2014

Military Veteran Use of Visual Journaling during Recovery

Rachel A. Mims
FLORIDA STATE UNIVERSITY
COLLEGE OF VISUAL ARTS, THEATER, & DANCE

MILITARY VETERAN USE OF VISUAL JOURNALING DURING RECOVERY

By

RACHEL A. MIMS

A Thesis submitted to the Department of Art Education in partial fulfillment of the requirements for the degree of Master of Science

Degree Awarded:
Summer Semester, 2014

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Rachel A. Mims defended this thesis on June 17, 2014.  
The members of the committee were:

Dave Gussak  
Professor Directing Thesis

Marcia Rosal  
Committee Member

Jeff Broome  
Committee Member

The Graduate School has verified and approved the above-named committee members, and certifies that the thesis has been approved in accordance with the university requirements.
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ABSTRACT

Large numbers of military veterans are returning from the wars in Iraq and Afghanistan with injuries and mental health issues. In response to this the Department of Veterans Affairs offers many evidenced based treatments, however, these treatments mostly rely on verbal processing and are not able to help those who have difficulty talking about their experience. Art therapy, and specifically, visual journaling, offers a potential to fill this void and help those who would benefit from a nonverbal treatment.

The following study provides a literature review relevant to the use of visual journaling with military veterans. Current treatments that are offered to patients are reviewed. The benefits of art making are discussed and studies on the benefits of art and writing and detailed. Lastly, visual journaling and art therapy are discussed with an emphasis on studies demonstrating art therapy’s usefulness with military veterans.

The study utilized a 6-week visual journaling curriculum developed by the author. The journaling curriculum was focused on providing education and decreasing symptoms of stress, anxiety, depression and trauma. The journaling curriculum was used to provide group art therapy at a therapeutic housing community for homeless veterans.

Completion of the journaling group, pre and posttest Clinical Outcomes in Routine Evaluation – Outcome Measure (CORE-OM), and an individual interview were required in order to be included in the study; two participants completed the study. The data from the CORE-OM was analyzed to determine change in overall score as well as the domains of life functioning, risk/harm, problems/symptoms, and subjective well-being. The individual interviews were analyzed to determine themes. The following themes were identified: self-knowledge gained via the journaling process, therapist qualities, individual versus group therapy, art making benefits,
and art communicates the “real” me. Although the CORE-OM did not show clinically significant change, the interviews revealed that the participants did benefit from their participation in the journaling group.

Several confounding variables affected this study including the common time-line with another study that was being conducted in the area, the conclusion of the group coinciding with the conclusion of the academic semester and the participants placing the study at a lower priority than their other appointments. Due to the small sample size and the fact that both participants were receiving other mental health treatment at the time of the study, the results cannot be generalized. The finding of results that are consistent with some results of other studies, and the benefit received from the participants indicates that the use of visual journaling can be beneficial to military veterans in recovery and further study is warranted. Suggestions for future study include utilizing the visual journaling curriculum with a larger group of military veterans and utilizing the curriculum with individuals. Additionally, suggestions for art therapists that wish to use visual journaling with their clients are included.
CHAPTER 1

INTRODUCTION

As a combat veteran, I experienced the effects of being deployed while in the military. While I was lucky enough to not have experienced any traumatic experiences while deployed, many of my fellow soldiers did have traumatizing experiences. As a disabled veteran, I know what it is like to be injured while serving, and what it is like to live with that injury after leaving the military. As a consequence, I have an understanding of the difficult emotions that these situations can stir up and how they can exacerbate existing conditions.

My experiences in the military gave me first hand knowledge about military culture and how mental illness and physical injuries are perceived. Those seeking mental health treatment were often treated badly by their peers, and occasionally by their superiors, and may be stigmatized as “crazy.” Military personnel with physical injuries, whether they were caused by military service or not, were often seen as “dirt bags.” As a result, many active duty military personnel would neglect to get the care they needed due to the stigma that it carried. While there has been an effort in the past several years to change this aspect of military culture, it has been a slow process.

My experience with the traditional medical and mental health services provided by the military caused me to turn to alternative treatments, particularly visual journaling. I found that it offered a way to deal with the mental and emotional difficulties I was experiencing as a result of my physical ailment. Additionally, visual journaling was a self-directed means of improvement that I could continue without the assistance of a professional.

I realized that if visual journaling played such a vital part in my recovery process, then it was likely that it would help other military veterans as well. This idea led to the design of this
study, which investigated the use of visual journaling by military veterans. Specifically, my research questions were:

- What is the lived experience of military veterans who have participated in a visual journaling art therapy group as part of their recovery process?
- Does the use of visual journaling impact subjective well-being, symptoms, life functioning and risk as measured by the Clinical Outcomes in Routine Evaluation – Outcome Measure (CORE-OM)?

The overall aim of the study was to identify the role that visual journaling plays in the recovery process of veterans.

**Purpose and Justification**

According to the United States Department of Veterans Affairs (VA), as of September 30, 2011, there were approximately 22.2 million living veterans. Veterans of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF), those who participated in the Iraq and Afghanistan wars, represented 12% of that estimate, a total of 2.6 million veterans (U.S. Government Accountability Office, 2011). Technological advances, such as the use of improvised explosive devices, have changed the battlefield resulting in injuries of a more serious nature as well as a higher number of injuries sustained by military members. As of May 23, 2014, OIF, OEF and Operation New Dawn, the last three major conflicts that the U.S. military was involved with, have resulted in a total of 52,010 military personnel being wounded in action (U.S. Department of Defense, 2014). In addition to these visible wounds, many returning service members have what Tanielian, Jaycox, Adamson, and Metscher (2008) have deemed “invisible wounds.” Others, even close family members, friends or other service members, are often
unaware when a service member is struggling with posttraumatic stress disorder (PTSD), anxiety, depression, substance abuse, or traumatic brain injury (TBI) (Tanielian et al., 2008).

Although many wounds may be invisible, it does not mean they have been less prevalent. As of February 26, 2014, the Defense and Veterans Brain Injury Center (2013) reported that 22,175 service members had sustained concussions or mild TBI as characterized by a confused or disoriented state which lasts, loss of consciousness for up to 30 minutes, memory loss lasting less than 24 hours, and structural brain imagining yielding normal results. A total of 1,659 service members had sustained moderate TBI, which could yield either normal or abnormal structural brain imaging results. Severe TBI had been sustained by 145 service members and another 136 had experienced penetrating TBI.

Seal et al. (2009), found that from 2002 to 2008, 37% of Iraq and Afghanistan veterans who sought treatment at U.S. health facilities were diagnosed with PTSD, depression, alcohol abuse, or other mental health issues. Of veterans who were diagnosed with mental health problems, 29% had two separate conditions and 33% had three or more conditions. PTSD prevalence increased most during the study, from 0.2% in 2002 to 21.8% in 2008. Depression was the second most increasing diagnosis. Gates et al. (2012) found that conservative estimates of PTSD prevalence ranged from 4% to 21.8% among OIF/OEF veterans.

In a review of literature on PTSD and quality of life, Schnurr, Lunney, Bovin, and Marx (2009) found that PTSD increased veterans’ chances of being homeless and that the rate of unemployment was higher for veterans that served in Iraq and Afghanistan than for the general public or veterans of other wars. This study also revealed that PTSD increased physical and emotional problems as well as family and social problems, not only affecting the individual diagnosed with PTSD, but also those with whom the individual interacted. PTSD effects society
as a whole and it is, therefore, vital that effective PTSD treatments are found (Snhnurr et al., 2009).

The VA (2012) identified a focus on mental health recovery as one of its key principles that form the foundation of mental health care for veterans. In 2011 the VA published an article detailing mental health recovery as a journey of transformation and healing. The guiding principles and fundamental elements of recovery were identified as: hope, self-direction, empowerment, person-centered treatment, holistic approach to improvement, strengths-based approaches, responsibility and peer support.

In reviewing these principles, I questioned whether the VA offered mental health treatments that lived up to these principles. The VA’s (2012) Guide to VA Mental Health Services for Veterans & Families provided a chart detailing minimum mental health services that VA medical centers and clinics are required to provide. Medical centers, the largest VA treatment facilities, provide treatment to the most veterans, have the most resources, and are therefore required to provide the most services. The guide reported that for PTSD, medical centers must provide “specialized outpatient programs; evidence-based talk therapies…prolonged exposure therapy; medications” (VA, 2012, p. 23). In the case of PTSD, the holistic, empowerment, and person-centered focus appear to be missing.

For schizophrenia, schizoaffective disorder, bipolar disorder, depression and anxiety the situation is only somewhat improved. In regards to treating these diagnoses, the guide states that medical centers must provide: “general and specialty services; family services; skills training; peer support” (p. 23). Medical centers must also offer evidence-based treatments for depression and anxiety: cognitive behavioral therapy, acceptance commitment therapy, and interpersonal therapy. While larger medical centers may or may not have a psychosocial rehabilitation and
recovery center, it is a required service for a “very large” community based outpatient clinics, those that treat more than 10 thousand veterans a year (VA, 2012).

While some of the treatments mentioned above are more holistic than others, the vast majority of them rely upon verbal processing. Not everyone benefits from this type of therapy. There is a need for an alternative to traditional treatments. Art therapy, and specifically, visual journaling, can help fill this void.

**Definition of Terms**

The following terms are used throughout this manuscript.

**Art Making**

Art making is engagement in the creative process either self-directed or under the direction of non-clinically trained personnel, such as an artist, art teacher or volunteer. Art making can be accomplished with any medium available to the individual who is producing the art.

**Art Therapy**

The American Art Therapy Association (2014) defined art therapy as such:

Art therapy is a mental health profession in which clients, facilitated by the art therapist, use art media, the creative process, and the resulting artwork to explore their feelings, reconcile emotional conflicts, foster self-awareness, manage behavior and addictions, develop social skills, improve reality orientation, reduce anxiety, and increase self-esteem. A goal in art therapy is to improve or restore a client’s functioning and his or her sense of personal well-being (About us: What is art therapy section, para. 1).

In regards to this study, art therapy refers to use of visual journaling techniques within a therapeutic environment supported by an art therapist.
Recovery

This study approached mental health recovery as an individually determined process as identified Substance Abuse and Mental Health Services Administration (SAMHSA) (2012). SAMHSA defined recovery as “a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential” (p.3).

Veteran

A veteran is anyone who has served in any branch of the U.S. military: Army, Navy, Air Force, Marines, or Coast Guard. Combat deployment is not a prerequisite for being a veteran.

Visual Journaling

The terms art journaling, visual journaling, artist sketchbook, and artist journal are often used interchangeably in order to refer to the same idea. As defined by Traci Bunkers (2011), visual journaling is “personal expression using mixed media and writing in a visual, two-dimensional manner, usually in a book format” (p. 8). Visual journaling can contain any combination of visual or written expression; the amount of each is determined by the individual artist doing the creation and is fluid, changing as emotions and needs change.

Writing

For the purpose of this study, the use of the word writing, in reference to visual journaling, shall refer to any language based elements added to a visual journal page as a means of personal expression. This may include, but is not limited to, writing, drawing, stamping, or collaging of words onto a visual journal page.

Brief Overview of the Study

This pilot study of military veteran use of visual journaling during recovery was conducted over the period of six weeks. Participants were recruited from a housing program for
homeless veterans; two participants completed the study. Participants met with the researcher once per week for two hours. Each week focused on a different topic: introduction to visual journaling, stress, anxiety, depression, trauma, and where am I going? Therapy sessions included psychoeducation about the weekly topic, visual journaling exercises designed to help integrate the knowledge gained during the psychoeducation, and discussion to allow for processing of ideas and issues that arose during the session.

Quantitative data was collected via pre and posttest use of the Clinical Outcomes in Routine Evaluation – Outcome Measure (CORE-OM). Qualitative data was collected via the use of semi-structured interviews conducted after the last visual journaling group session. The interviews were digitally recorded, transcribed, and thematically analyzed. Data from the CORE-OM and the interview transcripts were compared with artwork, and statements made about artwork created during the therapy sessions and in between sessions.

Conclusion

A significant number of military veterans are returning home from the wars in Iraq and Afghanistan with serious mental or physical ailments. Additionally, many veterans go undiagnosed due to military culture and stigma. It is not only the veteran that is impacted, however; friends, family and community are all impacted by the mental health and wellness of our nation’s veterans. In order to offer these men and women the best treatments available, alternatives to talk-based therapies need to be found for those that do not benefit from them. Art therapy, and specifically visual journaling, offers a promising means to accomplish this task.
CHAPTER 2
LITERATURE REVIEW

In this chapter, literature relevant to the study of veteran use of visual journaling during recovery will be examined. First, it is important to understand the key issues faced by veterans; these issues and evidenced-based treatments are discussed. Next, the idea of recovery and recovery oriented care are detailed. Research about the benefits of writing and art making is presented. Lastly, visual journaling and art therapy are examined.

Mental Health Services Provided to Veterans

The Department of Veterans Affairs (VA) (2012) requires minimum mental health services be provided for four mental health categories; required services are based upon treatment facility size. Posttraumatic stress disorder (PTSD), substance abuse disorders, and homelessness were three categories. The final category consisted of the following diagnoses: schizophrenia, schizoaffective disorder, bipolar disorder, depression, and anxiety. These categories are consistent with the findings identified by Seal et al. (2009), who found 37% of Iraq and Afghanistan veterans who sought treatment at U.S. health facilities from 2002 to 2008, were diagnosed with PTSD, depression, alcohol abuse, or other mental concerns. PTSD and depression had the highest prevalence during the study time period. Also, both PTSD and depression impacted quality of life (Schnurr et al., 2009; Zivin et al., 2008) not only affecting the lives of veterans but also those of their friends, families and communities. It is, therefore, vital that treatments that improve the lives of individuals with either of these diagnoses be found.

In 2009, The International Society for Traumatic Stress Studies published a second edition of practice guidelines for effective treatment of PTSD. In the final chapter of this guide, Friedman, Cohen, Foa, and Keane (2009) stated, “we have not reached the point where we can
predict which treatments are most suitable for which patients under which conditions” (p. 617). Cognitive behavioral therapy (CBT), specifically cognitive processing therapy and prolonged exposure, is the PTSD treatment with the largest research-base. Cognitive processing therapy and prolonged exposure emerged as the most powerful and reliable treatments at the time of the study. Friedman et al. (2009) noted, “not all patients who receive CBT benefit from treatment” (p. 622) and mentioned that even treatments with the most empirical support will sometimes fail to improve symptoms for some individuals and the reasons for this are yet unknown.

CBT is also an evidence-based treatment for depression (U.S. Department of Veterans Affairs, 2012). In 2012, Feng et al. conducted a meta-analysis of randomized controlled trials conducted from 2000-2010 utilizing CBT to treat depression. The study found that CBT resulted in a lowered level of depression, but effects decreased over time. When compared to the effects experienced immediately post therapy, effects at 6 months were not significant. Again, this treatment is verbally based and this study found that it loses its impact over time.

Although best practice for veterans with a mental health diagnosis are still unclear, the paramount issue still remains that a large number of veterans with invisible wounds are still left untreated. The Defense Health Board’s (2007) task force on mental health found that regardless of attempts to change military culture, service members were still neglecting to seek mental health help due to the surrounding stigma. Additionally, they found the military mental health system was unable to handle challenges raised by changes in the Department Of Defense’s military mental health mission.

Based on the studies provided in this review, there is clearly a need for an alternative treatment, which would be able to reach those not helped by talk-based therapies. A therapeutic treatment without the stigma of traditional therapies would be beneficial. Treatments should be
able to help those affected by PTSD, depression, anxiety and other mental health and psychosocial concerns. There is also a need for a treatment which can help individuals learn how to self-sustain their improvements. Treatment based upon a recovery model offers promise in these areas.

Mental Health Recovery for Military Veterans

As previously mentioned, the VA identified a focus on recovery as one of its principles that form the foundation of mental health care for veterans. In 2011 the VA published an article detailing mental health recovery as a journey of transformation and healing with the guiding principles of hope, self-direction, empowerment, person-centered treatment, holistic approach to improvement, strengths-based approaches, responsibility and peer support. These principals of recovery are consistent with other models of recovery that are being used to improve the lives of individuals all over the globe.

In 2010 the Substance Abuse and Mental Health Services Administration (SAMHSA) (2012) gathered leaders in the behavioral health field to develop a working definition of mental health recovery. They defined recovery as “a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential” (p.3). SAMHSA found four major dimensions that support recovery. The first dimension was health, which included managing symptoms and making informed choices that support emotional and physical well-being. Home, the second dimension was defined as a safe and stable place to live. The third dimension, purpose, included meaningful daily activities and the ability to participate in society. The last dimension was community and included relationships and social networks.
SAMHSA (2012) also identified 10 guiding principles of recovery. These principles are similar to those identified by the VA (2012). SAMHSA’s (2012) 10 principles were: hope, person-driven, many pathways, holistic, peer support, relational, culture, addresses trauma, strengths/responsibility, and respect. The first principle, hope, is viewed as the catalysis of recovery. Hope is internalized when individuals believe that they can overcome the challenges they face. The second principle is that recovery should be person-centered; it should be self-directed and allow for individuals to identify their own goals and the avenue of approach to achieve those goals.

Several of the SAMHSA (2012) principles are aimed at personalizing recovery. The principle of many pathways holds that each individual is unique and therefore their recovery journey will be unique. This principle also reflects the idea that recovery is non-linear and is a continuation of self-development and improved functioning. Another principle that helps personalize recovery is that recovery should be culturally based. This means that treatments and services should be sensitive to cultural differences in order to meet individual needs. Additionally, the principle of strength/responsibility means that individuals must take responsibility for their recovery journey.

As identified by SAMHSA (2012), the holistic principle of recovery is meant to convey that “recovery encompasses an individual’s whole life, including mind, body, spirit, and community” (p. 5). The variables identified as part of this principle: self-care practices, creativity, family, housing, employment, mental and substance abuse disorders, spirituality, social networks and community participation. Peer and ally support are important for recovery, as is treatment that supports individuals in reaching goals via their chosen path; this is reason
behind peer support being a principle of recovery. Similar to peer support, recovery is relational
in that it is supported though social networks and relationships.

The last two principles identified by SAMHSA (2012), addressing trauma and respect, show the need for services to be facilitated by a therapist. Rankin and Taucher (2003) suggest beginning the process of trauma treatment with safety planning. Establishing a safe environment supports collaboration, empowerment and personal choice. Additionally, a therapist would be able to convey respect for individuals receiving services and facilitate self-acceptance and identity development. Many of the identified aspects of recovery are inherent in arts programs, and as the following section indicates, these programs often result in individuals experiencing many changes that improve their quality of life.

**The Benefits of Art Making**

**Art Making Facilitates Mental Health Recovery**

Spandler, Secker, Kent, Hacking, and Shenton (2007) defined recovery as “a user-centered and social notion…which may, or may not, involve symptom reduction, use of services, diagnosis or medication, but does involve the individual moving towards being able to live the kind of life he or she wants to live” (p. 792). As part of a national study in England, Spandler et al. (2007) investigated how mental health was impacted by participation in arts programs. In-depth interviews with 34 participants from six arts and mental health projects were conducted in order to determine participant’s views of what worked, how, and the outcomes. The authors stated that “most participants across all six projects” (Spandler et al., 2007, p. 793) reported that participating in an arts program increased their motivation and resulted in a sense of purpose, which often positively impacted other parts of their lives. Another theme that was identified was the relationship of creative activities and decreased levels of hopelessness. Creating art also
enabled participants to recreate their identity and self-view; they became someone who could create and contribute. This effect helped participants’ relationships with friends, family and the local community because their views of how others saw them also changed.

Spandler et al. (2007) found three ways in which participants reported art enabling them to develop coping strategies. Participants were able to deal with stress due to the relaxation and grounding provided by art; focusing on the art resulted in less ruminating about problems. Concentrating on art was also found to have a positive impact on participants’ self-harm behaviors since they were able to transfer their emotional pain onto their art instead of themselves. Lastly, participants utilized art at home or in other areas of their lives as a way to deflect or prevent focusing on problems.

Hacking, Secker, Spandler, Kent, and Shenton (2008) surveyed 44 women and 18 men that were new arts project participants in England. Although they were unable to find any decrease in participant’s use of medication or individual services and found no change in education or occupational activities, results showed participants with more severe mental health difficulties experienced significant positive empowerment and mental health impact. Results also showed that those who attributed their perceived improvement to their participation in the arts program improved the most on empowerment and social inclusion. This study included a 6-month follow-up to allow for collection of evidence of long-lasting effects of participation in an arts program, however the authors noted that this period may not have been long enough. Many individuals participate in arts programs for well over six months, which indicates that the benefits of art making may accrue over time.

Makin and Gask (2011) conducted a study to determine how participation in an arts program influenced recovery from chronic mental illness in patients who had previously
underwent traditional talk therapies. Interviews with 15 participants resulted in the identification of three themes in relation to how arts program participation had assisted in a return to “normal.” Consistent with findings by Spandler et al. (2007), Makin and Gask (2011) found that concentrating on art tasks was highly valued by participants. The authors reported that “most participants” (Makin & Gask, 2011, p. 71) utilized the art task as a means of distraction from their problems or as a way to relax. The creation of artwork was found to be valued due to the production of a tangible end product; this was seen as an achievement and increased participants’ self-esteem. Lastly, participants valued the non-threatening environment offered by arts programs, which allowed them to interact with others on their own schedule.

Van Lith, Fenner, and Schofield (2011) investigated participant perspectives on the role of art making in mental health recovery. In-depth interviews were conducted with 18 volunteers that were recruited from two large psychosocial rehabilitation services in Victoria, Australia. The individuals were participants in the therapeutic arts programs provided by these facilities. The interviews revealed that participants felt the art making setting provided a sense of belonging, security and encouragement.

In regard to how participants felt art making enhanced their recovery, Van Lith et al. (2011) found it provided them with a way to take charge, effect real changes, and move towards wellness and a life of balance. The participants valued absorption in the art making process because it helped them to achieve relaxation, let go of built up tension, and gave them something other than their ongoing issues to focus on. Additionally, participants conveyed that a sense of joy and fulfillment resulted from art making.

Not only did participants value the art making process, Van Lith et al. (2011) found that the interaction between the participant and his or her art was seen as valuable. Participants
experienced the image as providing insight and facilitating emotional expression. Participants also felt that their art facilitated communication with others. Lastly, the participants felt that their art making experience provided them with the ability to achieve and accomplish, and that their art served as a physical representation of their progress. Overall, art making was valued and viewed as vital to the recovery process of the participants.

Due to the ability of arts to assist in the recovery process, arts and crafts rooms exist at many VA hospitals. In 2010, Haiso studied the arts and crafts program at the VA hospital in Dallas, TX. She observed and interacted with veteran participants in order to gain an understanding of what it was the veterans valued about this program. The stories of three veterans conveyed the power of art making as a tool to promote recovery.

Haiso (2010) observed that many veterans gained a sense of peace during art making. Some participants stated that art making had enhanced their self-esteem. Others reported that their outlook on life had changed or that they had gained a sense of hope and purpose. Haiso felt that by interviewing and taping the veterans stories she gave them a “voice,” and that some benefited from hearing the stories of others. One of the veterans stated that leather crafts helped him to feel calm inside and gave him a sense of pride and purpose. Another veteran conveyed that his hospital stays were “depressing” but that art making made him feel as if he could do something productive. The veterans gained a lot as a result of art making and therefore it was highly valued (Haiso, 2010). Although this experience was beneficial, if a therapist had been present, these veterans may have had a more beneficial and meaningful experience with longer lasting results (Wadeson, 2000).
Art Making And Specific Mental Health Diagnoses

Recovery is a broad concept and while it is important to keep recovery in mind, art making does have specific benefits in regard to certain mental health diagnoses. Research has found that art making impacts the most frequently reported mental health diagnoses among veterans: PTSD, anxiety, and depression. Building on previous research that compared writing with two art tasks (Pizzaro, 2004), Curl (2008) studied changes in stress levels of participants completing art tasks while focusing on either a positive or negative event that had occurred during the previous two weeks. The study compared four groups: drawing-positive focus, collage-positive focus, drawing-negative focus, and collage negative-focus. Results indicated that those in the positive focus group experienced greater stress reduction. Consistent with previous research (Aldridge Antal & Range, 2005; Deters & Range, 2003; Pizzaro, 2004), the negative-focus group did experience a slight increase in stress, however the study did not include a follow-up to determine if stress levels diminished over time. Curl’s (2008) findings supported her hypothesis that stress reduction is facilitated by art activity and indicated that art activities might result in reduced stress levels when they combine the satisfaction gained from creating something new with a focus on positive emotions.

The influence of art making on anxiety has also been studied. Sandmire, Gorham, Rankin, and Grimm (2012) compared the State Trait Anxiety Inventory (STAI) Form Y scores of undergraduate students randomly assigned to either a control group or an art group. The art activity was short, lasting only 30 minutes, but results showed that the art group experienced a significant decrease in state anxiety while the control group did not. A surprising result of this study was that art making also decreased participants trait-anxiety levels which could indicate that participants were unable to distinguish between state and trait related questions on the
Like the results found by Aldridge Antal and Range (2005), the results found by Sandmire et al. (2012) indicated a possible difference in how anxiety is viewed by clients and clinicians.

Another study that investigated art making’s influence on anxiety was conducted by Curry and Kasser (2005). A total of 84 undergraduate students were randomly assigned to three groups. The mandala group colored an outline of a mandala, the plaid group colored an irregular plaid design, and the free-form group colored on a blank piece of paper. All three groups were instructed to color their paper for 20 minutes utilizing the six colored pencils that were provided. Participant anxiety levels were measured using the State Anxiety Inventory at three different times: at pre-test, after an anxiety inducing writing exercise, and at posttest after completion of the art activity.

As expected, the results of Curry and Kasser’s (2005) study showed that the free-form group experienced no reduction in anxiety level while the plaid and mandala groups had lower mean anxiety levels at posttest than they had a pretest. The authors stated that complexity of the mandala and plaid designs provided direction to participants and required a higher level of concentration, which may have enhanced meditative effects. In contrast, the free-form group was given a blank piece of paper which provided no direction and may have caused anxiety or resulted in a lessening of the anxiety lowering effect of coloring.

In 2012, Van Der Vennet and Serice replicated Curry and Kasser’s (2005) study. Van Der Vennet and Serice (2012) found results similar to those of the original study. The mandala group experienced a significant decrease in anxiety. Results differed, however, in the replication study, which found that the plaid coloring group did not experience significant reduction in anxiety. The results of both studies indicated that activities that require concentration and provide
participants with direction are more likely than open ended activities to produced reduction in anxiety level (Curry, & Kasser, 2005; Van Der Vennet, & Serice, 2012). Like art making, the specific therapeutic benefits of writing have been researched.

**Improved Mental Health via Writing**

Research has found that writing, like art making, is also conducive to improvements in some of the top mental health diagnoses among veterans. Smyth (1998) conducted a meta-analysis to examine written emotional expression. He examined significance and effect size of the brief writing task typically used in research as well as moderating factors that may have influenced the effectiveness of the writing task. Smyth’s (1998) analysis found that written emotional expression resulted in significant health benefits. Higher effect size was found in studies with high proportions of male participants. Additionally, effect size was increased when studies used student participants and when participants were instructed to write about current trauma. Effect size was highest when measuring psychological well-being and physiological functioning.

In 2003, Deters and Range investigated writing’s ability to reduce PTSD symptoms. The study compared randomly assigned subjects who wrote about trauma or a trivial topic on four occasions over a two-week period. The study measured PTSD symptoms, impact, health visits and dissociative symptoms. Surprisingly, the control and experimental groups showed similar improvements as a result of the writing intervention. Results also found that those who wrote about trauma experienced worse PTSD symptoms at posttesting, but improved to higher than pretesting levels by the time of the follow-up. This result indicates, perhaps, that writing about trauma is initially distressing but becomes less so over time.
Expanding on previous writing research, Aldridge Antal and Range (2005) studied writing and compared a trauma group with trivial topic and positive experience groups. This study also found similar improvements in each group. The groups differed, however, in their opinion on the value of the experiment. Those in the trauma group valued the experiment more than those in positive experience group and rated it as highly valuable. This finding is important because clients are more likely to continue treatments they feel are valuable, thus increasing the chance for a successful outcome (Hacking et al., 2008). Another important finding from Aldridge Antal and Range’s (2005) study was that when avoiding the use of the word “abuse” when defining physical and sexual abuse situations, a higher portion of students self-identified as having a history of moderately upsetting abuse experiences than had self-identified in a pilot study that contained the word “abuse.” This finding suggests that while clinicians may identify situations as potentially traumatic, participants may not identify them as such.

Pizzaro (2004) conducted research comparing the previously researched trauma-writing task with two art tasks: drawing about a traumatic or stressful event and a still-life drawing. Pizzaro randomly assigned undergraduate students to the three groups and scheduled each participant for two 1-hour sessions during which they answered questionnaires about health and stress and completed their directed task of writing or drawing. Results of the participants’ General Health Questionnaire scores showed a significant decrease in social dysfunction for those that completed the trauma-writing task; the same results were not found for those in the art task groups. Those in the writing group reported the most negative affect while those in the art groups reported significantly better overall satisfaction with their assigned task. Taking the results into consideration, Pizzaro recommended future research that combined writing and art
therapy. Combining art and writing should allow for participants to gain the most benefit while having maximum satisfaction with tasks completed.

In contrast to Pizzaro’s (2004) results, Drake, Coleman and Winner’s (2011) study that compared writing and art as they relate to short-term mood repair found that drawing was more effective than writing. After inducing a negative mood in the participants, they were randomly assigned to the writing or drawing condition. Participants drew or wrote about anything they desired for 10 minutes; at the end they were asked to identify the coping strategy they used: venting, distraction, or “other-specify.” While there was no significant difference in amount of participants that chose a specific strategy, a greater effect on mood was achieved by those that chose distraction. Additionally, participants in the drawing condition experienced greater short-term mood repair than was experienced by those in the writing condition. These results indicated that in the short-term, art is useful for mood repair when used as a distraction as opposed to its utilization as a method for venting.

Keeling and Bermundez (2006) investigated the process of externalizing problems though art and writing. Sculptures, representing externalized problems, were created by 18 participants. Over the next four weeks, participants answered journal questions about their identified problem. Participants were guided in mapping the problems influence, identifying outcomes and resources, and summarizing their experience of the project as well as opinions about any changes that took place. To some degree, all participants found the creation of the sculpture, a tangible representation of their problem, to be helpful. Results also found that participants valued the ability to interact with the sculpture over the course of the study. The reflective nature of the journal writing helped participants to deal with, rather than ignore, their problems. The ability of journal writing to be completed in a private and safe place, at their own pace, also appeared to
assist in handling problems. The results of this study indicated that externalizing problems, via art, and then interacting with them via writing, can assist individuals in working through their problems.

The link between writing when paired with art can have beneficial effects, but there are limited explanations for why this is so. Soper and Bergen (2001) stated that writing helps clients acknowledge and understand their stressors. Writing also acted as a source of exposure and provides the individual with the opportunity to confront the self and/or issues, which results in desensitization and reduces negative affect. Transforming traumatic memories into a logical linguistic structure when writing helps reduce negative thoughts associated with the event and enables individuals to gain an understanding of the event. Combining the benefits of art making with those of writing has the potential to reach more individuals. Additionally, the combination will help both those who have a verbal orientation and those with an image-based orientation.

**Visual Journaling**

Visual journaling is a method of art making that combines both visual and language-based expression. Traci Bunkers (2011), an artist that specializes in visual journaling, explained that a visual journal is a documentation of life’s experiences, both good and bad. A visual journal can be a place for working through painful things as well as a place for hopes and dreams. Additionally, a visual journal can be referenced to see progress that has been made. Visual journaling is also a method for self-reflection and examination.

Several researchers have explored the effects of keeping a visual journal. Deaver and McAuliffe (2009) investigated the impacts of visual journaling during art therapy and counseling internships. Eight counseling and art therapy students kept visual journals over the course of their 15-week internships. Participants attended a workshop on the principles of reflection and
visual journaling where they completed several art-based exercises. They were then issued a journal and art materials and asked to make at least two journal entries each week. Additionally, data was collected via three semi-structured interviews with each individual.

Deaver and McAuliffe (2009) conducted a thematic analysis of the data and found three patterns: the overall internship experience, the visual journal experience, and the journaling process. All eight participants expressed that visual journaling allowed them to gain insight into their experiences. For instance, one participant explained that journaling aided in development of new solutions to clinical problems. Four participants described finding meaning in a surprising way. Six of the participants utilized visual journaling to help reduce stress. The combination of writing and art making was reported as useful and effective by six participants. Many positive experiences were reported: release of emotions, self-exploration, ease of expression and learning a new way of thinking. Additionally, results implied that the inclusion of responsive writing amplified the potential of art making.

Mercer, Warson, and Zhao (2010) investigated the influence of visual journaling on stress, anxiety, and affect levels. The study was conducted at Eastern Virginia Medical School; a total of 10 individuals took part in the study: 5 medical students and 5 staff members. Participants were led through two exercises that involved guided imagery visualization and art making in response to their experience; pre and posttest scores were obtained that same day. Participants were invited to take their journals and work on them over the next two weeks at which point a follow-up was conducted; a specific amount of entries was not requested.

Mercer et al. (2010) conducted a pretest before leading participants through two exercises and then conducting posttest 1; participant scores on the State-Trait Anxiety Inventory state and trait scales, and the negative affect scale of the Positive and Negative Affect Schedule decreased
from pretest to posttest 1. Two weeks later, at posttest 2, scores increased from posttest 1 but in most cases not back to pretest levels. This indicated that visual journaling produced short-term reduction of anxiety and negative affect. Eight participants said they found visual journaling to be at least moderately useful and six felt that visual journaling “definitely” (p.146) reduced their stress. Seven individuals identified a decrease in mood as a result of visual journaling.

Many of the participants in the study conducted by Mercer et al. (2010) felt that visual journaling enabled them to learn about themselves. Some felt that it enabled them to find alternate ways to viewing situations, and others felt empowered by the experience. Another important finding was that visual journaling enabled participants to visualize and focus on their stressors and “more readily transform them into positive emotions” (p.147).

As noted above, visual journaling has been studied in non-therapeutic settings. These studies have shown that visual journaling has the potential to help with multiple aspects of recovery.

**Benefits of Art Therapy**

Avrahami (2006) stated that art therapy is often utilized when traditional talk therapies are unsuccessful because it offers a nonverbal means of emotional expression. Artwork produced in a session allows a client to gain distance from what has been represented and serves as both a way to document the therapeutic process and as an object the client can relate to in the future. Artwork can speak to both the injured and healthy parts of a client, thus facilitating authentic expression and providing opportunity for change.

So, why is it important that art be made in a therapeutic setting? Wadeson (2000) explained that when art programs are not conducted for therapeutic purposes, the leader has no responsibility to from a therapeutic relationship, or to provide therapeutic intervention or
responsibility. As previously noted, several studies have found observable difficulties when participants are given open-ended activities that do not provide direction (Curry, & Kasser, 2005; Van Der Vennet & Serice, 2012). Wadeson (2000) also pointed out programs that are not therapeutically oriented are not held to the same confidentiality standards as are those programs led by therapists. Programs that aim to benefit participants and aid them in recovery should be led by a therapist in order to provide participants with the most possible benefit.

Art therapy has been used to treat depression and trauma symptoms, two of the top mental health concerns for veterans. In 2012, Chandraiah, Anand, and Avent studied the ability of art therapy to reduce depressive symptoms. The study participants were referred by a university’s outpatient center. A total of 10 adult patients, 6 women and 4 men, were included in the study. The majority had been diagnosed with a depressive disorder. Group art therapy sessions were conducted weekly and to be included in the study participants had to attend at least four or more sessions; eight participants attended more than 6 sessions. Sessions included 45-60 minutes of art making and approximately 30 minutes of discussion. The Center for Epidemiological Studies Depression Scale (CED-S) was utilized to determine if there was a change in depressive symptoms from pretest to posttest.

Chandraiah et al. (2012) found a significant decrease in CES-D scores from pretest to posttest; participant scores decreased by 3-19 points. The results showed the potential of group art therapy to reduce depressive symptoms in a heterogeneous sample of adult psychiatric outpatients. In addition to this finding, the art therapist observed other changes in participants: increased assertiveness, improved communication skills, and enjoyment during art material utilization. Additionally, many of the participants enjoyed the experience and requested to attend subsequent art therapy groups.
In 2007, Henderson, Rosen and Mascaro investigated the impact of a therapeutic mandala activity as measured by the Posttraumatic Stress Disorder Scale (PDS), the Beck Depression Inventory, Second Version (BDI-II), the State-Trait Anxiety Inventory, the Spiritual Meaning Scale (SMS) and the Pennebaker Inventory of Limbic Languideness (PILL). The study randomly assigned 36 undergraduate students, 28 females and 8 males, to a mandala condition or a control condition. The mandala group created a mandala to represent their trauma related emotions and feelings. The control group created drawings of objects such as pens, cups and bottles.

The study conducted by Henderson et al. (2007) found significant change on only one measurement instrument, the PDS. The mandala group began the experiment with higher PDS scores, meaning they were experiencing more trauma symptoms at pretest than the control group. At posttest, however, the mandala group was experiencing less trauma symptoms than the control group. The results of this study indicated that the completion of a therapeutic mandala activity is potentially useful for reduction of trauma symptoms.

**Art Therapy with Military Veterans**

Although art therapy has the potential to improve quality of life for many veterans, its use with veterans has not been thoroughly documented. Most articles detailing treatment for veterans via art therapy have concentrated on treating PTSD. Additionally, most research is presented in the form of case study examples. Regardless of these limitations, the information provided by these case studies can inform future treatment for veterans using art therapy.

Avrahami (2006) presented two separate case studies. Client “H” was a 65-year old man suffering from PTSD as a result of the Six Days War. H suffered additional trauma during the war in Lebanon. At the beginning of therapy H, who had been unable to work for many years
and had lacked in social relationships for just as long, responded well to art therapy. As H transitioned throughout therapy, he was able to re-establish relationships with his children.

Avrahami (2006) also presented the case of “R” who was a 58-year old man that suffered from PTSD as a result of the Yom Kippur War. R’s condition had worsened during the year prior to therapy and he had ceased working during this period. R’s treatment with art therapy was also successful and by the end of treatment he was able to participate in a sailing course. R also purchased new work tools and rebuilt a workspace in his home.

Although the sessions for each of these two clients differed, Avrahami (2006) found that the overall therapy was similar. Art therapy enabled traumatic material that had been repressed, dissociated and stored unconsciously, to return to consciousness. Overwhelming memories were expressed in the artwork, which created a safe space that facilitated processing and reconstruction of the traumatic experience. The artwork allowed both clients to distance themselves from the trauma. The processing of the traumatic memories resulted in positive memories resurfacing, which allowed the clients to approach life from a new perspective.

Malchiodi (2012) provided another case study that demonstrated art therapy as an effective treatment for combat-related PTSD. “John” was a 30-year old officer who had served in Iraq three separate times in four years. John had been injured during a roadside bombing during which several of those under his command were seriously wounded or killed. John’s sensory memories of the traumatic event he experienced were very anxiety provoking, so treatment proceeded with gradual exposure. Malchiodi’s work with John resulted in the clarification of the chronological order of the traumatic event, and the restructuring of John’s thoughts, which enabled him to realize that the events were beyond his control.
Berkowitz (1990) published a case study on the treatment of a veteran with PTSD. “Tom,” a 41-year old Vietnam veteran, was diagnosed with schizophrenia. During her work with Tom, Berkowitz began to suspect that he was actually suffering from PTSD as a result of his combat experiences in Vietnam. Their work together resulted in Tom realizing that he felt as if he was still in Vietnam. Berkowitz felt that a key component to Tom’s improvement was the non-verbal aspect of art therapy. As a way of avoiding trauma, Tom had avoided social interaction and communication with others. Art therapy offered Tom a way to communicate that did not involve words (Berkowitz, 1990).

Lobban (2012) reported the experiences of five veterans participating in a group art therapy session at Combat Stress, a non-profit organization, in the United Kingdom. Although this article reported on a single session, the participants had previous experience with this art therapy treatment program. The transcript of this session provided valuable insight as to how art therapy helped the participants. Participants were able to represent their traumatic experiences via the use of symbol and metaphor in the art; this enabled them to gain distance from the experience and increased their trauma symptom tolerance. Participants also conveyed that while processing began during their art therapy session, it continued afterward. The experiences of these veterans, as well as those reported in case studies indicate that veterans can benefit from art therapy due to the fact it is not focused solely on verbal interaction.

**Conclusion**

As stated in the review, there are many veterans of the Iraq and Afghanistan wars that are suffering from PTSD, anxiety, and depression. Treatments that are developed from a focus on mental health recovery principles are likely to provide the effective treatment to the most individuals due to their personalized nature. Art making has been shown to enhance many
aspects of recovery; it impacts not only symptoms but an individual’s identity as well. Writing has also been shown to be capable of reducing anxiety and trauma symptoms. Visual journaling, a combination of written and artistic expression, combines the positive aspects of both writing and art making. It has, however, not been widely studied and it has yet to be utilized with a military veteran population.

Although art making can be therapeutic, individuals will gain the most benefit from a program that is facilitated by a therapist and concentrates on improving the lives of its participants within a therapeutic environment. Art therapy has shown promise in treating civilians suffering from stress, anxiety, and depression. Art therapy literature about the treatment of veterans, however, tends to focus on treating combat veterans with PTSD and research is most often published in the form of a case study. Those case studies, however, show art therapy’s potential in helping improve PTSD symptoms among this population.

Taking all of the above information into account is necessary in order to design and implement treatments, which will target the top mental health diagnoses among veterans: PTSD, depression and anxiety. Visual journaling facilitated by an art therapist, has the potential to combine all of the previously mentioned key points. The potential for effective treatments for veterans exists, they just need to be developed and researched. The following chapter details a pilot study that investigated the therapeutic use of visual journaling with veterans.
CHAPTER 3

METHODS

In the following chapter a detailed description of the methodology that was used to study veteran use of visual journaling during recovery will be given. The rational behind the selection of humanism as a theoretical orientation is detailed as well as the rational behind the selected methodology. Next, the visual journaling intervention is described so as to provide an accurate picture of what took place during the study. Additionally, the procedures used for data collection and analysis are identified and explained.

Methodology

Theoretical Framework

Due to the individual nature of recovery and visual journaling, Humanism was selected as the theoretical framework for this study. One of the basic beliefs of humanistic psychology is that people have the capacity for self-awareness and choice. The curing of diseases or disorders is deemphasized and the humanistic therapist concentrates on helping clients free themselves from disabling attitudes and assumptions and move toward self-actualization. The humanistic therapist places much emphasis on establishing a therapeutic relationship that is authentic, accepting, collaborative, and honors the client’s unique world (Rogers, 1989/1995).

Garai (2001) stated that according to humanistic psychology, self-realization and fulfillment provide meaning and identity. Each individual has a deep need to integrate the three basic needs in a way that is characteristic of his or her identity. These three basic needs are the need for pleasure, the need for creative accomplishments, and the need to belong and find security through self-limiting adaptation to society. Each individual must also balance conflicting tendencies within his or herself; this requires continued effort because identity is both
fluid and stable throughout a person’s life. Because of the many unique facets of individuals, a person and their life must be studied as a whole (Garai, 2001).

Moustakas (1977) stated the personal growth, self-renewal, and self-actualization are all involved in creativity. He claimed that all people have the ability to create and that significant gains in self-awareness and self-knowledge are kindled from within. Accordingly, it is easy to understand how humanistic therapy can be utilized within art therapy in regards to both treatment of the client and treatment of the art. For instance, Rhyne (2001) states that Gestalt techniques stress client responsibility for wellbeing and clients find meaning in their art by making their own interpretations. Art therapists using this approach aim for authenticity in their relationships with clients. Garai (2001) emphasized that the goal of therapy is to transform feelings such as fear, unhappiness, and anxiety into honest expressions and enabled clients to feel the sense of accomplishment that comes with authentic expression.

Qualitative Component

Phenomenology is a humanistic theory concerned with the subjective experiencing of phenomena (things, objects) (Betensky, 2001). Lindseth and Norberg (2004) stated that lived experiences are communicated via stories, but for research purposes lived experiences must be fixed in texts. In conducting research, they were dissatisfied with “pure” phenomenology “in which essences are seen intuitively ‘uncontaminated’ by interpretation” (p. 147), and “pure” hermeneutics, which interprets text without consideration of latent meaning. Thus, they developed a method, which combines phenomenology and hermeneutics. Phenomenological hermeneutics aims to produce results that enable readers and the researcher to gain insight about themselves and the world. Due to this, phenomenological hermeneutics was selected as the most appropriate way to approach qualitative data collection and analysis for this study.
Quantitative Component

While, phenomenological hermeneutic investigation was utilized to collect qualitative data, quantitative data was collected utilizing the Clinical Outcomes in Routine Evaluation – Outcome Measure (CORE-OM). This measurement was selected due to the fact that it measures global distress, subjective wellbeing, symptoms, life functioning and risk (Barkham, Mellor-Clark, Connell, & Cahill, 2006), all of which align well with humanistic theory and the components of recovery. Due to time and resource constraints, it was more feasible to begin with the collection of quantitative data. The collection of qualitative data required the scheduling of individual interviews, and was therefore more feasible post treatment.

Participants

Access to veterans is not easily obtained. However, a program for homeless veterans agreed to refer program members to the study; therefore, participants were gathered via convenience sample. As this study was a small pilot study utilizing qualitative methods to obtain the majority of data, using a convenience sample did not negatively impact the study results. All participants were recruited from a program for homeless veterans located in a small city in northwest Florida and self-referred after seeing flyers posted around the program common areas.

Due to participants being obtained from a program for homeless veterans, all participants were of lower social economic status. A total of 8 veterans volunteers were sought for participation in the study, but only 3 veterans volunteered. In order to be included in the study, participants must have attended a majority of the therapy sessions, completed pre and posttest forms, and participated in an interview. A total of 2 participants met inclusion criteria: a 50-year old man and a 25-year old woman.
Data Collection

The collection of data for this study began with obtaining participant consent and demographic information. Next, participants completed the CORE-OM. The participants then attended visual journaling group art therapy sessions over the course of six weeks. They once again completed the CORE-OM and then participated in individual interviews. This process is outlined below and can be seen in Figure 1.

Figure 1. Research Design
Demographics

At pre-test, participants filled out a demographics form. The following data was collected: age, race/ethnicity, service (Army, Navy, Marines, Air Force or Coast Guard), education level, marital status, number of children, years of service, military occupational specialty, number and location of deployments, date of military separation, physical disabilities, and first language. The following data was obtained from participant treatment files: formal diagnosis, if any; medications; and past and current treatments.

CORE-OM

The CORE-OM was utilized to collect quantitative data on participants’ level of global distress. The CORE-OM is a user-friendly 34 item self-report measure (see Appendix A). Scores from the CORE-OM can be calculated to determine global index of distress as well as dimensions of subjective well-being (4 items), problems/symptoms (12 items), life functioning (12 items), and risk (6 items) (CORE Information Management Systems, n.d.). The problems/symptoms domain includes the following clusters: depression, anxiety, physical and trauma. General, social, and close are the three clusters that comprise the life functioning domain. The risk domain examines risk to self and risk to others (Barkham et al., 2006).

Evans et al. (2002) studied the CORE-OM to determine usability, reliability and validity. The study utilized CORE-OM data collected at 23 locations in the United Kingdom; the locations had a variety of leadership, membership, and theoretical orientations. Clinical sites comprised 22 of the sites; however the study sought a “general population” sample to compare with the non-clinical site included in the study; differences in the two samples were minimal and results were pooled for study purposes.
Evans et al. (2002) found that 31 or more of the 34 questions on the CORE-OM were completed by 98% of the nonclinical sample, and 97% of the clinical sample. Internal reliability for all domains was found. Test-retest reliability was highest for the domains; of these the lowest level found was for risk. Evans et al. (2002) stated that this was to be expected due to the small number of items for this domain and the situational nature of what it measures.

Convergent validity was found when CORE-OM scores were compared to scores from 11 other measures; highest convergent validity was found for measures that were conceptually similar to the CORE-OM. The strongest relationship for all items was found with the Symptom Checklist-90-Revised. Data also revealed that the CORE-OM is capable of distinguishing between clinical and nonclinical samples at a statistically significant level.

Participants in the current study completed an altered version of the CORE-OM on the first and last days of treatment. The manipulated form contained the same questions and answer options as the original form; numbers, which may influence responses, were removed from the form so as to increase trustworthiness of data. As another means of ensuring accurate data collection, two versions of the manipulated form were created with questions in a different order on each form. The participant who completed manipulated form version 1 at pretest was given version 2 for posttest; the participant who initially completed version 2 at pretest was given version 1 for posttest. The manipulated versions of the CORE-OM can be found in Appendix A.

**Therapeutic Visual Journaling Procedures**

An art therapist conducted the therapeutic visual journaling group sessions over the course of six weeks. Sessions lasted two hours and were conducted once per week at the homeless veterans program from which the participants were recruited. Each session included a
The first session of the visual journaling group began with a psychoeducational component on visual journaling and its uses. Capacchione’s (2002) “how do I feel right now” directive was utilized to evoke mindfulness within participants and enable the participants to connect physical and emotional sensations with visual images. Capacchione’s (2002) “my inner and outer selves” directive was utilized to enable participants to discover the differences between what they hold in and what they show to the world as well as the importance of being truthful when working in their journals.

Session two of the visual journaling group focused on stress. After psychoeducation about stress, the participants created art about this theme. Participants were asked to think of
how they felt when they were “stressed” and to depict it visually in their journals. They were then asked to create a list of what causes their stress. Capacchione’s (2002) “time/life map” was be utilized to demonstrate that participants are the ones in charge of their lives and they make the decisions about the things for which they utilize their time.

Session three concentrated on the theme of anxiety. Again, participants were asked to represent their anxiety visually in their journals. Next, participants were led in an art making activity, which required identification of healthy ways to cope with anxiety and a visual representation of at least one of the identified coping mechanism.

The fourth session began with psychoeducation on depression. Utilizing Capacchione’s (2002) “self-inventory” exercise as a guide, participants were asked to create lists of what they have accomplished that brings them pride. This exercise concluded with a discussion on affirmations and their uses. Participants were then be asked to make a list of at least five affirmations in their journals and to create a visual image representing one of the affirmations.

The theme for session five was trauma. Psychoeducation on trauma and posttraumatic stress disorder took place before art making. Participants were asked to create images representing three different points in their lives: life before, life at the current time, and life as they wished it to be in the future.

Session six was intended to be the final session of the visual journaling group. This session’s theme was “where am I going?” This session did not take place, however, because the participants had other commitments. Had it taken place, the participants would have been asked to think back to the future drawing created the previous week and to select a goal they wished to begin working toward. They would then have be asked create a drawing representing themselves.
now in relation to the goal, the obstacles they would face in trying to reach the goal, and themselves once they had reached the goal.

**Interviews**

After completion of the visual journal group participants were scheduled for individual interviews. Participants met with the researcher for 60 minutes. Following the advice of Englander (2012), semi-structured interviews were guided by questions designed to elicit responses that described the lived experience of veterans who have participated in a visual journaling art therapy group. Although predetermined questions were designed to elicit informative responses, the questions were not utilized as a questionnaire and the interviewer may have asked other questions as deemed appropriate based upon participant responses. Example questions can be found in Appendix B. All interviews were digitally recorded and stored on a computer locked with a password.

**Reviewing Art**

Prior to the conclusion of the interview, participants were asked to present and discuss any personal significant artwork created during the workshop. Artwork and statements made in reference to the presented art were documented. Additionally, photographs of artwork were taken periodically throughout the therapy sessions to provide additional data.

**Data Analysis**

**CORE-OM**

Participants in this study completed the CORE-OM prior to beginning the first visual journaling session and again during their individual interview session. Scores were calculated for overall score, as well as domain scores, utilizing the scoring method set forth in the Core System User Manual (CORE Information Management Systems, n.d.). Clinically significant
change was examined as suggested by the Core System User Manual (CORE Information Management Systems, n.d.).

**Interviews**

Participant interviews were recorded and transcribed. Pauses and any seemingly relevant nonverbal communication were noted in the text. Transcribed interviews were then compared with recordings and adjusted as necessary. Transcribed interviews presented to participants for review and feedback and adjusted as necessary.

Analysis of the interview data followed the method developed by Lindseth and Norberg (2004). A naïve understanding of the text was obtained by completing several readings in order to grasp the meaning of the text as a whole. Thematic structural analysis was then conducted.

Thematic analysis began by identifying meaning units. Lindseth and Norberg (2004) described meaning units as “part of a sentence, a sentence, several sentences, a paragraph, i.e. a piece of any length that conveys just one meaning” (p.149). Meaning units were compared with the naïve understanding of the transcribed interview texts. The meaning units were expressed in everyday words and sorted based upon similarities. Similar meaning units were further condensed to form themes and sub-themes. Themes were then compared to the naïve understanding and it was determined that the themes validated the naïve understanding.

As a final step, the themes were once again verified. Participants were asked to review themes and provide feedback to ensure confirmability. No further adjustments were necessary; the final themes had been reached.

**Review of Art**

Images of artwork created during therapy sessions were taken with permission of the participants. Journal artwork presented by participants as personally significant during the
interviews was photographed. Statements made in regards to the presented art was documented as part of the interview transcript and coded for data enrichment. Discrepancies between interview responses and statements made about art were examined. Additionally, notes taken about participant statements and reactions to art created during therapy sessions were utilized to provide support for interview data.

**Trustworthiness and Confirmability**

Validity, in regards to the CORE-OM scores has already been discussed. In regards to qualitative data obtained from participant interviews, several steps were taken in order to ensure trustworthiness and confirmability. First, the establishment of the therapeutic relationship during the six-week visual journal group resulted in trust between participant and researcher and enhanced the trustworthiness of data gathered from participant interviews. Additionally, participants were encouraged to be truthful and provide as much detail is possible during their interviews. Lastly, participants were given copies of their transcribed interviews as well as a list of themes for their review and feedback.

**Triangulation**

The collection of both qualitative and quantitative data allowed for triangulation. The data from the qualitative interviews was compared with quantitative data from the CORE-OM to determine the amount to which one supports the other (Johnson, Onwuegbuzie, & Turner, 2007). Additionally, data obtained during therapy sessions was compared to other data to determine degree of support.

**Ethics**

An Institutional Review Board (IRB) at The Florida State University reviewed this study. After IRB approval, the study was presented to the leadership of a homeless veterans program in
northwest Florida, which had given tentative approval pending IRB approval. Once the program gave approval, participants were recruited via the use of flyers and staff referrals. The visual journaling intervention took place at the homeless veterans program and all participants signed consent forms prior to beginning the study.

**Conclusion**

The study of veteran use of visual journaling during recovery was approached from a humanistic standpoint due to the individual nature of recovery and visual journaling. This also led to the collection of multiple types of data in order to gain a wider breadth of knowledge about the topic. Semi-structured interviews were utilized to collect qualitative data and the CORE-OM was used to collect quantitative data. Participants completed the CORE-OM pre and post intervention. The visual journaling intervention took place over six weeks, with weekly sessions that concentrate on a specific theme. Measures were taken to ensure that both data sources provided accurate and trustworthy information, and data was triangulated in order to provide the most comprehensive picture possible.
CHAPTER 4

RESULTS

This study was initially designed to include only participants that attended 4 of the 6 journaling sessions, however, data from both participants was included due to the fact that John attended 3 out of 5 sessions (a majority similar to that of 4 out of 6) that took place and Jane attended all sessions. Participant information and the details of each session of the visual journaling group is described below. The Clinical Outcomes in Routine Evaluation – Outcome Measure (CORE-OM) scores and the overall themes from the participant interviews is discussed. Due to information being taken directly from session notes, first person language is periodically utilized throughout this chapter. All quotes were obtained through direct communications.

Participants

John

John was a 50-year-old African American man. He was in the Navy for 3 years and had 7 different deployments; he went to Grenada three times, Guantanamo Bay three times, and had one deployment to Antarctica. John was raised by foster parents, whom he did not know were not his biological parents until he was 10 years old; he felt betrayed due to not being adopted. John had a history of post military substance abuse and has experienced several military and non-military traumas. John was single and had one child. At the time of this study he was taking online classes to complete his associate’s degree. John was dealing with anxiety, depression, posttraumatic stress disorder (PTSD), and homelessness. John received mental health treatment provided by the Department of Veterans Affairs (VA), and was being seen for counseling and eye movement desensitization and reprocessing by the clinical coordinator at the homeless veteran program from which he was recruited. During the visual journaling group
John was also participating in the Depression and Anxiety Reduction Treatment Study conducted by the Anxiety & Behavioral Health Clinic at the local university. Additionally, I was seeing John for individual art therapy; he attended a total of 6 individual art therapy sessions before and during the visual journaling group.

Jane

Jane was 25-year-old woman of mixed race and Dominican descent. She was in the Marine Corps for 4 years was deployed once to Afghanistan. She was taking classes, working toward her bachelor’s degree. Jane was divorced and did not have children. She had a traumatic experience when she was an adolescent. At the time of the study she was dealing with homelessness, depression, anxiety, and PTSD [which she stated was diagnosed as adjustment disorder]. Jane received mental health treatment provided by VA, and was being seen for counseling by an independent living counselor at the homeless veteran program from which she was recruited. During the visual journaling group Jane was also participating in the Depression and Anxiety Reduction Treatment Study conducted by the Anxiety & Behavioral Health Clinic at the local university. Although Jane was not being seen for individual art therapy sessions, she was attending open studio art therapy and completed two masks with my assistance. Jane attended 5 open studio sessions as well as one off-site art therapy trip.

Therapy Sessions

All of the visual journaling sessions were conducted in the homeless veteran program’s main office. The group took place around the conference table in the common area of the office; the door to the office was locked during sessions so as to provide privacy from other program participants. The participants were provided with basic journaling supplies, a Moleskine
notebook and a Pitt Pen., which they kept in between sessions. Additional art materials, such as markers, colored pencils and pastels, were provided for use during each session.

**Session 1 – Introduction to Visual Journaling**

Three individuals attended the first session: John, Jane and Joe; Joe attended only the first session of the journaling group and therefore was not included in the study. After going over the behavioral consent form approved by the institutional review board, each individual completed the CORE-OM. Next the visual journaling supplies were handed out. Visual journaling was explained to the group by stating that it was a combination of writing and art and that there is no one “right” way to do visual journaling. The participants were informed that art has been shown to help improve PTSD, depression, and anxiety and to reduce stress and that writing has been shown to improve PTSD and mood.

The next topic of discussion was how and when to use the journal. The clients were encouraged to use any type of art they desired in their journal – drawing, painting, doodling, and collage. They were encouraged to work in their journals between sessions whenever they were bored, stressed, upset, happy or when they needed to write something down so that they did not forget about it. As recommended by Mazza (2003), the participants were informed that they had the right to share, or not share, the contents of their journals; this was done to allow for a sense of control while dealing with difficult feelings.

During this session the participants were asked to complete two exercises. The first was Capaccione’s (2002) “how do I feel right now?” exercise. The participants were asked to close their eyes and think about this question for a short while. John had difficulty keeping his eyes closed during this portion of the exercise; it appeared as if he was uncomfortable sitting with his eyes closed while in a group. The group members were then asked to “see if any visual images
or words come to mind which express how you feel at this moment in time” (Capaccione, 2002; p. 22); Joe interrupted the therapist and said “oh, I already got that” and began to draw. He drew a “happy face,” wrote the word happy underneath, and closed his journal. A few moments later, Joe added some red lines around the image with a marker. John's response stated that he was uneasy with this exercise (see Figure 3) and after he finished he began to talk to Jane. Jane’s response to this exercise was to write “beautiful day” in block letters and draw a tree with colored pencils. Jane put a lot of effort into the tree and would probably have continued to work on it, but she had to leave the session to go to an appointment at the Anxiety and Behavioral Health Clinic. Jane’s work can be seen in Figure 4.

![Figure 3.](image)

*Figure 3. John’s response to Capacchine’s (2002) “how do I feel right now?” exercise.*
Prior to leaving the session, Jane was given a photocopy of Capaccione’s (2002) “my inner and outer selves” exercise. The session continued with John and Joe. I asked them to open their journals, review what they had already added, and write whatever came to mind, even if that was “I don’t know what to write.” Neither Joe nor John was very engaged in this exercise; they finished after only a few minutes.

Next, Capaccione’s (2002) “my inner and outer selves” exercise was completed; the participants were asked to create two images: one that represented their “internal, private world of physical sensations, emotional feelings, fantasies, memories, wishes, thoughts” (p. 28), and another that represented the parts of themselves that they reveal to others. John then asked if he could do the drawing later. I had the impression that he was trying to get out of the session and responded by stating that it was ok to sit and think for a while before starting the exercise. When asked to look at their drawing and write whatever came to mind, both John and Joe looked at me
in way that indicated they were thinking “really, we have to do that again?” Joe then said “the same that came to mind earlier – I’m happy.”

The session concluded with a final discussion so that the participants’ could process the work they had done. When asked what they thought about the activities, Joe said, “It brought out what I was feeling. I have been happy all day.” John said, “I have a blank feeling within myself right now – I’m still learning how to express myself.” John was told to think of his using his journal as a way to practice expressing his emotions and I explained how different types of lines and different colors could express different feelings or emotions. John then said he had been using school as a distraction so he did not have to think about the bad stuff and I responded with “you won’t be in school forever so you need to learn other ways of feeling better. Your journal is a good place to take note of the things that help you feel good because we often forget about things that are good for us.” Again, the participants were encouraged to work in their journal between this session and the next. Finally, they were asked if they had any questions and they did not. This was the only session that Joe attended; therefore he was not included in the study.

Session 2 – Stress

This session focused on stress and Jane was the only participant present. The session began with a discussion about what she hoped to get out of the group, which was “finding a way to calm down from stress, anger, or frustration.” Jane and I then discussed what stress is and what causes stress. Jane jokingly stated that stress is “something that makes me want to punch someone.” She identified school and waiting for grades as causes of stress in her life. When asked how she deals with stress, Jane stated, “I watch TV mindlessly, or I clean my room.”

Next, we discussed the following myths about stress: stress is the same for everyone, stress is always bad for you, stress is everywhere and you can’t do anything about it, the most
popular techniques for stress reduction are the best ones, no symptoms means no stress, and only
major stress symptoms require attention (American Psychological Association, 2014). During
this discussion Jane identified that exercise and cooking were also ways of dealing with stress.

The next topic of discussion was chronic stress and why it is bad. I explained that stress
lies on a continuum and that some stress is normal, but stress can start to impact health and
ability to function when it builds up and nothing is done to help lessen it. The session ended at
this point because Jane had to leave to attend an appointment at the Anxiety and Behavioral
Health Clinic. Before leaving Jane was given a photocopy of Capaccione’s (2002) “time/life
map” exercise.

**Session 3 – Anxiety**

At the beginning of this session, which focused on anxiety, Jane was the only participant
present. The session began with a discussion about anxiety and the signs and symptoms of
anxiety. During this discussion Jane stated that she had experienced sleep disturbance “a lot
lately” and had gone to bed at 4am the previous night, woken up at 9am, and still felt tired. In
discussing the common types of anxiety, Jane identified most with superego anxiety, the fear of
doing something wrong or embarrassing, fear of poor performance, or need for perfection (M.
Rosal, personal communication, October 29, 2013). I explained to Jane that just like stress,
anxiety could be thought of as existing on a continuum (see figure 5).

![Figure 5. Continuum used to explain stress during therapy session.](image-url)
Jane was then asked to think about a time when she was anxious, or something that caused her anxiety, and depict the anxiety in her journal. After this request Jane told a story about having to swim during her military training. Jane said the situation had made her very anxious, that her heart was beating fast and that she was afraid of drowning. She then asked, “How do I draw anxiety?” I reminded her that she had said the situation caused her heart to beat fast. She replied “I guess I could draw a heart with some lines coming off it – but not a heart shape.” Jane then used her cellular phone to find a picture of a heart on the Internet. After drawing the heart she asked, “Now do I just draw vibrations?” I responded by telling saying that it was up to her. Jane decided to add “blood spurting out” with crayons and then she added water around the heart (see figure 6).

![Figure 6. Jane’s depiction of anxiety.](image)

John arrived before the next exercise began and reported that he had been at the VA for an appointment. The participants were asked to create a list of possible ways to handle anxious
feelings. John wrote a few things down and then asked how many he needed to come up with; I asked him to identify at least five different ways to handle anxiety. An image of John’s list is unavailable; however, Jane’s list can be seen in figure 7. The participants were also asked to create an image depicting one of the coping mechanisms. Jane chose to illustrate “watching Netflix” and her image can be seen in figure 8.

The session concluded with a final discussion. John and Jane read their lists of ways to cope with anxiety. After hearing Jane’s list, John said “playing on the computer” was another way to deal with anxiety. Then John’s telephone rang; he answered and talked to someone for a few minutes before making hand motions indicating that he needed to leave. After John had left the room, I asked Jane if these exercises had helped her think of anything new or see anything differently. She said that she typically throws a ball against the wall when she needs to relax but that she would now try to go for a walk more often.

![Image of Jane’s list](image)

*Figure 7. Jane’s list of anxiety coping mechanism.*
Session 4 – Depression

Both John and Jane were present for session 4 which focused on Depression. I began the session by asking the participants “What does depression look like? How might we know that someone was depressed?” Jane stated, “Some people, like me, hide their depression because they are afraid of what others might think.” She continued and talked about being on base in the military and how there was a high rate of suicide. Jane also said that those who are depressed are not as happy as they used to be and that nothing is pleasurable for them. John said that depressed individuals would keep “at a distance” and be antisocial, alone, and unhappy.

Next, the signs and symptoms of depression were reviewed. John stated that depression causes people to lose interest in sex and not want to clean up after themselves. Following this, Foley’s (n.d.) Courage Group Workbook was utilized to guide the discussion on the following
cognitive distortions: all or nothing thinking, ignoring the positive, catastrophising, overgeneralizing, personalizing, emotionalizing, and should statements. Jane stated that she has a tendency to catastrophize and personalize. John said that he emotionalizes and that he used to be angry and start fights just because he could. He continued, stating that he has trouble saying no and has seen a lot of death.

The participants then completed Capaccione’s (2002) “self-inventory” exercise. They were asked to create lists for the following categories: my skills and talents, my areas of knowledge and experience, my positive personality traits and qualities, and my most important achievements. John’s lists can be seen in figure 9 and Jane’s in figures 10 and 11.

*Figure 9. John’s response to Capaccione’s (2002) “self-inventory” exercise.*
Figure 10. Part I of Jane’s response to Capaccione’s (2002) “self inventory” exercise

Figure 11. Part II of Jane’s response to Capaccione’s (2002) “self inventory” exercise
The participants were then taught about affirmation statements. The participants were encouraged to use positive language to remind themselves of what they have already accomplished or what they were working towards accomplishing. They were told that words such as “poor,” “can’t,” “don’t,” “should,” and “must” were not appropriate for affirmations, and that most affirmations began with “I.” The participants were asked to make a list of five affirmations. John said two of his affirmations statements out loud; both statements were about getting other people to do things for him so he was redirected to write affirmations about things he could do himself. Jane stated that she would write one statement about medical school and one about actually being a doctor. John’s affirmations can be seen in figure 12 and Jane’s in figure 13.

![John’s affirmation statements.](image)
Figure 13. Jane’s affirmation statements.

When asked to pick one affirmation to illustrate, John said, “What is up with all the drawing? This is journaling.” Jane responded by telling him “Its art journaling. Art!” John then
turned the page and began to draw and image with his Pitt Pen. At this time Jane was just finishing up her lists. She started to doodle about the edge of her page and said, “I don’t know why but these things [the doodles] are stuck in my head.” John very quickly finished his drawing and asked what to do next; I responded, “we still have some more time so you can do some more images or more writing in your journal.” He stated that he was going to put “cruising on a Sunday afternoon” on his page; his image can be seen in figure 14.

![Figure 14. John’s depiction of one of his affirmation statements.](image-url)
Jane began to draw her affirmation image and stated that she wished I had provided them with erasers; she then said she would just make the extra lines part of the background. During this time John began to talk about his credit score and ask Jane and I if we thought it was a good score. Shortly thereafter, Jane indicated her drawing and said “its supposed to be me but its not, its just a drawing.” She stated that she liked the face but the body looked like a half woman and half gorilla mix. Then she exclaimed, “You know what I realized? My person is standing at parade rest [parade rest is a military term for a certain type of stance assumed during military drill and ceremonies]! I just now realized that!” Shortly thereafter, John leaned over and looked at Jane’s journal. Jane slammed her hand down on top of her drawing and said, “Excuse you! I didn’t give you permission to look at my journal. Did I look at your journal?” John sat back in his chair and did not respond verbally. Jane’s image can be seen in figure 15.

During the final discussion both John and Jane agreed that being positive attracts positive people. John stated that he had a book on positive thinking and was trying to be more positive in his life. He stated that the exercise helped him see himself as he used to be, filled with a lot of confusion and chaos, which led to drinking, drugs, and not apathy. It also helped him see what he was working towards: stability, business, enjoying life, and being able to be honest with himself in dealing with all the things that have happened to him; at this time Jane began to laugh. She made a statement about John’s appearance, continued to laugh, and then apologized. Jane commented that affirmations helped and that they were tired to her religious beliefs. Previously she had written, “I will” instead of “I am” and stated, “I guess I never really understood how to do it before.” This session was filled with John and Jane joking with each other, calling each other “brother” and “sister” even though they are not related. They teased each other throughout the session about non-therapy related things like cleaning their apartments or being bossy.
Session 5- Trauma

Jane was the only participant present for the trauma-focused session. The session began with a discussion about the definitions of trauma and traumatic event. Jane revealed that she “was jumped in middle school and when people talk about traumatic events I always go back to that.” She stated that about 10 “all black kids, male and female”, jumped her and that she did not retaliate. This occurred within about a month of starting school in the U.S. She reported that she never understood why they did it and that it made her feel as if her Aunt, whom she was living with at the time, did not protect her as she should have. She stated that she has “kind of let go of
it” but whenever she has a conversation about race it comes back up, “I went through it too, black kids jumped me. My whole thing is wanting to know why they did it in the first place.”

Next we went over the signs and symptoms of posttraumatic stress disorder (PTSD). After I explained exposure related symptoms, Jane revealed more of her past. She told me that she never saw anyone get injured in combat but that she knew a guy who committed suicide. She said that he was overweight due to being injured and unable to exercise and that he was teased. This guy had wanted to spend time with her but she was always busy. Eventually he got sent to another unit and within one month he had committed suicide. Jane said, “I feel like if I had given him the time of day, then maybe I could talk to him. I don’t think he had a lot of people to hang out with. I sometimes blame myself because what if I had just taken time out to hang out with him. I try not to blame myself, but I think about what could have happened if I just spoke to him.”

Jane related that she was now overweight and embarrassed to tell people that she was a Marine, “so imagine how bad it felt being overweight while I was in.” She was glad that she was not around when he first committed suicide because she thought she would not have been able to handle it. She admitted that she kept seeing his face but could not remember his name.

During the discussion about intrusive symptoms Jane admitted that she was hypervigilent. She talked about training exercises, which required extreme attention to detail. She stated that her training instilled muscle memory that she still has not forgotten; as a result she occasionally reacted as if she was being physically attacked when that was not the case. Jane later said that depression and anxiety were more acceptable for doctors than PTSD and because of that her counselor has diagnosed her with adjustment disorder. She also indicted that anxiety and depression heightens her symptoms.
The art exercise for this session required Jane to think of a traumatic event and create three images: life before the event, life at the time of event, lives as desired in the future. Jane chose to use pastels for this exercise and commented that she owned a lot of art materials and desired to be well rounded in all mediums. She began by dividing one page in her journal into three sections.

For the “life before the event” image Jane drew a “sunset” and indicated that she liked these types of images because they reminded her of being at home and said, “when I am at home I have no worries in the world!” Jane said that even though she wants to be a doctor, she still wanted to take an art class; I reminded her that having something to do for stress relief was always a good idea.

Jane’s “life at the time of the event” image was about life at the time of and for a period after her divorce. She stated that she had acted in ways that were not in accordance with her beliefs and that she felt like she was “doing something wrong.” The red and orange Jane used were meant to stand for anger and when she was “feeling down.” She used white because she wasn’t always angry; her friends “helped me stay afloat.” She also said, “the grey is for the depression state – feeling down – I didn’t put black because I felt like black is too intense.”

The final image that Jane created represented the life she wished she would have in the future. She decided to create a sunset again, “like the first, but better.” During this drawing Jane thanked me for “getting me into this. It’s pulling me into this, to help me figure this stuff out;” she was indicating the use of different art materials. Jane said that soft pastels were her “new best friend. I normally stick to pencils, but now I know I can manipulate them.” All three of Jane’s images can be seen in figure 16. This session did not include a final discussion since the only participant present was Jane.
Figure 16. Jane’s three images about the traumatic event she had experienced.

Session 6 – Where am I Going?

John missed his individual art therapy session on the morning of session 6. I walked over to his apartment to make sure he would be at the group session and he told me that he would be at a medical appointment. As I was headed back to the office I saw Jane. She informed me that she would be missing the group session because she had to attend a study session for a final exam and had an appointment after that. Session 6 did not happen because both participants had other commitments; due to this, the participant interviews served as a termination session.
Participant Interviews

Both participants met with the researcher for individual interviews two days after the final journal session was scheduled to take place. A list of the main questions utilized to guide the interview can be seen in Appendix B. Due to the semi-structured nature of the interviews, the participants were not asked the exact same questions during their interviews. Overall, the questions aimed to find out how the participant’s thoughts, emotions, feelings, symptoms, and social interactions were impacted by the visual journaling group. Additionally, the interview investigated the participant’s beliefs about therapy. The interviews were digitally recorded and then transcribed. Thematic analysis was conducted to determine common themes and sub-themes.

Data Analysis

Self Knowledge

Throughout the interviews the theme of learning about oneself was prevalent. Both participants gained a better understanding of their emotions. Jane told a story that involved a conflict among her roommates and stated, “I realized I wasn’t as angry as I normally would have been.” The understanding of emotions resulted in having an easier time talking about symptoms, which facilitated self-expression. John stated that being conscious of what he was holding inside helped him be less nervous about releasing it, and that while his symptoms were still present, talking about them was more tolerable. Additionally, learning about personal strengths resulted in an increase in self-confidence. John stated that he realized that he could say “no” sometimes and that he didn’t need to follow anyone else’s path. The increased self-knowledge of the participants resulted in increased self-acceptance and hope for a better future. John stated, “I can
learn how to let go and move on,” while Jane stated that a journal entry that reflected what she wanted her life to be like was particularly significant to her.

**Journaling resulting in self-knowledge.** The self-knowledge gained by the participants was a direct result of the journaling exercises that were completed during the group sessions as well as journaling they did on their own between sessions. The affirmations exercise that was completed by Jane during the session that focused on depression increased her understanding of her tendency towards negative thinking; she also stated that this exercise allowed her to put her religious beliefs into practice and increased her positive thinking. Both participants reported working in a journal outside of the group session. John stated that he used his journal to explore feelings, symptoms and daily concerns. Additionally, Jane was inspired to start a written journal and used it to write about her feelings in order to reduce rumination.

**Therapist Qualities**

The participants identified several preferred therapist qualities. Common ground between therapist and clients was seen as important because it aided ability to understand the client. This commonality could be achieved by a therapist who is also a veteran or by a therapist who has a good amount of experience working with veterans. Additionally, Jane suggested that women therapists will more easily understand women clients and that male therapists were neither as gentle or as attentive as women therapists. Jane also stressed that therapists should give their full attention to their clients. Lastly, Jane stated that during a previous outing attended by herself, the therapist, and another member of the homeless veteran housing program, the therapist had defended her; this made Jane feel as if she could trust the therapist.
Group vs. Individual Therapy

Another topic of discussion in relation to therapy was group versus individual therapy. Both participants stated that their previous individual work with the therapist had facilitated their participation in the journaling group and without this prior interaction with the therapist they would have been uncomfortable coming to the group. Both also stated that individual therapy was preferred over group therapy. The reasons given for this were that other people are hard to trust and others would need to be trustworthy in order for a feeling of safety to be present. Additionally, John stated that some things would be harder to talk about in a group.

Art Making Benefits

Several benefits of art making were mentioned by the participants during their interviews. Jane stated that drawing resulted in a feeling of calm; this was however, the only statement about art making that was directly related to the journaling group. Both participants had created masks during their individual work with the therapist. John stated that his mask was the piece of art that was most significant to him. Jane stated that the mask making was the session that she enjoyed the most. What is it about the mask making that was so beneficial? The participants reported that mask making increased recognition of feelings and self-understanding. Additionally, the use of both hands to create the 3-D masks resulted in decreased cognitions and an increased feeling of calm.

Art Communicates the “Real” Me

There were several times when the participants stated that their art communicated personal qualities, or their “real” self. John stated that his mask was significant because it communicated that he was not always what he seemed to be and that it showed that he hid behind different faces. When asked which entry in his journal was most important he replied
“All of it. Because it relates to everything I am going through.” As previously stated, Jane identified a piece of art in her journal that communicated what she wanted out of life as the most significant.

**CORE-OM**

Due to the fact that session 6 did not happen, the participants completed the CORE-OM posttest prior to beginning their individual interviews. Posttest CORE-OM scores were calculated and compared to the participants pretest scores. Mean scores range from 0 to 5 with higher score meaning the individual is reporting more problems or more distress.

**Jane’s Scores.** Jane’s CORE-OM Scores can be seen in table 1. Her mean score for the subjective well-being dimension did not change. Although all other dimensions and the overall mean decreased, the scores did not reflect a clinically significant change according to the CORE System User Manual (CORE Information Management Systems, n.d.). The largest change was in the domain of problems/symptoms where a decrease of 34% of one standard deviation was found; thus, although there was a decrease in some scores, the decrease was only a fraction of a standard deviation and thus insignificant. Jane’s pre and posttest scores were more reflective of a non-clinical population than a clinical population (CORE Information Management Systems, n.d.). Jane’s pretest scores were relatively low and thus left little room for change.

**John’s Scores.** John’s CORE-OM scores can be seen in Table 2. John’s mean scores on the subjective well-being decreased by 26% of a standard deviation while his life functioning score decreased by 49.5% of a standard deviation. In contrast to this, his mean scores on the problems/symptoms and risk/harm dimensions increased causing his overall mean score to increase as well. John’s scores do not reflect an improvement; in fact they suggest the opposite. John’s risk/harm domain score increased by 1.11% of a standard deviation. The increase in
Johan’s scores is likely due to increased truthfulness, facilitated by the therapeutic relationship, from pretest to posttest.

Table 1. Jane’s CORE-OM Scores

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<th>Dimension</th>
<th>Pretest Mean</th>
<th>Posttest Mean</th>
<th>Change</th>
</tr>
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<tr>
<td>Subjective Well-being</td>
<td>1.25</td>
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<tr>
<td>Problems/Symptoms</td>
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<td>Life Functioning</td>
<td>0.9166</td>
<td>0.6666</td>
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<tr>
<td>Risk/Harm</td>
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<td>0</td>
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</tr>
<tr>
<td>All non-risk Items</td>
<td>1.0357</td>
<td>0.7857</td>
<td>-0.25</td>
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<td>All Items</td>
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Table 2. John’s CORE-OM Scores

<table>
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<th>Posttest Mean</th>
<th>Change</th>
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</thead>
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<td>All Items</td>
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Conclusions

This chapter gave a detailed description of both of the study participants. The events of each of the therapy sessions were noted. The results of the thematic analysis of the participant interviews were detailed. The identified themes of therapist qualities, group versus individual therapy, art making benefits, art communicates the “real” mea and self knowledge with the sub-theme of journaling increasing self-knowledge were described. Lastly, the pre and posttest CORE-OM scores were detailed for each participant.
CHAPTER 5

DISCUSSION

The purpose of this study was to investigate the lived experience of military veterans who participated in a visual journaling art therapy group as art of their recovery. The study also sought to determine if the use of visual journaling impacted subjective well-being, symptoms, life functioning and risk as measured by the Clinical Outcomes in Routine Evaluation – Outcome Measure (CORE-OM). The overall aim of the study was to identify the role that visual journaling plays in the recovery process of veterans. A discussion of the study results is presented below.

CORE-OM

CORE-OM scores were analyzed to determine changes in mean scores for each of the following dimensions: subjective-well being, problems/symptoms, life functioning, and risk/harm. Mean scores of all items and all items minus risk/harm items were also determined and compared. The CORE System User Manual (Core Information Management Systems, n.d.) was utilized to determine clinically significant change as well as standard deviation values. Scores range from 0 to 5, with higher scores indicating higher levels of distress.

Jane’s mean score for the subjective well-being dimension did not change, but all other mean scores decreased. The decrease did not, however, reflect a clinically significant change (CORE Information Management Systems, n.d.). The largest change in Jane’s scores was in the domain of problems/symptoms where a decrease of 34% of one standard deviation was found, thus the pretest to posttest changes ranged 0-34% decrease of one standard deviation. Jane’s pre and posttest scores are more reflective of a non-clinical population than a clinical population;
Jane’s pretest scores were relatively low and thus left little room for change (CORE Information Management Systems, n.d.).

John’s mean scores on the subjective well-being and life functioning dimensions decreased but his mean scores on the problems/symptoms and risk/harm dimensions increased causing his overall mean score to increase. John’s scores do not reflect an improvement; in fact they suggest the opposite, that he perceived his problems/symptoms as worse at the end of the journaling group and that he was at higher risk of self-harm. Since there was no indication during John’s individual therapy or during the group sessions of any events that would cause his symptoms to increase and his interview indicated that he benefited from his participation in the journaling group, it is more likely the increase in his mean scores from pretest to posttest reflect more truthful answers.

Several factors may have contributed to the increase in truthfulness. First, the pretest was completed during the first session and two other participants were in the room; although all participants were completing their CORE-OM at the same time, this may have caused John to be uncomfortable answering honestly. Secondly, the six-week journaling session and individual art therapy sessions allowed John to develop a relationship with the therapist, which likely made him more comfortable giving truthful answers during his posttest. The journaling sessions also resulted in more self-reflection, which may have left John less defensive and more vulnerable. Lastly, John completed the posttest during his interview session when only he and the therapist present.

**Interview Themes**

The interview transcripts were analyzed using phenomenological hermeneutical thematic analysis. The following themes were found: self-knowledge with a subtheme of journaling
resulting in self-knowledge, therapist qualities, group versus individual therapy, art making benefits, and art communicates the “real” me.

**Self Knowledge**

Learning about oneself was prevalent throughout both interviews. Both participants gained a better understanding of their emotions, which resulted in having an easier time talking about symptoms and facilitated self-expression. The increased self-knowledge of the participants resulted in increased self-acceptance, increased self-confidence and hope for a better future. Journaling resulting in self-knowledge was identified as a sub-theme because the self-knowledge gained by the participants was a direct result of the journaling exercises that were completed during the group sessions as well as journaling they did on their own between sessions.

Self-knowledge likely increased as a result of the psychoeducation component of each session. Participants were taught about stress, anxiety, depression, and trauma; learning about each of these topics increased the participant’s overall mental health knowledge. After learning about the weekly topic, the participants then completed journaling exercises that were designed to help them apply the knowledge they had just gained. For example, they identified coping mechanisms for dealing with anxiety. It is probable that the completion of these types of exercises, as well as the therapeutic encouragement and support they received during the session, enabled the participants to discover hidden aspects about themselves and achieve a higher degree of self-acceptance.

**Therapist Qualities**

The participants preferred several important therapist qualities. The identified qualities were: common ground between therapist and clients, therapists giving his or her full attention to
clients, and therapist should be trustworthy. Additionally, women therapists were preferred over male therapists.

**Cultural competency.** Common ground between therapist and clients, as indicated by the participants, can be obtained via having a therapist that is also a veteran or by having a therapist that has worked with veterans for many years. Due to shared language, norms and beliefs of military members and veterans, it has been said that the military constitutes a distinct culture. Several unique aspects of military culture can greatly impact the efficacy of psychological care: the abundant use of acronyms or specialized terms, defined behaviors based on rank, the internalized need to “suck it up” or “drive on,” and the devaluing of any characteristics which could place the mission at risk (M.A. Reger, Etherage, Reger, & Gahm, 2008).

Military culture does not disappear when an individual leaves the military. As evidenced by their tendency to introduce themselves by stating their name as well as some details of their military service, veterans continue to be influenced by military culture. Strom et al. (2012) addressed cultural considerations for therapists working with veterans within the VA and stated that military values and beliefs can hinder treatment; the necessary “collective mind” that is acquired during crisis situations results in quickly established trust and rapport among veterans and this may hinder the establishment of a therapeutic relationship with a civilian therapist. Therefore, in stating that common ground with a therapist is important, the participants in this study were simply asking for a therapist that is culturally competent and able to provide them with the best possible therapy.

**Other therapist qualities.** The other therapist qualities that were identified by the participants were: trustworthiness, paying attention to the client, and women therapists were
preferred over male therapists. These preferred qualities are the result of the participant’s prior bad experiences with therapy and other health care providers. Both participants stated that their participation in the group was a direct result of their trust in the therapist, without it they would not have taken part in the group. Jane’s first therapist was a man who did not pay attention to her. Additionally, she had a bad experience with a medical doctor. Both of these providers neglected to provide their full attention to Jane. As a result, she suffered from a physical injury longer than necessary and had to seek out a new therapist. Since these preferences are based mostly on personally history it is likely that other veterans may have different preferred therapist qualities.

**Group vs. Individual Therapy**

Participation in the visual journaling group was facilitated by a previous relationship with the therapist. Both participants stated that they preferred individual to group therapy. Many researchers suggest group therapy for veterans (Collie, Backos, Malchiodi, & Spiegel, 2006; Ready et al., 2012; Rozynko & Dondershine, 1991), which is why this study was designed as a group treatment. Perhaps the participants were unable to benefit from being in a group due to the fact they were only together for one and a half sessions because they each missed sessions in order to attend other appointments.

Another reason the participants may have preferred individual therapy is that anyone in a group that takes place at the homeless veteran housing program is a participant of that program. All participants lived in a small apartment complex and have daily interactions with each other, which increases the likelihood that information disclosed during group and communicated to non-group members would reach someone the participant did not desire it to reach. This idea is consistent with the reasons given for the preference of individual therapy: other people are hard
to trust, others would need to be trustworthy in order for a feeling of safety to be present, and some things would be harder to talk about in a group.

**Art Making Benefits**

The participants stated that art making increased calm; this was however; the only statement about art making that was directly related to the journaling group. Both participants placed high value on masks that were created during their individual sessions with the therapist. The participants reported increased recognition of feelings and self-understanding via mask making. Additionally, the use of both hands to create the 3-D masks resulted in decreased cognitions and an increased feeling of calm.

Mask making was probably valued due to its novelty. Not only was the mask making something neither participant had done before, but it also involved the use of new materials. Additionally, mask making is a multi-step project that requires delayed gratification and provides many chances to contemplate and make changes to the final product. The time and thought investment required to complete mask making likely resulted in pride in the final product and a sense of accomplishment.

**Other art materials and benefits.** During each journaling session the participants were provided with several different art materials to use in addition to their journals and Pitt Pens. At the first session the participants were provided with colored pencils and markers. These materials were chosen due to their resistive and familiar nature; these materials are something each participant would likely know how to use and be comfortable using without any instruction. During subsequent sessions the same materials were provided with the addition of chalk pastels and eventually watercolors. All materials were placed on the table and participants were allowed to work with whatever they desired.
Jane chose to use colored pencils during sessions 1-4 because she was familiar with them and knew how to use them to create the type of images that she desired. During the fifth session, which focused on trauma, Jane chose to use the chalk pastels. As she created the three images that were requested of her during this session, she discovered that she was capable of using this material to create the image she desired. She even exclaimed in a joyous manner that she was able to control the pastels. Her successful use of a new material resulted in a sense of mastery and increased self-efficacy. Her exploration of a new material was most likely facilitated by the fact that she was alone with the therapist during this session and had established a trusting relationship with the therapist during the previous sessions.

John only used his Pitt Pen during the journaling exercises. John may have been uncomfortable using the other 2-D materials provided since he created only 3-D art during his individual art therapy sessions. Additionally, he may have felt intimidated by Jane’s artistic abilities. Although John did not explore new art materials, his use of familiar art materials allowed for an increased sense of comfort when completing difficult journaling exercises; had he been made to use art materials which made him uncomfortable he would likely have experienced less self-learning and, therefore, benefitted less from the journaling group.

Art Communicates the “Real” Me

There were several times when the participants stated that their art communicated personal qualities, or their “real” self. These pieces were highly valued by the participants; both identified art that communicated their “real” self as the most significant art they had made. Both participants identified that their masks communicated their “real” self. During the mask making the participants were instructed to contemplate the self they shared with the world and the self that the kept hidden; the outside of the mask would represent what they shared with others while
the inside would represent their inner self. The contemplation of this directive and the subsequent self-discovery and increased self-knowledge combined with the multi-step delayed gratification nature of the project likely led the participants to feel as if the mask truly communicated who they were.

The piece that Jane created during the trauma-focused session was also identified as communicating personal qualities. This piece was valued because it showed her past, her present, and what she wanted for her future; it showed both struggle and hope. John valued his entire journal because it all related to his struggles. The selected pieces could reveal very personal information if explained by the participant that created them and thus reveal the “real” self.

**Other Areas of Interest**

The participants missing journaling sessions could very well have impacted what they were able to get out of participating in the group. For instance, John missed the sessions on stress and trauma as well as half the session on anxiety; these were all things that John struggled with and his attendance at these sessions may have helped lessen his symptoms or provide him with a feeling of normalcy. Both John and Jane missed the final session, which would have provided closure for the group and helped them determine steps to take to achieve their goals.

**Confounding Variables**

The visual journaling group coincided with another study, which was taking place at the Anxiety and Behavioral Health Clinic and was paying for participation. The result was that many people at the homeless veteran housing program participated in the Anxiety and Behavioral Health Clinic study; only three participants volunteered for the visual journaling group, all of which were participating in the other study. Participating in another study caused
the participants to miss some of the visual journaling group sessions. Additionally, the visual
journaling group ended at the same time as the academic semester, which resulted in conflict
with final exams. Lastly, both participants were homeless veterans with many personal concerns
and placed their participation in the visual journaling group at a lower priority than other mental
and physical health appointments.

**Limitations**

This pilot study only had two participants, both of whom were receiving other mental
health treatment while participating in the visual journal group and participating in another study
aimed at reducing anxiety and depression symptoms. Due to the small size, and the additional
treatments received by the participants, the results cannot be generalized to the larger population
of veterans, homeless veterans, or student veterans.

**Implications and Future Studies**

This study found that participation in visual journaling art therapy group was beneficial
for the two participants. Self-knowledge increased for both participants resulting in a better
understanding of their symptoms, emotions, and feelings, as well as increased self-
understanding, increased self-confidence, and hope for the future. This increase in self-
knowledge was facilitated by the visual journaling that was completed during and between group
therapy sessions as well as by art projects completed by the participants during their individual
therapy sessions. Although the identified themes are consistent with some findings of other
studies (Deaver & McAuliffe, 2009; Makin & Gask, 2011; Mercer et al., 2010; Spandler et al,
2007; Van Lith et al., 2011) this pilot study is not generalizable. Further study would be needed
to determine if the self-knowledge gained by the participants was truly attributable to the visual
journaling group experience.
Although this study was designed as a group treatment, the participants were only together for 1.5 sessions; the majority of the study was conducted with one participant. This indicates that the visual journaling sessions can be beneficial when conducted as part of individual therapy. Further research could investigate the utilization of this same six-week visual journaling curriculum as part of individual therapy.

**Personal Reflections**

Qualitative research relies upon the researcher for data analysis; the researcher and the findings cannot be wholly separated since the researcher interprets the data (Braun & Clarke, 2006). For this reason, the following paragraphs contain personal reflections about different aspects of study. The journaling sessions, analysis of interview data, and the success of the study are addressed. Additionally, I detail what I learned from conducting this study.

**Journaling Sessions**

The journaling sessions were both frustrating and encouraging. The frustrating aspect was that the participants appeared to be uncommitted to the group. It seemed that the journaling group was lowest on their list of priorities. In contrast to this, the sessions were sometimes encouraging due to the fact that the participants appeared to be learning from the psychoeducation and the journaling exercises. Additionally Jane was able to open up and disclose several stories from her past during sessions when she was the only participant present.

**Analysis of Interview Data**

I was very unsure of my interviews for several weeks. I was worried that they were not in-depth enough to result in themes; this was mostly due to my inexperience with thematic analysis. My first attempt at analyzing the data gave me an idea of what the themes might be, but I was confused as to how to move forward in the analysis and unable to move beyond the
identification of meaning units. I spent several weeks reading multiple articles on thematic analysis and several book chapters as well. I also read and re-read the interviews multiple times. I put my original attempt at analyzing the data aside and then started again from the beginning; this attempt was much better and I was able to move from meaning units to themes and sub-themes. After I identified my initial theme the rest were easier to identify and describe.

Success of the Study

This pilot study was a success. Although I had originally hoped for more participants, I feel that I was able to gather some very valuable data from my participants. I was able to complete all of the intended aspects of the study: the journaling group, the pre and posttest CORE-OM, and the interviews. The interviews provided several important areas of consideration, which will help me in designing future studies that include a visual journaling component.

What I Learned

I learned a lot while conducting this study. First, I learned not to conduct a study at a location where I had never worked. Had I known the difficulty in getting participants of the homeless veteran housing program to participate in therapeutic activities, I would not have used the program as my study setting; once discovered it was too late to change and I had to work with it the best I could. Secondly, I already knew about attrition of participant studies, but this experience definitely confirmed the need to begin with more participants than you hope will complete the study. Third, I learned how much work is involved in research. A good study takes quite a lot of work before, during, and after the experimental component. This experience has certainly caused me to reexamine my motives for conducting research. I have realized that while I still want to conduct research in the future, I may not do so as intensely as I had initially
thought. Fourth, I learned which of my skills needed to be improved: how I run a therapeutic group that is part of a study and how I conduct interviews. Prior to this study I certainly did not know how to properly conduct a thematic analysis; I had no idea how difficult it would be. Because of this study I now know how to do thematic analysis and whether I would want to do it again or not. This experience has given me a new appreciation of well written research articles as I now know how much work is involved in conducting experiments, gathering data and analyzing the data.

**Suggestions for Art Therapists Wishing to Use Visual Journaling**

One of the reasons why I feel that visual journaling can be so useful for working with clients is that there are no rules; there is no “right” way to do visual journaling. When introducing visual journaling it is important to stress this point and to make it clear that clients can use any combination of writing or image making that they desire. While it may be fitting to use only writing one day, the use of only images may be applicable the next day. It is important that clients feel the freedom to experiment and use their journals in whatever way feels “right” to them. It is also important that clients are aware that they are in control of the journal; therapist should communicate to clients that they have the right to share, or not share, the contents of their journal.

I feel that the success of this study was partially due to the inclusion of psychoeducation followed by visual journaling directives that were aimed at allowing for integration of the newly gained knowledge. In using visual journaling with your clients begin with psychoeducation on a topic that is relevant to their treatment. Then select directives that will integrate this knowledge and allow for further exploration of variables related to the topic. Encourage clients to utilize
their journals between therapy sessions and explain that they are welcome to discuss anything that comes up as a result of their journal work outside of session.

Lastly, it is necessary to consider materials. In this study I gave the participants a Moleskine notebook and a Pitt Pen; this may not be possible for all settings. While some clients will have materials or the means to purchase them, not all clients will be able to do this. Therapists should consider this and make appropriate materials selections. For those unable to purchase journals, the art therapist can aid them in creating their own journal using recycling materials such as food packaging, magazines, newspapers, and other papers. Clients should be encouraged to utilize all sorts of materials in their journals; items such as tickets, receipts, photos and brochures can be used on a journal page and are a great way to document experiences. Overall, the most important thing is for the therapist to have an open mind and to encourage the same within their client.

**Conclusion**

This study involved the use of a six-week visual journaling art therapy group with military veterans in recovery. The Clinical Outcomes in Routine Evaluation – Outcome Measure (CORE-OM) was used to gather pre and posttest data on overall quality of life and the dimensions of subjective well-being, problems/symptoms, life functioning, and risk/harm. Qualitative data was gathered via semi-structured interviews conducted after the conclusion of the therapy sessions. Thematic analysis of the interview data found the following themes: self-knowledge (gained through journaling), therapist qualities, group versus individual therapy, art making benefits, and art communicates the “real” me. Increased self-knowledge gained via journaling and art making resulted in increased self-confidence, increased self-understanding and hope for the future. Further research is needed to increase the generalizability of the study via
increased number of participants and decreased confounding variables. Lastly, suggestions were given for the use of visual journaling with art therapy clients.
**APPENDIX A**

**ALTERED CORE-OM FORMS**

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**CORE OUTCOME MEASURE**

<table>
<thead>
<tr>
<th>ID:</th>
<th>Age:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>Male / Female</td>
</tr>
</tbody>
</table>

**IMPORTANT - PLEASE READ THIS FIRST**

This form has 34 statements about how you have been OVER THE LAST WEEK.
Please read each statement and think how often you felt that way last week.
Then mark the box which is closest to this.

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### Over the last week

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Only</th>
<th>Occasionally</th>
<th>Sometimes</th>
<th>Often</th>
<th>Most or all of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I have felt terribly alone and isolated</td>
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<tr>
<td>2</td>
<td>I have felt tense, anxious or nervous</td>
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<td>3</td>
<td>I have felt I have someone to turn to for support when needed</td>
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<td>4</td>
<td>I have felt OK about myself</td>
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<td>5</td>
<td>I have felt totally lacking in energy and enthusiasm</td>
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<td>6</td>
<td>I have been physically violent to others</td>
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<td>7</td>
<td>I have felt able to cope when things go wrong</td>
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<td>8</td>
<td>I have been troubled by aches, pains or other physical problems</td>
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<td>9</td>
<td>I have thought of hurting myself</td>
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<td>10</td>
<td>Talking to people has felt too much for me</td>
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<tr>
<td>11</td>
<td>Tension and anxiety have prevented me doing important things</td>
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<tr>
<td>12</td>
<td>I have been happy with the things I have done</td>
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<tr>
<td>13</td>
<td>I have been disturbed by unwanted thoughts and feelings</td>
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<td>14</td>
<td>I have felt like crying</td>
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<td>15</td>
<td>I have felt panic or terror</td>
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### Over the last week

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<th>Most or all of the time</th>
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<tbody>
<tr>
<td>16</td>
<td>I made plans to end my life</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
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<tr>
<td>17</td>
<td>I have felt overwhelmed by my problems</td>
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<td>18</td>
<td>I have had difficulty getting to sleep or staying asleep</td>
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<tr>
<td>19</td>
<td>I have felt warmth or affection for someone</td>
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<tr>
<td>20</td>
<td>My problems have been impossible to put to one side</td>
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<tr>
<td>21</td>
<td>I have been able to do most things I needed to</td>
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<tr>
<td>22</td>
<td>I have threatened or intimidated another person</td>
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<td>23</td>
<td>I have felt despairing or hopeless</td>
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<td>24</td>
<td>I have thought it would be better if I were dead</td>
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<td>25</td>
<td>I have felt criticised by other people</td>
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<td>26</td>
<td>I have thought I have no friends</td>
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<td>27</td>
<td>I have felt unhappy</td>
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<td>28</td>
<td>Unwanted images or memories have been distressing me</td>
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<tr>
<td>29</td>
<td>I have been irritable when with other people</td>
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<tr>
<td>30</td>
<td>I have thought I am to blame for my problems and difficulties</td>
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<tr>
<td>31</td>
<td>I have felt optimistic about my future</td>
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<tr>
<td>32</td>
<td>I have achieved the things I wanted to</td>
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<td>33</td>
<td>I have felt humiliated or shamed by other people</td>
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<tr>
<td>34</td>
<td>I have hurt myself physically or taken dangerous risks with my health</td>
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</tbody>
</table>

Thank you for your time in completing this survey.
# CORE OUTCOME MEASURE

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<td>7</td>
<td>I have thought I am to blame for my problems and difficulties</td>
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<td>8</td>
<td>Tension and anxiety have prevented me doing important things</td>
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<td>9</td>
<td>I have thought of hurting myself</td>
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<td>10</td>
<td>I have felt optimistic about my future</td>
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<td>11</td>
<td>I have been troubled by aches, pains or other physical problems</td>
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<td>12</td>
<td>I have felt despairing or hopeless</td>
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<td>13</td>
<td>I have felt I have someone to turn to for support when needed</td>
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<td>14</td>
<td>I have hurt myself physically or taken dangerous risks with my health</td>
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<td>15</td>
<td>I have felt warmth or affection for someone</td>
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<td>Question</td>
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<tr>
<td>16</td>
<td>I have been able to do most things I needed to</td>
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<td>17</td>
<td>My problems have been impossible to put to one side</td>
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<td>18</td>
<td>I have felt overwhelmed by my problems</td>
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<td>19</td>
<td>I have thought it would be better if I were dead</td>
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<td>20</td>
<td>Unwanted images or memories have been distressing me</td>
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<td>21</td>
<td>I have felt tense, anxious or nervous</td>
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<td>22</td>
<td>I have been irritable when with other people</td>
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<td>23</td>
<td>I have thought I have no friends</td>
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<td>24</td>
<td>I have felt totally lacking in energy and enthusiasm</td>
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<td>25</td>
<td>I have threatened or intimidated another person</td>
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<td>26</td>
<td>I have felt OK about myself</td>
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<td>27</td>
<td>I have felt able to cope when things go wrong</td>
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<td>28</td>
<td>I have felt like crying</td>
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<td>29</td>
<td>I made plans to end my life</td>
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<td>30</td>
<td>I have had difficulty getting to sleep or staying asleep</td>
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<td>31</td>
<td>I have achieved the things I wanted to</td>
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<tr>
<td>32</td>
<td>Talking to people has felt too much for me</td>
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<tr>
<td>33</td>
<td>I have felt criticised by other people</td>
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<tr>
<td>34</td>
<td>I have been happy with the things I have done</td>
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</table>

Thank you for your time in completing this survey.
APPENDIX B

SEMI-STRUCTURED INTERVIEW QUESTIONS

The following questions will be used to guide participant interviews.

1. Can you describe a situation in which you used your visual journal?
2. What feelings or emotions led you to use your visual journal?
3. How did you attempt to resolve the situation via the use of the visual journal?
4. Were you able to resolve the situation?
5. Did you experience a lessening of emotions, feelings or symptoms as a result of using your visual journal or as a result of attending the visual journaling group?
6. What effect has the visual journaling group and/or the use of the visual journal had on your life?
7. Did you experience an increase in self-confidence as a result of the visual journaling group or the use of your visual journal?
8. Did you experience an increase in motivation as a result of the visual journaling group or the use of your visual journal?
9. Did the use of the visual journal enable you to better understand your symptoms, feelings or emotions?
10. Did the visual journaling group aid you in establishing a sense of communality with your fellow veterans?
11. Did the visual journaling group cause you to have any unexpected good or bad results?
12. Did the visual journaling group aid you in self-discovery and self-understanding?
13. Did your involvement with family or with others in the community change during or after the visual journaling group?
APPENDIX C
IRB APPROVAL MEMO

Office of the Vice President For Research
Human Subjects Committee
Tallahassee, Florida

APPROVAL MEMORANDUM

Date: 12/23/2013
To: Rachel Mims
Address:
Dept.: ART EDUCATION
From: Thomas L. Jacobson, Chair
Re: Use of Human Subjects in Research
Military Veteran Use of Visual Journaling During the Recovery Process

The application that you submitted to this office in regard to the use of human subjects in the research proposal referenced above has been reviewed by the Human Subjects Committee at its meeting on 11/13/2013.

Your project was approved by the Committee.

The Human Subjects Committee has not evaluated your proposal for scientific merit, except to weigh the risk to the human participants and the aspects of the proposal related to potential risk and benefit. This approval does not replace any departmental or other approvals which may be required.

If you submitted a proposed consent form with your application, the approved stamped consent form is attached to this approval notice. Only the stamped version of the consent form may be used in recruiting research subjects.

If the project has not been completed by 11/12/2014, you must request a renewal of approval for continuation of the project. As a courtesy, a renewal notice will be sent to you prior to your expiration date; however, it is your responsibility as the Principal Investigator to timely request renewal of your approval from the Committee.

You are advised that any change in protocol for this project must be reviewed and approved by the Committee prior to implementation of the proposed change in the protocol. A protocol change/amendment form is required to be submitted for approval by the Committee. In addition, federal regulations require that the Principal Investigator promptly report, in writing, any unanticipated problems or adverse events involving risks to research subjects or others.

By copy of this memorandum, the chairman of your department and/or your major professor is reminded that he/she is responsible for being informed concerning research projects involving human subjects in the department, and should review protocols as often as needed to insure that the project is being conducted in compliance with our institution and with DHHS regulations.

This institution has an Assurance on file with the Office for Human Research Protection. The Assurance Number is IRB00000446.

Cc: Dave Gussak, Adviser

HSC No. 2013.11506
APPENDIX D

CONSENT FORM

FSU Behavioral Consent Form:
Military Veteran Use of Visual Journaling During the Recovery Process

You are invited to be in a research study of military veteran use of visual journaling during the recovery process. You were selected as a possible participant because you are a military veteran currently in the process of recovery. We ask that you read this form and ask any questions you may have before agreeing to be in the study. This study is being conducted by Rachel Mims, Art Therapy Graduate Student in the Department of Art Education at Florida State University.

Background Information:
The purpose of this study is to understand how military veterans use visual journaling to aid in their mental health recovery.

Procedures:
If you agree to be in this study, we would ask you to do the following things:
1. Attend a visual journaling workshop 1 hour each week for 6 weeks. During each session you will complete one or more visual journal exercises that include art, writing or a combination of both. You will be given the opportunity to discuss the topic and/or exercises with other group members and the therapist at the end of the session, but you are not required to speak during this time.
2. Complete the Clinical Outcomes in Routine Evaluation-Outcome Measure on two separate occasions.
3. Attend an individual interview, which will be audio taped for accuracy.
4. Present and talk about any artwork you create which you feel is significant in some way. This discussion will be part of your individual interview and it will be audio taped. The artwork presented will be photographed.
5. Read and verify your interview as well as the overall interview themes identified by the researcher.

Risks and benefits of being in the Study:
The study has several risks. First, the visual journaling workshop will cover stress, anxiety, depression, and trauma. The discussion of these topics may bring up distressing feelings or memories that could cause you to feel uncomfortable. The likelihood of this happening depends on your personal history with each topic. Second, the discussions at the end of each session will allow for others to talk about their experience with the activities completed that day. The comments made by others may also cause you to have disturbing memories, feelings or thoughts. Again, the likelihood of this occurring depends on your own personal history with the topic, but it could also be influenced by the personal histories of other group members. If at any time you feel uncomfortable you may withdraw from the study without repercussion or reprimand.

FSU Human Subjects Committee Approved on 12/11/2013 Void After 12/10/2014 HSC # 2013.11506
There are several benefits to participation. First, you will learn a new method of dealing with difficult thoughts, memories, or feelings. Second, you will meet other veterans who have had similar experiences to your own. Third, you will learn about stress, anxiety, depression and trauma, which may aid you in identifying what role these topics are playing in your life. Lastly, your learning about these topics might aid you if you choose to see a therapist at a later date.

Confidentiality:
The records of this study will be kept private and confidential to the extent permitted by law. In any sort of report I might publish, I will not include any information that will make it possible to identify a participant. Research records will be stored securely in a locked file and only researchers will have access to the records. Digital recordings of interviews will be stored on a computer and password protected. Any use of artwork in publications will not include identifying information.

Voluntary Nature of the Study:
Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Florida State University, the Department of Veterans Affairs, or Veterans Village. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

Contacts and Questions:
The researcher conducting this study is Rachel Mims, a graduate art therapy student. You may ask any question you have now. If you have a question later, you are encouraged to contact her at Vets Village or by email at

The researcher advisor, Dr. Dave Gussak, can be contacted at or by email at

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher(s), you are encouraged to contact the FSU IRB at Street, Research Building B, Suite , Tallahassee, FL 32306-2742, or , by email at

You will be given a copy of this information to keep for your records.

FSU Human Subjects Committee Approved on 12/11/2013 Void After 12/10/2014 HSC # 2013.11506
Use of Artwork:

I, ____________________, authorize photographs of my artwork to be used, without (name of participant)
Identifying information, in the following ways:

☐ Master’s Thesis, detailing this study, to be written by Rachel Mims
☐ Educational Conference Presentations by Rachel Mims
☐ Academic articles written by Rachel Mims

Statement of Consent:

I have read the above information. I have asked questions and have received answers. I
consent to participate in the study.

___________________________    _____________
Signature Date

___________________________    _____________
Signature of Investigator Date

FSU Human Subjects Committee Approved on 12/11/2013 Void After 12/10/2014 HSC
# 2013.11506
REFERENCES


BIOGRAPHICAL SKETCH

Education
MS in Art Therapy, Florida State University, Tallahassee, Florida, Graduation: AUG 2014
BS in Social Psychology, Park University, Parkville, Missouri, MAR 2010

Professional Experience
Art Therapy Intern, Tallahassee Community College Vet Success Center, JAN 2014 – Present
• Provide individual and open studio art therapy sessions for student veterans ages 22-70 with a wide range of physical abilities and mental health diagnoses
• Conduct biopsychosocial assessments, focusing on diagnostic and functional evaluations, in order to aid clients in the development of appropriate and measurable treatment goals
• Utilize group art therapy to increase social skills and frustration tolerance in students with intellectual and developmental disabilities

Art Therapy Intern, Tallahassee Veterans Village, JAN 2014 – MAY 2014
• Facilitated individual and group art therapy for homeless veterans ages 22-75
• Provided feedback to the treatment team about client care, treatment recommendations and progress via documentation and verbal reports
• Conducted researching using an independently developed 6-week visual journaling group curriculum aimed at improving stress, anxiety, depression and trauma symptoms

Art Therapy Intern, Gadsden Correctional Facility, AUG – NOV 2014
• Provided trauma-focused group and individual art therapy for female inmates ages 20-70 with a wide range of mental health diagnoses
• Conducted intake interviews and utilized assessment techniques to determine treatment goals and evaluate effectiveness of treatment

Art Therapy Intern, Health South Rehabilitation Hospital, JAN – APR 2013
• Delivered adaptive individual art therapy services to inpatient and outpatient populations
• Led and co-led upper extremity, lower extremity, and cooking groups designed to improve ability to accomplish activities of daily living

Academic Experience
Creative Arts Consultant, FSU Collegiate Veteran’s Association (CVA), AUG 2012 – Present
• Plan and facilitate the Annual CVA Creative Arts Workshop
• Coordinate the participation of 3 student organizations, in the Department of Veteran’s Affairs North Florida Stand Down, a 3-day event aimed at helping the homeless veteran population of north Florida
Graduate Research Assistant, Department of Art Education, Florida State University (FSU), AUG 2012 – MAY 2014
• Assisted the Art Therapy Program Director with research by locating relevant sources of information
• Coordinated and facilitated the annual FSU Alumni Reception at the American Art Therapy Association’s national conference

President, FSU Art Therapy Association (ATA), APR 2013 – APR 2014
• Serves as primary representative and liaison between FSU ATA and the FSU administration, other FSU student groups, and local community organizations
• Coordinated and facilitated member participation in the Annual Collegiate Veteran’s Association Creative Arts Workshop and North Florida Homeless Veteran Stand Down
• Organized the Annual Spring Art Therapy Workshop

Other Experience
National, State, and Regional Conference Presentations, FEB 2014 – Present
• Enhancing Cohesion in Art Therapy Graduate Students
• Visual Journaling and Self-care
• Papermaking as a Trauma Intervention for Veterans with PTSD

Platoon Sergeant, United States Army, APR 2004 – APR 2012
• Supervised and counseled 5-35 subordinates resulting in improved job performance and resolution of personal issues
• Researched applicable regulations and wrote policy letters that were implemented at the post level and below

Certifications
• American Council on Exercise Group Fitness Instructor, Certification F10349, MAY 2013
• American Red Cross CPR/AED for Professional Rescuers with First Aid, AUG 2013

Awards and Honors
• Who’s Who Among Students in American Universities & Colleges, 2015
• Florida State University Academic Leadership Award, 2014
• College of Visual Arts, Theater, & Dance Dean’s Graduate Leadership Award, 2014
• Florida State University Woman Veteran of the Year, 2013
• Selected as a Florida State University Torchbearer, 2013
• Selected as a Garnet and Gold Key Leadership Honorary member, 2013
• Military Awards: Army Commendation Medal (7th award), Army Achievement Medal (3rd award), Army Good Conduct Medal (3rd award), National Defense Service Medal, Korean Service Medal, Global War on Terrorism Expeditionary Medal, Global War on Terrorism Service Medal, Noncommissioned Office Professional Development Ribbon (2nd award), Army Service Ribbon, Overseas Service Ribbon (3rd award), Basic Marksmanship Qualification Badge, and Driver and Mechanic Badge With Driver-Wheeled Vehicle(s) Clasp