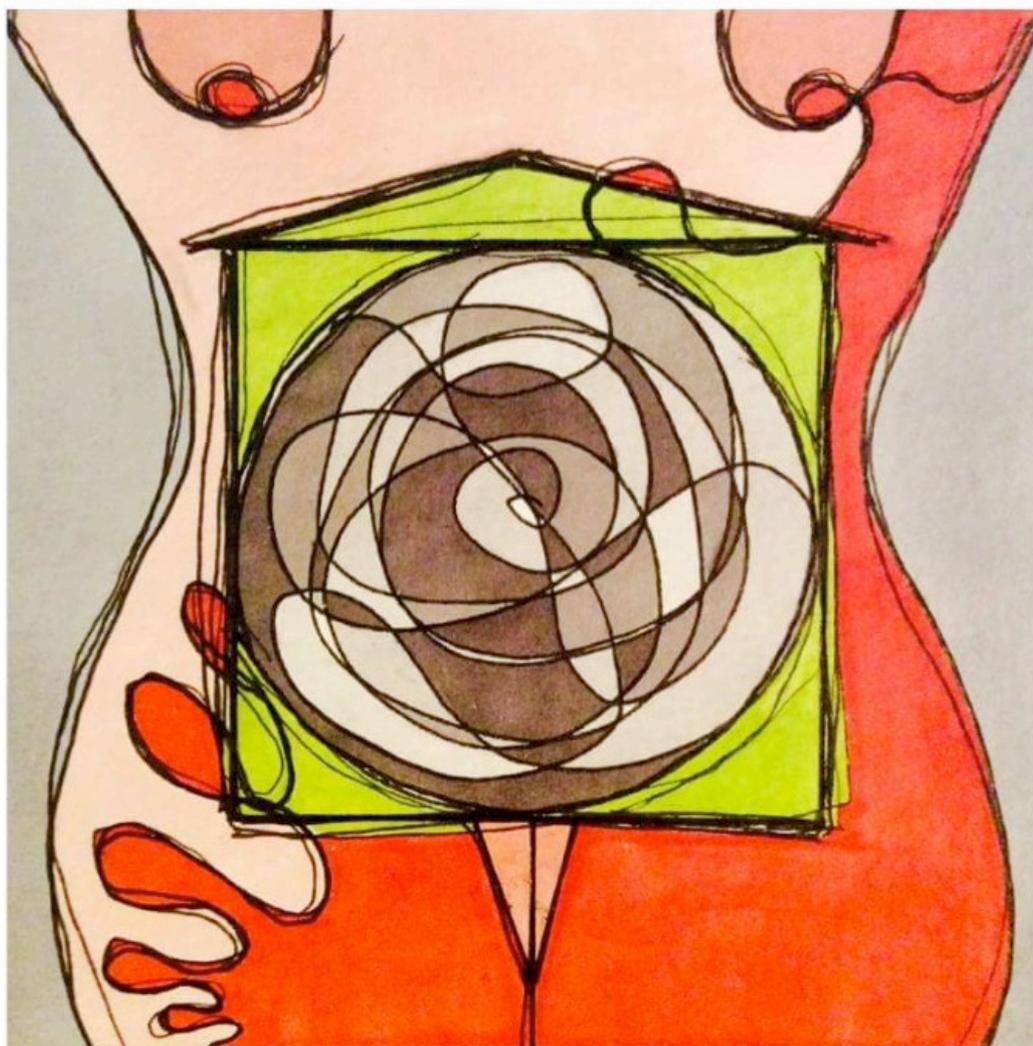


Figure 2. 'House series: Autonomous Appropriation', Author, 2015

### **Freddie and an 'open' inpatient art therapy group**

Freddie was admitted to the unit, which is an eight bed, low secure facility for children and adolescents aged 12-18 years with serious emotional and behavioural difficulties. The mix of staff includes health care support workers, nurses, occupational therapists, a creative therapist, a family therapist, therapeutic social worker, dietician, psychologist, teachers, admin staff and medics.

All patients are invited to attend the weekly, open creative therapy group, 'open' means that any patient is welcome to attend on any day. The day and time, duration and location of the group is always the same. The idea of the group is introduced to individuals as soon as possible after admission through contact with the therapists and induction into what the unit will provide while

they are there. All young people have a meeting with the creative therapist before the group begins where information is shared and consent is obtained.

Every morning when the group is scheduled, therapists will meet informally with the staff on the ward to gain a picture of how things are on the ward at that time and how they have been over the week. The therapists or a member of the ward staff inform all of the patients that the group is starting at the set time and encourage them to be ready.

Staff try and ensure all medical interventions are finished before the start of the group, this cannot always be guaranteed and inevitably there are sometimes disruptions.

The format of the art therapy group is structured:

- Check-in with group members at the beginning of the session to ascertain how people are feeling
- Followed by a period of time for making which utilises the majority of the time available
- Ending with a period of reflection where attendees are invited to participate

The format of the group stays the same. Ideally there are two therapists facilitating the group and usually at least one staff member from the ward, in the instance where this is not possible a member of staff from the ward will always attend to support the therapist. Sometimes ward staff attend the group in addition to the therapists and if this is the case they will usually participate in the group session. If young people are on eyesight observation their caseworker will attend the group.

In addition to this structure, if there is a new member or if someone is leaving the unit, the therapist(s) will always acknowledge the beginning or ending for that group member. This approach has been one I have learned throughout my clinical training in theory and in practice.

Freddie was an intelligent, thoughtful 16 year old who was admitted to the hospital for severe low mood, he had been relentlessly bullied and as a result

had become increasingly isolated. His mother had found it difficult to cope, citing reasons such as not knowing what she will be coming home to and serious concern for his safety.

Freddie regularly attended the weekly art therapy group despite difficulty in finding the motivation to do so. A surprise to many of the staff members was that during his admission on the ward Freddie rarely missed a session. Art therapy was the only intervention Freddie would attend. The staff on the ward described him as a boy who was generally compliant but who purposefully isolated himself. Despite the attempts of the staff to engage him in other activities, Freddie often felt unable to leave his room.

Freddie's first image in the art therapy group was his interpretation of a safe space. Exploration of safe spaces is a directed theme that is used regularly within this setting. As discussed earlier, establishing if a patient is able to locate a safe space internally or externally is vital information when working in a group and arguably an insight that should be explored in the first instance of a group. In this unit, and I imagine in many adolescent units, it is vital to keep the group open to ensure inclusivity for all patients. This can and does have an impact on the group working as a whole. However, it models for those young people who do remain in the group for a longer period of time how important each and every individual is within the group, which therefore creates an environment where we may start to see nurture and empathy and an acknowledgement of other peoples struggles, this in turn can create a feeling of universality.

Freddie's image (Fig. 3) shows that a shelter was able to be created and he was able to locate a safe place which he brought to life through his creation. The shelter has been placed behind a dotted line and flanked by mountains. During this session the group had been using a story to enable thinking about personal narratives. Freddie seemed able to make connections with characters and elements of the story that resonated within him, which allowed him to explore his own narrative within the context of the existing story and the containing image he created. I felt that he had taken a huge step in

attending the session, we reflected together on the art-work and Freddie was able to say a few words about the emptiness he felt, which was conveyed in the image by the vast area of nothing beyond the mountains of his safe space. He was able to tell me that he felt safe in his space and he liked being in the dark cave, which he had so beautifully created.



Figure 3. Client artwork, 2015

Freddie was a delicate boy who was incredibly likeable, from my perspective, throughout our relationship he was able to communicate how alone he felt. The group as a whole worked together on aspects of stories such as identifying with characters, places of safety, and places they may like to travel to. They also created mandalas (circle images - see Fig. 4) of 'wheel of the year', which explored seasons, changes and natural cycles. Mandalas are a spiritual symbol representing the universe and offering sacred space. Art therapists can adapt the use of the mandala to sessions, which can be particularly helpful in groups as the images can symbolically represent the individual in the group, the group as a whole and indeed the space outside of

the mandala. Mandalas are safe directive vessels for the beginning of therapy. In this type of setting it can be difficult to follow on groups from previous weeks, although not impossible, therapists would need to ascertain how appropriate it would be to follow on a group from a previous week if there were varying group members. There is plenty of literature that discusses directive and non-directive approaches, in this environment we always had a plan for how we would 'check-in' with the patients, then we would listen to what came up in the check-in and this would direct the main exploration part of the group. In my experience in this setting, lack of direction can make young people feel un-contained, finding a balance between direction and non-direction was where I found my approach. It is vital to accept the ebb and flow of the environment and go with what is brought in the 'here and now'.



Figure 4. Client artwork, 2015

Freddie had a tiny voice, which was almost inaudible. Intense concentration was required to hear him and led to a process of thought within supervision about making sure therapists were actively listening so he felt that he was being heard. He expressed thoughts within the group of feeling alone and that the ward was not a place that promoted friendships. Often the weekly art therapy group would be the only contact he would have with the other young people on the ward. He carried an intense sadness as a defence, which was apparent through the transference, and the other young people seemed to struggle to make connections with him.

In Freddie's long stay he saw many young people arrive and depart from the unit. The group provided him with a space where he felt safe to explore his feelings of frustration through his images.

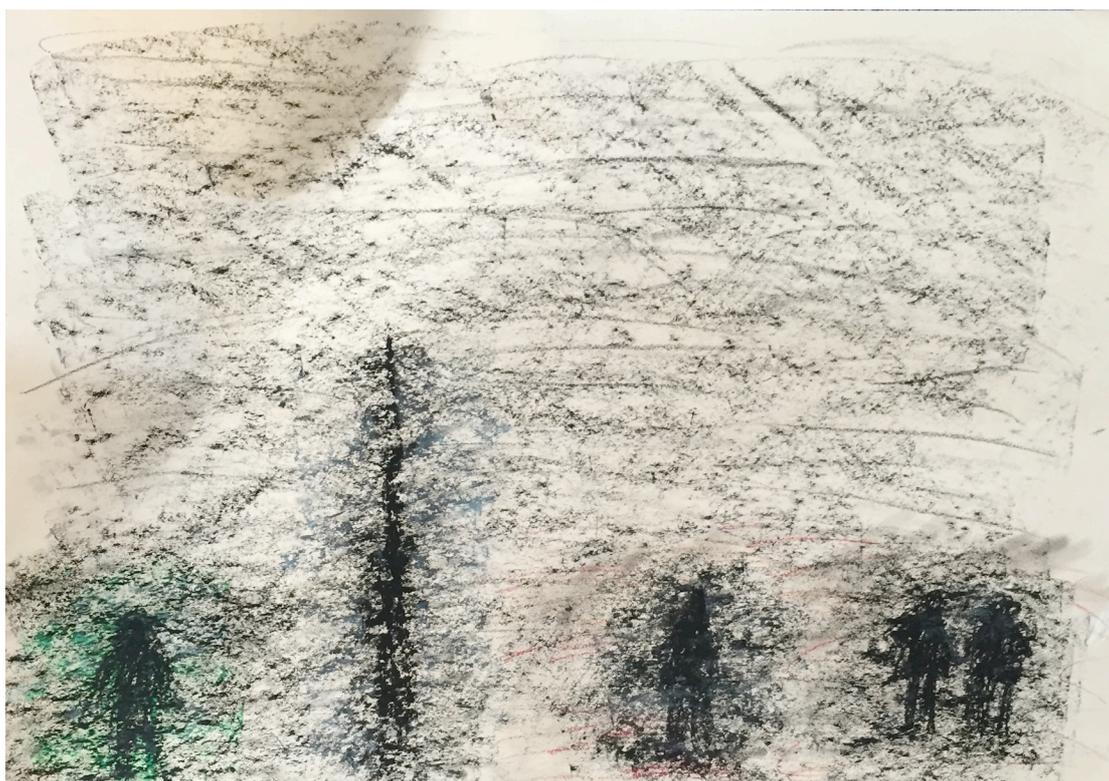


Figure 5. Client artwork, 2015

(Fig. 5) shows an exploration of his feelings about being stuck, which led to him feeling able to verbalise his thoughts. The art as object allowed Freddie to view his feelings from a distance, which in turn helped him acknowledge his

destructive emotions about not being good enough to move on like everyone else. He conveyed to the group how difficult it was to watch people arrive and be discharged before himself, compounding the feeling that he wasn't going anywhere. Over the weeks and months that Freddie attended the art therapy group an aim was to support him to feel safe and contained so he may try to make connections with the other group members.

A key aspect of modeling relationships was enabled because this group was facilitated by two therapists. This dynamic enabled us to model a supportive and transparent relationship throughout the group which encouraged the individuals in the group to explore feelings through their images in a place of safety, hence providing an additional aspect of holding and containment for the service user.

The images created were an outpouring of an aspect of the internal world, these images were then tolerated and contained by the individuals themselves and the group as a whole. Freddie responded to this model of group art therapy and although progress was slow he did begin to make connections with other group members. Jung's (1991) theory of the collective unconscious appeared to be at work and the other group members, despite their difficulties seemed to become attuned to Freddie's needs and showed great empathy towards him. An example of this was in the group reflection time when other group members would find a way to make a connection with Freddie through words or creatively. An effective technique was the use of a ball of wool where each person would throw the wool to someone they had connected with through the session, this made a physical but safe connection and provided a visual method that validated and made those connections visible.

Occasionally during a check in at the beginning of the session we would ask if anyone had managed to make connections outside of the group space. Over time Freddie was able to nod that he had made contact during that week. We occasionally played games during in the group check-in to actively promote the idea of working together and to try to help the young people connect with an object outside of themselves. Marian Liebmann (1986) provides a plethora of ideas, themes and games for use in therapy groups and there are varying schools of thought about the use of themes in art therapy groups. In the case

of Freddie, despite his steely exterior, he did begin to be able to engage in play and it appeared this was helpful to him, even though he expressed that it was sometimes a little bizarre.

At the beginning and the end of the group space the therapist would always check if individuals were ok and if they had or hadn't liked something within the group. There was always a space to express this and the group members generally made us aware of exactly what they wanted us to know. Oster (1991) states: 'With each of these teens, I have admired their resilience and their ability to express their pain and their anger, both in verbal and non-verbal ways' (p 7).

Through his images Freddie became able to share with the group his loneliness and express how difficult it was for him to simply open his eyes in the morning. Every movement and attempt at participating seemed to require maximum effort, leaving him clearly exhausted. This was apparent through the transference; at times working with Freddie was incredibly painful, it was innately obvious how hard he was trying to just keep going.

In Fig.5 he conveys to us the cycle of darkness he was existing within, however it was here that he started to use elements of colour and warmth in his images.

We learned through working with Freddie that he did have an intact internal safe space. He had retreated so far into his internal world through a non-psychosis related breakdown that one of our main aims was to enable him to begin to seek connections with external reality. The art therapy group helped Freddie, only he will know how much or how little, or how long the effects lasted. However what we do know through anecdotal evidence and listening to the service user, is that he found it helpful to communicate through images. He found the group helpful for modeling what a good-enough relationship may be like, and was contained through his images, and he experienced being held and contained by his art work and the group itself. Through his time in the group he moved from using only black or white in his images to using full colour (Fig. 6). He made connections with characters in stories and was able to reflect on these through his images and then communicate why this was so.



Figure 6. Client artwork, 2015

Seeing Freddie use colour in his images was an important development as he expressed his loneliness through his artwork using only black & white paint, crayons, paper etc. The use of colour signified a shift in his perspective of himself and his external surroundings, it was a non-verbal communication that he was able to see outside of this colourless world and he expressed this within the group; that he had perhaps seen something other than the dark.

Eventually the time came for Freddie to leave the hospital. As part of his ending in our group we worked on a group piece (Fig. 7) preparing to say goodbye. In order to include the whole group in this goodbye process and to model a good-enough ending, we often focus these final sessions on hopes and wishes, dreams or a version of a positivist message to finish with. Endings and beginnings are constant in inpatient settings and are powerful vessels for modeling holding and containment.



Figure 7. Client artwork, 2015

For Freddie's goodbye we used hopes and wishes and asked the group to create these in the form of stars and footprints. Each member of the group was asked to create an image of a star or footprint that included a hope or a wish for the person leaving the group. We also asked them to make a hope or

wish for themselves (Fig.8). This directive session is incredibly powerful within the inpatient setting and enables all of the patients to address important aspects of themselves, what can they give to someone else, are they able to wish or hope for themselves?

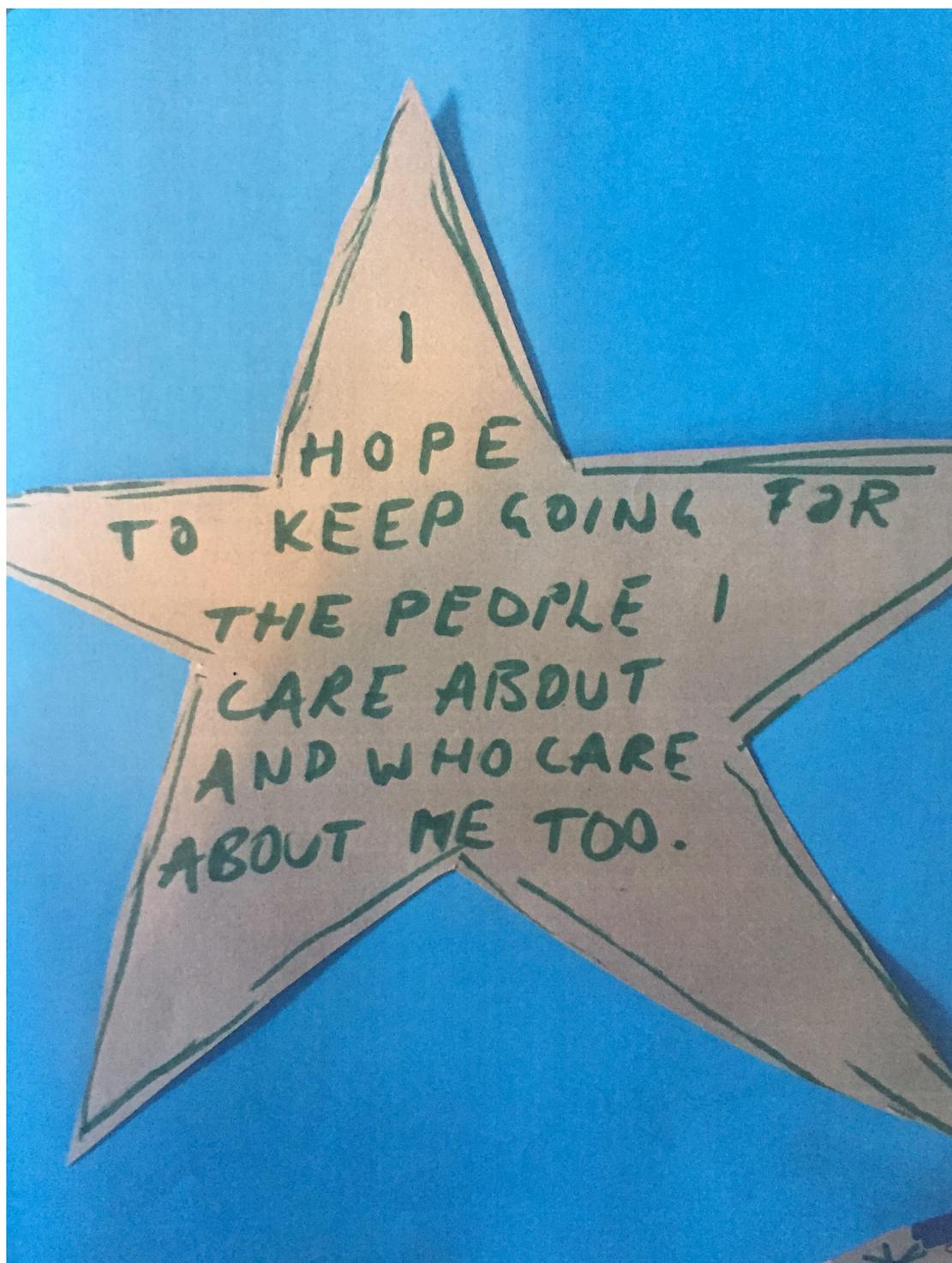


Figure 8. Client artwork, 2015

Freddie's group ending was amazing. The group were working individually and had their own space, but were equally working as a whole group. There was cohesion, sadness and joy that this day had come for him. In these circumstances the group are not only losing a member, they are forced to face their own continuation on their own journey. The group is changed and this plays itself out in the following group sessions.

While as therapists we are aware of the patient taking from the therapy what they need at the time, in the beginning it is a difficult prospect to understand and accept that even at discharge they may not be 'better'. In Freddie's case, he was well enough to go home and attempt to reintegrate into his life outside of the unit. He was still a child in need and all inpatients leave with a planned continuity of care from the community.

'Endings' in therapy ideally re-model an ending that wasn't good-enough in a previous experience. Defining what is good-enough is especially difficult as what may be good-enough for one person may not be for another. A professional judgement and a person-centred approach is required to ascertain what each patient needs. Expertise around the modeling of endings within an MDT enables a well-constructed version of what may be appropriate for individual patients.

An adolescent inpatient group is multifaceted and encompasses many themes. An aspect that is vitally important is that the group attempts to provide a good-enough model of therapy in order that the patient may access further therapy in the future. It is difficult to be non-directive with a new group in this setting due to many unknown entities. Loose themes as discussed by Greenwood and Layton (1987) work well and some thought has been given to a structure on which to base inpatient art therapy groups. With patients that are admitted and stay on the unit for a long time, strong therapeutic relationships can be created and deeper therapy work can occur but the group space, with its ebb and flow between beginning and end, provides a place to model a version of art therapy that may be accessed at a point when the inpatient transitions to out-patient. This certainly seems the case for the

unit where Freddie stayed. He left the hospital feeling that art therapy had helped him, which in turn may mean he will return to it in the future.

### **Louise**

A similar approach to the ending was taken with another member of the inpatient group and this experience further developed my thinking about containment outside of the group space and the systems that play a vital role in consistently containing a patient. Louise was a young girl aged 12, and was admitted to the ward with dangerously low weight and eating difficulties, her family history painted a picture of severe neglect from the caregivers.

Louise attended a group when she first arrived on the unit but attendance was sporadic, I engaged in some one to one time with her to help create a picture of the group, these were informal meetings where we would have short conversations or spend a little time in the hospital garden; she was curious and asked questions but communicated that she didn't need to come along.

Louise and I did develop a delicate therapeutic alliance and I wondered if this was because it was more risky to develop a relationship with someone than to not. She took what she needed from the relationship, which was minimal but seemed appropriate and manageable for her. Louise managed to attend the groups occasionally and I wondered about her need to protect herself from something good-enough because of the uncertainty of life outside the unit.

On the day of her last group she was up and ready to come along. As normal we went to the ward to collect the young people, a colleague took the other group members to the therapy room and I looked for Louise. I caught a glimpse of her running away and hiding through the windows of a door. I followed her to her room where the door was slammed shut. I sat on the floor outside the room and spoke to her about coming along to which she insisted she was not coming today. I told her that I had been notified that she was coming and that she had been up and ready to attend with other young people, she said she had changed her mind. I felt a deep sense of despair at the fact she was not going to come to the group which felt quite alien to me, young people decide not to come to the groups regularly. We were having this conversation through the gap at the bottom of the closed bedroom door and I

said, “Are you really not coming? This is your last group”, to which she replied, “Exactly, that’s why I am not coming”.

When I joined the group I apologised for being a few minutes late and explained to the group that Louise did not feel able to come. As it was the ending for her and the beginning for other members we developed an image of the sky and filled it with stars with messages of hope regarding what has been and what may come. The young people again focus on messages of hope for their friends and acquaintances and hopefully themselves.

Both Louise and Freddie were given all of their artwork before they left in a bound booklet, the final piece of the group container that they were able to take away and hold on to.

The handing over of this transitional object is a powerful moment in the therapeutic relationship and lends itself to my developing thinking about the group outside of the group. The transparency at the start of this particular group presented the notion of being held in mind, which is sometimes an alien experience to these young people and again I feel reinforces the idea that even outside of the group, the young people are being thought about.

### **The group outside the group - Systemic Containment**

In Fig.9 a visual representation of Systemic Containment is offered to highlight the complexity of the adolescent inpatient external world and the need for a space in which they may explore their internal world. Through working within an adolescent inpatient unit and educating ourselves with the existing theories and approaches for art therapy groups and psychotherapy groups, one may begin to perceive ideas around further development of the group model. As alluded to earlier in the discussion, a perceived development of the group model from McNeilly (2006) could be hypothesised as ‘the group outside the group’. Yalom (2005), Prokofiev (1998) and Waller (2015) all discuss the need for support and structure outside of the group space, and that attitudes, respect and support for the group has an impact on the effectiveness of the group in terms of the larger staff team, the service users and the families.

A model of systemic containment when working with children and adolescent psychiatric in-patients through an art psychotherapy group  
 Art therapy models safe space, holding and containment from the outset because of the outpouring of internal material into an external container. The art therapist as you can see in this diagram moves within all aspects of the service users overall support structure.

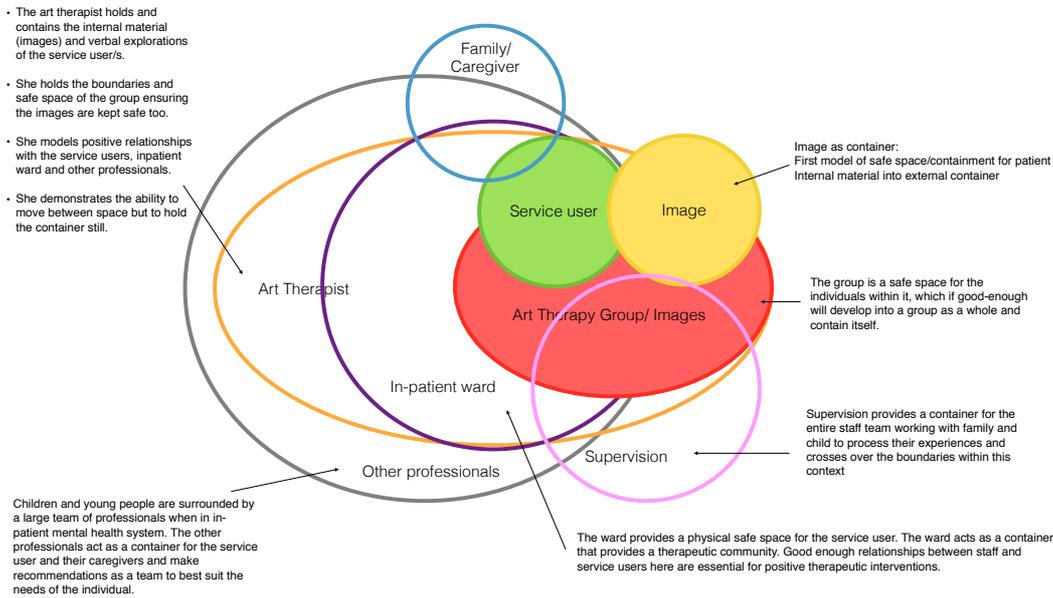


Figure 9. 'Systemic Containment', Author, 2016

I hope to continue to develop my ideas around 'systemic containment' and group work for adolescent in-patients, which I feel begins with the idea of the group in situ and how the group work is communicated from the start. How all stakeholders perceive the group will have an effect on the group work itself and developing safe space is relevant in all aspects of patient care. By developing relationships with staff members involved in the care team we are able to establish a positive attitude towards therapeutic interventions. Working collaboratively inside and outside of the allotted group space will benefit the service user and the staff team because the idea of the therapy acts as a container as much as the group and indeed the artwork itself.

The service user in this case is very unwell and not always able to participate in regular group work, however by expanding the boundaries, actively and transparently holding patients in mind, even in their absence within the group, we can provide a space that is safe and effective. The adolescent in-patient group is an important transition into the world of therapy and creating safe space is one of the main objectives to enable therapy in the future. Providing a good enough experience of therapy in this setting is vital to the work that may happen later.

## **Conclusion**

This presentation discussed how group art therapy may enable the development of safe space for adolescent inpatients and what group art therapy may contribute to the adolescent inpatient service as a whole. The introduction provided a thorough view of the state of children's mental health and the services offered within England, highlighting aspects in need of attention and using up-to-date data to draw these conclusions from. The case vignettes offer an experience of the art therapy group with adolescent inpatients and links theoretical ideas to practice. Alongside other group art therapy theories, development of an aspect of an embedded theory such as containment is offered as a hypothesis.

The inpatient unit is a complex, multilayered environment with many entities oscillating within, between and around each other. Art therapy moves between the internal and the external and the space in between. This environment needs multiple layers of containment. Art therapy works with the relationship between art, patient and therapist; images, individuals and group; group images, 'group as whole' and 'group outside the group'. Art therapy already models the scaffolding needed in the setting. Further research to ascertain if the intervention is helpful to the service users and the environment could have a significant impact for inpatient adolescent settings and art therapy groups in the future.

## **Biography**

Emma Inman is a recently qualified art therapist. She received a bachelor's degree in fine art, from University of Hertfordshire in 2000 and a master's degree in art psychotherapy from Leeds Beckett University in 2016. She currently works for the child and adolescent mental health service. Her interests lie within the use of art therapy in adolescent groups within inpatient services and community settings.

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