

## 2 Types and Formats of Art Therapy Groups

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### At the end of this chapter, you will better understand:

- the various types and formats of groups (ACATE e.K.4)
- a framework for considering the purpose, goals, etc., when designing art therapy groups in a variety of settings (ACATE e.S.3)
- the ways of viewing groups through a socio-cultural attuned lens (ACATE e.S.4)
- considerations for the size of groups, length of sessions, and open versus closed group formats when planning a group
- the logistics of managing the physical space, cleaning supplies, storing, and displaying artwork is provided to help think through planning and space

Art therapy groups are practiced in a variety of settings, using diverse approaches. In this chapter, we will review the many types and formats of art therapy groups designed to meet the needs of the group members or in their community. The *type* of group refers to the approach and intention of the overall group design. Some examples of types of groups are psychoeducation, open studio, or wellness. *Formats* of groups refer to how sessions are structured, arranged, and take into consideration the needs of the agency and members. Specifically, formats of art therapy groups accommodate the logistical consideration of the physical space and the needs of the group and/or agency in which the group is held (e.g., where to store materials and artwork, displaying artwork). Considerations of the theory, type, and format of the group support the framework for therapy. The decisions regarding theoretical framework (as discussed in [Chapter 1](#)), type and format of the group, whether made collaboratively, directed by the agency, or made by the group leader, should consider the needs of the members and the structure that will best support wellness.

### Types of Groups

Group art therapy services are delivered in many settings that included, but are not limited to, psychiatric, rehabilitation, wellness or prevention, medical, or trauma-focused treatment. For each setting, there may be different approaches a leader may use to meet the needs of the group members. Types of groups approached are psychoeducational, psychotherapeutic, open studio based, social action oriented, support-oriented focus on wellness/socialization, or be task-oriented (as seen in [Figure 2.1](#)). Each type of group involves different leadership styles, approaches, goals/intentions, considerations for selection of members and size of group, and advantages for group members (see [Table 2.1](#) a-b).

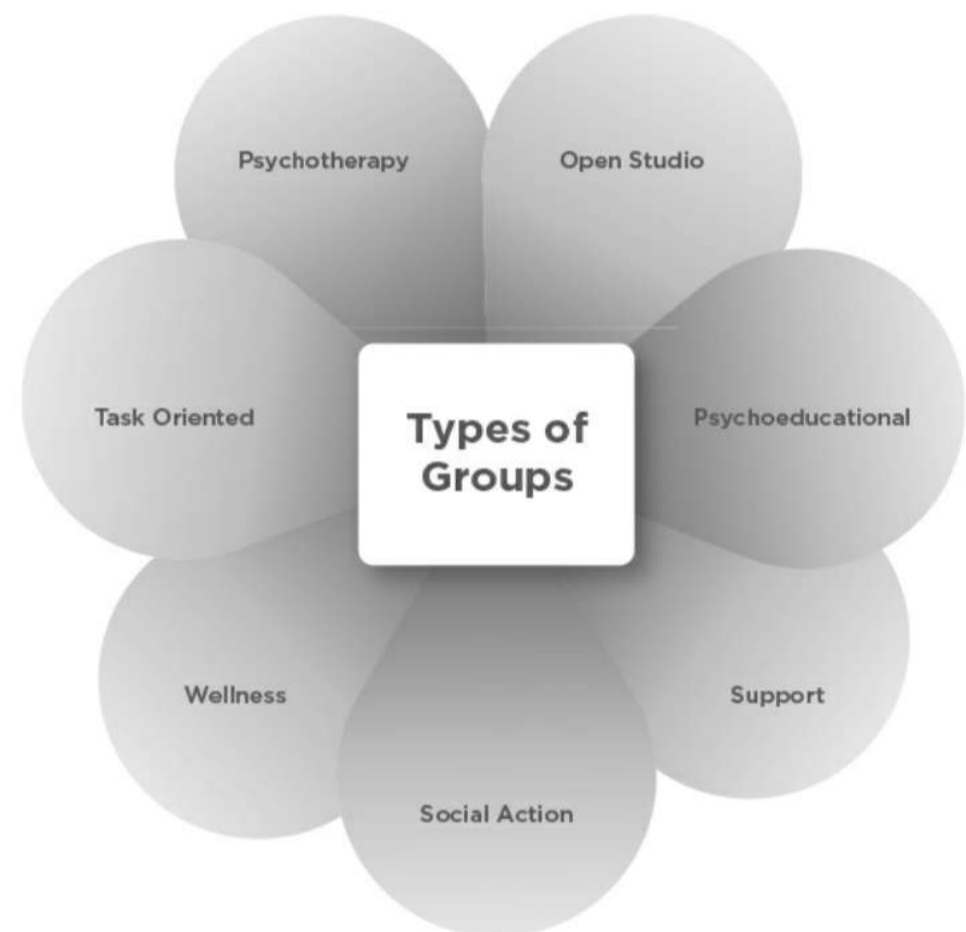


Figure 2.1 Types of Art Therapy Groups

### Psychoeducational

The goal of psychoeducational groups is to increase awareness and teach skills within a targeted problem or situation. This type of group provides members with education on a specific topic. In addition, psychoeducational groups may include the practice of skills related to the educational materials presented. Psychoeducational groups may follow a curriculum, which is often the case in addiction treatment where groups cover topics including substance use versus abuse, how substances interfere with cognitive and brain functioning, relapse prevention, and other educational elements. Other common topics for psychoeducational groups are phobias, the impact of trauma on survivors, managing chronic illness, anger management, stress management, and grief. Often, a psychoeducational focus is integrated into other types of groups such as therapy groups or wellness groups.

Table 2.1a Types of Art Therapy Groups

	Psychotherapy	Psychoeducational	Task-Oriented
<b>Leadership</b>	Determine collaborative consensus about purpose of group.	Educator Facilitator	Assigned or developed on the basis of capacity of group members and usually as a facilitator.
<b>Approach</b>	Work with several people at one time in designated format (e.g., weekly 2-hour sessions).	Assessment of group needs in specific social-emotional education	Agenda-driven Follow Rules Hierarchical

<b>Goal</b>	Help members change, cope, and lessen personal problems.	Education on specific topic in order to change awareness or skills.	Solving problems, creating a product, providing a service.
<b>Member Selection</b>	Based on goal of group, symptomology management, or insight.	Based on common goal of education and skill development.	Assigned or developed based on capacity of group members.
<b>Size</b>	Critical for effectiveness	Dependent on developmental levels: i.e., children, 4–8; adults up to 20.	Varies to accommodate task orientation.
<b>Advantages</b>	Provide normalizing internal thoughts and feelings, receive support from other members, positive peer influence	Provide normalizing, shared concerns, skill building, and resource sharing.	Designed for a specific purpose.

Table 2.1b Types of Art Therapy Groups

	Support	Social Action	Wellness
<b>Leadership</b>	Often leaderless. Follow peer-to-peer model. Leader acts as facilitator and maintain routine.	Equity with members.	Expertise centered on the leader.
<b>Approach</b>	Storytelling, sharing personal experiences.	Acknowledge that individuals are embedded in certain social and historical context.	Formed around a specific population or topic.
<b>Goal</b>	Interpersonal support, gaining insight, coping.	Use task and political skill building to help members with cognitive and reflective restructuring.	Gain more coping or social skills.
<b>Member Selection</b>	Bring people with shared experiences together. Self-selection or mutually agreed-upon criteria.	Explore media images to help group members understand socially marginalizing patterns.	Based on goal of the group (usually around a wellness structure like self-esteem).
<b>Size</b>	Can be larger than therapy group.	Varies depending on goals of the individual group.	Critical for effectiveness. Consider cognitive level, readiness, interpersonal abilities.
<b>Advantages</b>	Less stigma in society, at times no cost.	Empowerment and advocacy.	Members gain coping or social skills through focus on positive social interaction, preventative measures, and pro-social wellness art engagement.

As an example of a psychoeducational group on interpersonal violence, [Tucker and Treviño \(2011\)](#) piloted a psychoeducational, solution focused, and mindfulness program for couples who are experiencing domestic violence. Using modified Mexican government information on abuse through visual materials, the ensuing discussion helped members consider “norms and discrepancies” related to forms of abuse, as the art presented “allowed the men to see their lives differently” (p. 4). This study demonstrated how art was used to increase awareness and knowledge of interpersonal violence.

In a psychoeducational group, the leader serves as an educator by providing the members with information, resources, and skill-building activities. The role of the leader is designed as a facilitator; however, leaders are cautioned to monitor member ownership in group development that may be stymied by “this dynamic [that] reestablishes power differentials that already exist in society” ([Caplan & Thomas; 2003](#), p. 9).

Member screening and selection are based on a common goal of seeking increased information and development of coping skills in a particular arena. The optimal size of the group is dependent upon developmental levels of group members. For example, younger children may flourish in a group of four to eight people, while an adult group may be as large as 20. It is also important to consider keeping group size smaller, between six to eight members, in situations where the topic may trigger adverse reactions such as in a

trauma group. Member interactions provide normalizing, sharing concerns, skill building, and resource sharing.

## Psychotherapy

Also called counseling, interpersonal, or therapy groups, psychotherapy groups focus on helping members change, cope, and lessen personal problems. It is a form of therapy that works best with several people who commit to meeting in a consistent, repeated format (e.g., weekly 2-hour sessions). The formats of a psychotherapy group can be brief, limited, or even open-ended lasting over several years. Although a leader may have an overall framework for the group, collaborative consensus among group participants about the desired focus and purpose of the group has been shown to lead to better outcomes ([Norcross & Hill, 2004](#)). Common goals of psychotherapy groups are improving interpersonal functioning and better mental health through connection and interpersonal engagement.

Member selection and screening are based on the goal of the group itself, usually around symptomology management or level of insight. For example, the group composition may be based on a psychiatric unit of a hospital or drawn from a community center for adolescent children of divorced parents. The size of the group is critical for effectiveness and considerations for cognitive level, readiness, and interpersonal abilities. Advantages of this type of group therapy are expressing and normalizing internal feelings and thoughts, receiving support or practicing behaviors with others, enhancing communication, and modeling and receiving positive peer influence.

## Open Studio

In a systemic review of open studio literature, [Finkel and Bat Or \(2020\)](#) identified common core principles of open studios with the approach “grounded in the central role of art and an open and non-moderated creative process” (p. 12). Open studios are spaces where a variety of art material are accessible and creativity is a self-directed process. Open studios are effective at building safety and structure, acceptance of self and others, and opportunity to explore self and others to generate new perspectives ([Nolan, 2019](#)). [Wise \(2009\)](#) described as a benefit of open studio groups that members have agency over deciding how much time one can tolerate in a session. Open studios encompass a variety of models—*Open Studio Project*, *Art Hives*, and open studio spaces—that frame the intention, structure, and membership of open studios.

One model, the Open Studio Project, has a specific structure of making art, writing, and witnessing with no verbal interaction ([Block et al., 2005](#)). On their website, they stated,

we believe in providing therapeutic and stimulating programming that combines the art-making process

with writing, resulting in healthy expression of emotions, better decision making, and mental clarity... [creating a] welcoming atmosphere of supportive non-interference—free of all comment and critique.

This model of the Open Studio Project has been utilized with youth through adults and has specific formats to follow.

Another model of open studio is Art Hives, pop up art studios with a mission as a “welcoming place to talk, make art and build communities. Responding in creative ways to things that matter.” Art Hives values, as stated on their website, are:

- welcomes everyone as an artist and believes art making is a human behavior
- celebrates the strengths and creative capacities of individuals and communities
- fosters self-directed experiences of creativity, learning, and skill sharing
- encourages emerging grassroots leaders of all ages
- provides free access as promoted by gift economy
- shares resources including the abundant materials available for creative reuse
- experiments with ideas through humble inquiry and arts-based research
- exchanges knowledge about funding strategies and economic development
- partners with colleges and universities to promote engaged scholarship
- gardens wherever possible to renew, regenerate, and spread seeds of social change.

There is no member screening or selection process or specified size of the group. Art Hives are usually available to the public as open studios with equitable access and no required wellness state. Rather than the member being the “client,” as in other forms of therapy groups, oftentimes the community is seen as a focus (Nolan, 2019, Timm-Bottos & Reilly, 2015). Member and leader interactions are equally valued and the focus is on fostering inclusion and community building. Many operate under democratic, strength based, and equity models (e.g., Art Hives, Open Studio Project). Finkel and Bat Or (2020) stated that the leader “is responsible for holding the space in order to allow for individual expression in a group setting” (p. 12).

When using a general open studio format in a closed membership group, such as on a hospital unit or within a specific agency, the intention is to provide open access to art and self-directed creativity. The length of the session differs but the focus is time spent on the creative process. However, open studios are constant and dependable in format, space, and often in materials choices.

Common goals in open studios include increasing use of art for self, learning from others, and experimentation with art media and processes. For example, Drass (2016), who

worked in a partial hospital program with people who were diagnosed with mental illnesses, used an open studio format for the goals of “connection while also building resiliency and instilling hope through core concepts of collapse of hierarchy, a search for authenticity and understanding, deconstruction/reconstruction, and empowerment through a DIY [do it yourself] mindset” (p. 138). Providing an open studio promotes self-agency in choice and direction but within a community.

### **Social Action**

Social action groups are both a type and a theory of group intertwining system thinking and process. Social action art therapy focuses on one’s outer world and its impacts. These types of groups bear multiple names such as system groups, consciousness raising, empowerment, or dialogue groups. Art is used as a means for the group to explore, evoke, provoke, encounter, and act on social injustices and social responsibilities. Hudson (2009) described social action groups as using task and political skill building to “assist members in beginning to use cognitive and reflective restructuring so that they will be able to begin to critically understand the struggle against the oppressor, and guiding praxis” (p. 49). For example, Tillet and Tillet’s (2019) social justice group, Girl/Friends, held within the nonprofit A Long Walk Home, focused on building awareness about sexual consent, female empowerment, and rape.

There are many art therapy social action group formats—Raw Art Works (RAW), Artistic Noise, and Creatively Empowering Women (CEW), to name a few. For example, the mission of RAW is to “ignite the desire to create and the confidence to succeed in underserved youth” (Cruz, 2011, p. 177). RAW runs groups for specific ages and genders to “express their feelings, tell their life stories, take appropriate risks, deal with stress, and gain recognition for their art” (p. 178) with an underlying social action focus.

Artistic Noise is a restorative justice program for court-involved youth that uses art making based on social issues to help “youth to tell their stories to the public through public art exhibitions and advocate for themselves and their communities” (Awais & Adelman, 2020, p. 390). The arts organization focuses on both visual arts and entrepreneurship programming to create change through life and job skills. The art therapist and teaching artists work collaboratively with the youth.

Another specific example is Creatively Empowering Women, an art therapy social enterprise working with refugees and immigrant women of diverse ethnic backgrounds. From their website, they state their open studio aims are to:

- provide a welcoming space for sewing, knitting, crocheting, and art sessions that strengthen life skills and cultivate a sense of community.

- promote holistic well-being through skill sharing and fellowship.
- facilitate a participant-guided space where women creatively engage in supporting each other and share their expertise to find hope, help, and healing as a community.

For CEW, members “have become involved in every aspect of the studio development. Some of the women have assumed leadership roles, teaching other participants new skills, or taken ownership of the project, helping shape the studio’s future” (from [www.creativelyempoweredwomen.com](http://www.creativelyempoweredwomen.com)).

What is common in these descriptions of social action groups is that members are equal to leaders. Equity between leaders and members is key as a form of modeling personal expertise and valuing personal narratives. Empowerment and advocacy are invoked in social action group members and their community. Members come together based on a specific social action focus or common struggle. The size of the group varies. For large community projects, the public could be involved in making a mural to increase awareness on a social injustice or inspire social responsibility. Smaller groups of five to seven could focus on social action as well.

### **Support**

Support groups bring people together who have a shared experience, where peer support is helpful. Common support groups are grief groups, LGBTQIA+ solidarity, Alcoholics Anonymous, survivors of sexual assault, families with mentally ill members, and refugees, to name a few. [Luzzatto and Gabriel \(2000\)](#) ran an art therapy group for posttreatment individuals with cancer, who reported better self-compassion and compassion for others. In a parent support group that ran parallel to a child art therapy group, parents reported better communication with children and increased insight ([Rayment, 2017](#)).

At times, these groups are leaderless and follow a peer-to-peer model. If there is a leader, the leader would function more like a facilitator, helping maintain the routine and managing communication within the group. Within the group sessions, the firsthand experience of the member is the focus rather than having the leader as an expert.

Member selection is usually through self-selection or mutually agreed upon criteria. Group size can be larger than a therapy group but should still provide adequate time and space for each member. Member interactions are important to help normalize experiences, provide advice or shared information, and reduce isolation. Goals include fostering interpersonal support, gaining insight for self and others, coping, and accessing resources outside of the group. Storytelling and sharing personal experiences are mechanisms of change in support groups.

### **Wellness**

Wellness groups focus mainly on positive social interaction as the tool for improvement, although they do offer support secondarily. These are not pathology or symptomology focused groups, but instead focus on preventative, pro-social, and wellness-driven art engagement. The members may gain more coping or social skills through the group engagement, but that is not the primary goal. Wellness groups are usually formed around a specific population or topic. For example, [Noble \(2001\)](#) discussed the importance of focusing on social reciprocity in the creative process, rather than an art image, when running a group with children who are neurodiverse. Another example, which combines wellness and psychoeducation, is [Peterson’s \(2015\)](#) mindfulness-based art therapy protocol for medical patients. While learning mindfulness-based techniques to reduce stress, patients engage in outdoor exploration, photography, and art making to “reactivate meaning making” (p. 81).

There can be a difference between support group and wellness group leadership. In support groups, the leader is the facilitator and the emphasis is on peers sharing expertise with each other. In wellness groups, however, the expertise flows somewhat more unidirectionally from the leader. Generally, the leader may be providing as much information as the members do, which is not the case in support groups. Member selection and screening are based on the goal of the group itself. This may be around a wellness structure such as self-esteem. The size of the group is critical for effectiveness. Consideration for cognitive level, readiness for change, and interpersonal abilities are also important aspects of group composition.

### **Task-Oriented**

Task-oriented groups could be solving a problem, creating a product, providing a service, or other goals. Member and leader roles may be assigned or developed based on capacity of group members. These groups are often agenda driven, follow rules (e.g., Robert’s Rules of Order), and can be hierarchical.

Task groups are usually designed for a specific purpose and type of member. Creating accessibility for all stakeholders is a key process in designing and implementing a task group. Goals are prescribed by leaders and members. Leaders are seen as facilitators. The size of the group varies by task orientation. For example, a local association may focus on membership and public education about art therapy. Tasks could include a membership drive, regular communication with members, or running art pop up studios.

### **Formats of Art Therapy Groups**

There are different formats of group based on typology, member selection, leader approach, theory, and other factors. As a group leader, you must consider the purpose of the group, relevance for members, size of group, length of session, frequency of meetings, adequacy of space, and

scheduling (Jacobs et al., 2001). This section reviews additional elements of managing time and space in art therapy groups.

### ***Size of Groups and Duration of Sessions***

The number of members in a group is based on theory, cognitive capabilities, intention, and agency, among other factors. I often hear art therapists lament that they have to manage groups so large as to be “untherapeutic.” When the group gets too large, it becomes harder for the leader to observe possibly intervene during instances of physical outbursts, negative comments, or other resistant and anti-group interactions. Overly large groups force the art therapist to focus more on maintaining group safety and managing behaviors, rather than facilitating individual and group processes. Therefore, the size and type of groups are important considerations for a beneficial outcome of group therapy.

Ideal group size may be, for example, a group in a children’s hospital that is as small as three to four for elementary aged children, or six to eight for an adolescent group at the same hospital. In the UK, the National Health Service (NHS) guidelines for groups of adults with schizophrenia or psychosis is six to eight people (Rothwell, 2016). The goal is to have a size so that interactions can be inclusive and correspond with the intention of the type of group. One of my colleagues leads an art therapy dialectical behavioral group on an inpatient psychiatric unit for children; she stated the ideal size is around five. With that size, she can help patients increase recognition of their interpersonal behaviors when making art that affects relationships. The potential for group members to trigger each other is a factor to consider as well. This might be a factor in a trauma processing group or an eating disorders group, for example.

There are external forces that shape length and duration of group art therapy. Overall, in the published American literature, art therapists report average length of session between 1 and 1.5 hours once or twice a week. (Frequency and duration of groups is higher in European Union sources.) The NHS guidelines state the average length of group art therapy is 1 hour, whereas in the United States, health insurance dictates the number of sessions and length of group. Some groups may meet for years, outside of the US health insurance parameters. These groups allow for developmental changes and cultural shifts that affect life challenges for members. When running a therapeutic group for 10 weeks for the same group of members, the length of time allows for developing and practicing interpersonal behaviors while building trust among members.

A common structure of an art therapy group session includes an opening warm-up, bridging toward art making, art making itself, reflection of artwork, connecting the work to one’s life, and then closing of session (Carr et al., 2020; Knill, 2005). Just to note, not all single session art therapy groups solely follow this structure. Rankenen

(2014) researched members’ experiences of these phases and found that members’ most positive responses to parts of the sessions were in the art making, sharing, and ending phases. The negative experiences were found to be the beginning and also the sharing phase, specifically the fear of being misinterpreted (also reported in Springham, 1998). Sometimes sharing is not always a pleasurable experience. The risks in sharing are the fear of intimacy, of reaching out for connection without knowing if you will be understood and valued.

### ***Open or Closed Group Formats***

Within any group format, there are open or closed groups. An *open group* format is one in which the group changes in membership for each session. This is common in acute hospital units or open studios. There might be some continuity of members from previous sessions or new members each time. For any brief group therapy format, the session itself still follows a group development pattern (Knill, 2005).

The leader may approach open groups as single sessions providing orientation to group each time and summarizing at the end of the session. The members may focus on practicing skills or psychoeducational learning, for example a weekly group for resiliency for people with schizophrenia. Advantages for open groups are including more members and more diversity in interactions in art therapy. At times, open groups can have a few stable members, a fact which provides the potential for ability for increased trust and cohesion. Disadvantages could be lack of depth and intimacy, or that group dynamic and attendance is less stable.

*Closed groups* have specific starting and ending dates, ongoing membership, and a set duration of sessions. Often, closed groups have a specific focus, such as social justice leadership training, or follow a treatment module, such as 9-week trauma informed CBAT protocol. Members may have similar goals. A leader may plan out every session or a framework with the members. Closed groups have the advantages of building group cohesion, trust, and shared history among members over multiple sessions. Disadvantages may be that members fall into “group think” or conformity or lack diverse experiences beyond members.

In both formats of group therapy, members are expected to attend each scheduled time, and to stay the entire duration of a session. Agencies, leaders, and, hopefully, members negotiate the framework that best suits members and the intention of the art therapy group. For example, in a school setting, this may look like scheduling group therapy based on a school calendar considering other services in which students are involved.

### ***Brief Art Therapy Groups***

Brief therapy refers to group sessions that are either open group format, time-limited, or single session in length. For open brief groups, intention and guidelines of the group

are reviewed in the beginning either by a member who has previously attended or by the leader. For closed groups in brief therapy, the membership stays the same for each session. These are often referred to as *time-limited groups*, which usually have eight sessions or fewer. Guidelines and intentions of time-limited groups are usually focused and may follow a manualized treatment protocol. Finally, *single session* art therapy groups occur once with one group of people. Examples of single session groups may be pop up art studios, community-oriented art groups, or a crisis-driven support group.

For brief art therapy groups, leadership takes a different focus. Based on the literature, there is an even split between two types of brief therapy practices—leaders who practice brief therapy with directives and high structure versus ones that have an open studio with no directive. Common among both is the stance of an active leader. Flexibility and responsiveness to the here-and-now is reported as a predominant feature in brief art therapy groups. [Marshall-Tierney \(2014\)](#) explored making art in studio spaces with and without members. They provided a list of considerations for the leaders:

1. Use the art materials playfully and creatively
2. Make artwork that authentically engages your curiosity
3. Be simultaneously attached and unattached to your artwork
4. Be prepared to let go of your artwork as soon as a patient needs more direct attention
5. Be willing to let patients use your artwork as if it is their own (p. 105).

Highly structured formats occurred in program-oriented or psychoeducational types of brief groups. Brief group therapy has been noted with people with dementia ([Bober et al., 2002](#)), psychiatric ([Gonzalez-Dolginko, 2016](#); [Rothwell & Grandison, 2016](#); [Zubula et al., 2017](#)), cancer ([Luzzatto & Gabriel, 2000](#)), substance abuse ([Conner, 2017](#)), or wellness by peer support ([Appleton & Dykeman, 2001](#); [Gonen & Soroker, 2000](#)). The art “can provide an entry point for patients who may not be able to engage in other psychological treatments due to their high levels of distress” ([Rothwell & Grandison, 2016](#), p. 182).

In open studio brief group, members included people with psychiatric illness ([Deco, 1998](#); [Dick, 2001](#); [Drass, 2016](#); [Marshall-Tierney, 2014](#); [Vick, 1999](#)), substance use ([Springham, 1998](#); [Wise, 2009](#)), wellness ([Timm-Bottos & Reilly, 2015](#)), and medical illness ([Councill, 2003](#)). For open studio models, authors support witnessing, nonjudgmental stance, focus on art materials and creative process, agency and choice of member for attendance. [Wise \(2009\)](#) stated “some participants could tolerate being in the studio only a very few minutes” (p. 50). The open studio space provides a place in a hospital or community where people can come together and engage on their terms (besides harming one another). Participation is described as “independent, parallel and col-

laborative participation” ([Dick, 2001](#), p. 110).

In brief group therapy, a common focus is on art and creative process rather than interpersonal work. The artwork contains the work of the member rather than focusing on other members ([Deco, 1998](#); [Springham, 1998](#)). [Vick \(1999\)](#) reported using pre-structured art elements like magazine images, words, shapes, or partial drawings to engage participants. In contrast, [Gonzalez-Dolginko \(2016\)](#) encouraged members to focus on finding a “metaphor in the art medium” (p. 61).

In comparison to longer term groups, brief art therapy groups have a different focus. Time-limited groups report more on interpersonal engagement through art making ([Gonzalez-Dolginko, 2016](#); [Marshall-Tierney, 2014](#); [Vick, 1999](#)). In addition, in any format or theoretical orientation, the underlying focus is on the present moment, here-and-now interactions among group members. Focus is on strengths, current situation, and short-term goals.

### **Online Art Therapy Groups**

Telecounseling, or online group therapy, has been taking place for some time, but the impact of the global coronavirus pandemic on mental health rapidly changed treatment delivery and wellness groups. Telecounseling presents opportunities and challenges for the group leader. Opportunities include access, such as the ability to bring together people from various regions and time zones and allowing members the comforts of their own private spaces. Members have reported increased ability to provide self-comfort with their favorite blanket or chair in their own space while hearing or sharing difficult topics. Some challenges are managing the technology on either end, members not having a safe or private space, and internet access issues.

There are specific training and platform issues for ethical practice. During the pandemic, the federal government waived penalties for Health Insurance Portability and Accountability Act (HIPAA; a US health privacy protection law), including specified platforms for telecounseling. Although the federal government defines HIPAA compliant platforms, therapists also used other applications such as FaceTime and Google Hangout with caution. Finally, leaders must consider restrictions for practicing across US state lines as well.

Best practices include informing members of potential lack of privacy, rules about video being on or off, potential fixes for technology, and specifying finding a space for members in their respective homes conducive to group art therapy. A leader can guide members through a review of their own privacy concerns. Adjustments can increase trust building within tele art therapy. For instance, one aspect of this technology is the ability of virtual backgrounds. This can provide an extra layer of privacy, but it can be a drawback in art therapy. When a member displays artwork, the two-dimensional image can morph into the background.

Then the member may be asked to turn off their virtual background.

Materials for group art therapy can include environmentally friendly resources, allowing members to use materials already present in their homes: cereal boxes, crayons, permanent markers, natural materials found outside their space. One consideration for the group art therapist is choosing where to encourage the camera is focused. I prefer the focus to be on their creative process as possible, rather than just ones' face. Sometimes the leader has to choose between a view of their face or the detail of their artwork. Deciding on what you want to see, what you want other group members to see, and what background and portion of your body is seen is decided through collaborative decision making and technical ability.

Group art therapy online still breeds connection, learning, and intimacy needed to foster growth. Although there are challenges including creating the structure, trouble-shooting technology, and potential ethical breaches, it can help eliminate barriers to access.

In summary, combining the theory, format, and type of group is like making a recipe. Theory is the flavor, type of group is the ingredients, and format is the order in which you add the ingredients. You can have a different flavor of group, for example social action or psychodynamic, with the same ingredients, such as open studio. Both this chapter and [Chapter 1](#) on theories provide a recipe to start out. Being flexible and responsive to the members is always important to a successful group. Learning about the types and formats of group art therapy can guide the leader in making choices that fit the needs of the members and agency.

## Application of Chapter Learning

1. There are different types of art therapy groups, what criteria will you use to determine the best fit for your group members?
2. What are some of the factors that influence which format of art therapy group to provide?
3. What are considerations for running a brief art therapy group?

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