KenVaK International Advisory Board meeting

8 September 2026



Pula, Croatia

This booklet brings together the contributions from the KenVaK International Advisory Board meeting held on 8 September 2026 in Pula, Croatia. The meeting was organised by researchers from the Netherlands, i.e. Annemarie Abbing, Hanke Drop, Suzanne Haeyen, Celine Schweizer, Janine Stubbe, Susan van Hooren. In the pages that follow, you will find the full program, a summary of the discussions that took place during the thematic sessions, and the posters that, with permission of their authors, could be shared with the participants.

The thematic round tables provided an opportunity to reflect on the current state and future development of research in Creative Arts Therapies (CATs). Across the sessions on 1) children and young people, 2) adults, 3) older adults, and 3) Arts and Health, several common priorities emerged. First, participants emphasised the need for clearer terminology and professional positioning, while safeguarding the distinctive clinical expertise, ethical responsibilities, and working methods of Creative Arts Therapists. Second, there was a call for stronger international and interdisciplinary collaboration, closer partnerships between research and practice, and research that can contribute to professional recognition, clinical guidelines, education, and sustainable funding. Third, the discussions highlighted the importance of diversity of research methodology, both to demonstrate effectiveness and to develop a deeper understanding of therapeutic processes and mechanisms. Fourth, participants repeatedly stressed that patients/clients, their support network, and other/informal caregivers should be actively involved in identifying research priorities, designing studies, interpreting findings, and communicating outcomes. Finally, attention was drawn to the need for shared measurement instruments, clearly defined populations, and meaningful dissemination within and beyond the CATs field.

The posters included in this booklet further illustrate the continuing growth and maturation of our field. Together, they demonstrate the increasing diversity of the research methodologies being used. They also show that CATs researchers are collaborating more frequently with colleagues from other disciplines, reflecting the need identified during the thematic sessions. Additionally, the posters demonstrate the field's strong connection with professional practice. Many of the studies address questions that arise directly from clinical and community settings and seek to generate knowledge that can be meaningfully applied in those settings. Importantly, the perspectives and lived experiences of patients/clients are increasingly included explicitly. This not only enriches our understanding of therapeutic processes and outcomes, but also helps ensure that research remains relevant to the people whose lives and experiences it seeks to understand.

I hope this booklet provides a valuable summary of the meeting, encourages continued dialogue and methodological development. My thanks go to the organizing team, the chairs during the thematic sessions, and each of you for sharing your knowledge, ideas, and enthusiasm and for making this meeting such an inspiring and memorable day.

Susan van Hooren

Program


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VAK
Program - September 8th 2026
KenVaK Research meeting
Get inspired. Learn. Connect.
10:30 - 11:00 Arrival
Coffee and tea will be served
11:00 - 11:20 Opening
Welcome and reflection on the previous meeting (Ghent)
11:20 - 12:30 Exchange of Research 'Pearls'
Participants will present key insights from their own recent research project through short poster pitches. Posters will remain available for further discussion and networking during lunch.
12:30 - 13:00 Lunch Break
13:00 - 14:30 Thematic Research Sessions
Participants will engage in focused discussions at thematic tables on Creative arts therapies and 1) Children & Youth, 2) Adults, 3) Older Adults, and/or 4) Arts in Health
Each session will address topics such as priority research themes and content, identification of knowledge gaps, funding opportunities (including grants and consortium building / SIGs), methodological diversity and innovation.
14:30 - 15:00 Plenary Wrap-up and Next Steps
Synthesis of key insights and takeaways, including a short reflective interactive activity.
www.kenvak.nl/en/
September 8th 2026
Pula - Croatia

Thematic research sessions

Thematic research sessions – Children and Youth

By Liesbeth Bosgraaf and Celine Schweizer

The outcomes of both discussion rounds have been combined in this report.

1. Research gaps and points for further discussion

The following themes emerged during the discussions:

- International collaboration.
- Collaboration between research and practice.
- Involvement of all relevant parties in the research process and in sharing the outcomes.
- Research to support the development of national guidelines.
- Research that contributes to the recognition and positioning of creative arts therapies and supports applications for research funding.
- Descriptions of good practices.
- Collaboration with other professionals working in youth care.
- Recognition that different topics and research methods can contribute to the field.
- Learning from researchers and practitioners working with similar age groups, problems, target groups and contexts.
- Mutual learning between researchers and practitioners, for example when researchers interview practitioners.
- Differences in research funding between countries. Participants from Canada and the United States noted that funding can be difficult because they do not have access to funding programmes comparable to Horizon Europe.
- Standards and definitions within dramatherapy.
- Describing dramatherapy in language that can be understood by other professionals and stakeholders.
- A better understanding of what happens within non-verbal processes and how these processes may contribute to change.
- A better understanding of how embodiment functions within each creative arts therapy modality.

2. Possible Special Interest Group

The possibility of establishing a Special Interest Group was discussed. The following questions and points were raised:

- Organising and coordinating a Special Interest Group requires considerable time. Who would be willing to take responsibility for it?
- What would be a useful and manageable starting point?
- One possible focus could be research methodology for hearing and involving children's voices.
- Phil Jones's work on children's voices could provide a possible starting point.

Before a Special Interest Group can be established, it needs to be determined who is interested in participating, who might coordinate the group and which topic should be addressed first.

Thematic research sessions - Adults

By Suzanne Haeyen, Simone Kleinlooh

This summary synthesizes the key themes, challenges, and strategic directions discussed across the two thematic table rounds on advancing research, evidence building, and international collaboration for **Creative Arts Therapies (CATs)** for adults.

1. Uniqueness, target audience, and domain positioning

- **Experiential and non-verbal modality:** CATs are positioned as experiential, non-verbal approaches that offer a distinct therapeutic process complementary to traditional verbal psychotherapy. Research must explicitly articulate how CATs function uniquely for adults, dispelling the false assumption that adults require less non-verbal therapy simply because they can speak.
- **Defining the adult population:** Rather than treating "adults" as a monolithic group, future research must specify sub-populations (e.g., elderly, university students, clinical mental health populations). Key focus areas include addressing social themes like loneliness through group-based artistic interventions.
- **Clinical CATs vs. Arts & Health:** A critical strategic distinction was highlighted between **clinical art therapy** (delivered by clinically trained, ethically bound therapists) and broader **arts-and-health** initiatives. While arts-and-health projects increase visibility and policy interest, there is a risk of diluting or marginalizing clinical CATs. In trauma settings (such as emergency/crisis response in Israel), non-verbal open studio settings require trained clinical facilitators to safely contain client experiences.

2. National guidelines, evidence requirements, and country comparisons

Inclusion in **national clinical guidelines** is essential because guidelines dictate treatment hierarchy, management decisions, employment, and public/insurance funding. Exclusion leads to marginalization and reliance on self-paying clients.

- **Finland:** Requires A-level evidence (multiple high-quality RCTs) for inclusion in national guidelines, creating a major barrier due to the current scarcity of large RCTs in CATs.
- **Norway:** Music therapy is well-integrated with established Master's and PhD structures, whereas art, dance, and drama therapies lack equal academic infrastructure.
- **Netherlands:** CATs are historically well-embedded in mental health care (GGZ) multidisciplinary teams, but face hurdles in guideline inclusion. Systemic research has shifted from a centralized platform toward university- and institution-based research groups.
- **Germany:** Clinically embedded but under budget pressure, making formal guideline inclusion vital for long-term stability.
- **Israel:** Operates largely outside standard guideline pathways due to administrative/political hurdles, but experienced accelerated integration in hospitals and community "safe studios" following trauma and crisis (post-October 7).

- **Greece:** Demonstrated large-scale RCTs (\(n > 400\)) that influenced legislation via the Ministry of Culture route.
- **Culture vs. health routes:** Aligning with Ministries of Culture can sometimes offer faster funding and policy traction than traditional Ministries of Health, provided bridging figures connect both sectors.

3. Research methodology: balancing quantitative rigor with qualitative depth

To satisfy regulatory bodies while honoring the essence of creative therapies, a **dual-track research agenda** is needed:

- **RCTs and quantitative scaling:** Randomized Controlled Trials (RCTs) remain the "gold standard" ticket for clinical guideline inclusion. Because local sample sizes are often too small for statistical power, multi-center international trials are required. An example is the ongoing Dutch multi-center RCT on personality disorders combining two CAT modalities with a structured workbook.
- **Transdiagnostic & mechanism research:** Research should address underlying working mechanisms and transdiagnostic outcome measures (e.g., psychological flexibility, resilience) rather than strictly DSM-bound diagnoses.
- **Mixed methods and client perspectives:** RCTs should be paired with qualitative, arts-based, and client-centered designs to capture nuanced change processes. Recommended methods include:
    - **Client recall interviews** linked to therapeutic event paradigms (reflecting on meaningful moments in sessions).
    - Direct inclusion of **client voices** and co-authorship in scientific publications.
    - Development of a s**tory bank** combining narratives, artwork, and media.

4. EU Funding, networks, and structural infrastructure

- **International Research Alliance (IRA):** Established to connect PhD-granting CAT programs globally (initiated via Nisha Sashjnani/Eckhart Conference and coordinated by Hod Orkibi). Integrating initiatives into the IRA is a priority.
- **EU grant strategies:**
    - **Horizon & Erasmus calls:** Pursuing specific "Arts and Health" calls (e.g., March deadlines) and engaging with consortia formed at international conferences (e.g., Vienna).
    - **Networking grants:** Utilizing smaller EU grants (~€50,000) for international matchmaking, Consortium meetings, and joint proposal drafting.
    - **Proposal approaches:** Comparing "Call-First" (adapting ideas to existing call topics) versus "Topic-First" (defining core research questions then searching for grants).
- **Academic mobility & postdocs:** Academic positions (e.g., research chair at Alanus University in Germany) and tenure-track calls in Israel highlight the need for international postdoc mobility between institutions.

5. Publication and dissemination strategies

- **Broader journal reach:** Researchers must publish not only in specialized CAT journals but also in high-impact, mainstream medical, psychiatric, and psychological journals to reach the broader scientific community.
- **Unlocking unpublished research:** Universities need mechanisms to incentivize publishing master's theses and doctoral dissertations that currently remain hidden in institutional archives.

6. Summary of action items & next steps

1. **IRA Engagement:** Schedule a follow-up meeting to formalize participation and alignment with the International Research Alliance (incorporating Dutch and European partners).
2. **EU Grant Applications:** Monitor upcoming EU "Arts and Health" calls, connect with Vicky Karkou regarding Vienna conference consortia, and apply for €50,000 network/matchmaking grants.
3. **Instrument harmonization:** Establish a shared, international battery of measurement tools and questionnaires to aggregate data across international sites.
4. **Targeted pilot project:** Sharpen the broad focus on "adults" into a specific target population and launch a small multi-site international pilot study.
5. **Bridge building & dissemination:** Develop a joint publication strategy across general medical journals and map out a client "Story Bank" for research and public outreach.

Thematic research sessions – Older adults

By Anna-Eva Prick and Alma Brand

Using a list of keywords and short sentences from the preliminary findings of our interview study on research gaps in CAT therapy for older adults, we (Anna-Eva and Alma) discussed essential and missing research topics in CAT therapy for older adults with interested parties. In total, the theme table was attended by 6 interested participants (Theme table 1: Koert van Essen, Evelien, Shoshi Keisari, and Maaijan Salomon-Gimmon | Theme table 2: Hans Wouters and Harm Damen), and the following topics were discussed:

- The importance of dealing with unpredictability | unpredictable factors in treatment and research
- The importance of understanding the aging process using biomarkers in the brain and monitoring this starting around age 50, as early signs of dementia or other conditions become visible at that point
- Research on CAT therapy for older adults in forensic care
- Dementia is already a widely researched topic
- The importance of narrowing down what you want to know
- How interesting it can be to conduct research on the voice | having a voice | not having a voice, and how one can communicate in such cases
- The added value of singing
- How is quality of life defined? What exactly does it entail? What do we mean by it? How does quality of life differ among various populations of older adults? Is a definition appropriate, or is a description of the population and context more suitable? [Definition versus description]
- The added value of CAT therapy in palliative | end-of-life care
- Someone pointed us to an article from the U.S. about the terminology used in gerontology
- That we should focus more on a spectrum of functional decline rather than on the loss of individual functions
- The challenges involved in developing objective measurement tools for assessing cognitive performance and physiological measures
- The question is raised as to whether we should focus more on positive outcomes rather than on functional decline of the brain and body
- The importance of gaining a better understanding of Mild Cognitive Impairment (MCI) in the context of dementia prevention
- We discuss study designs: RCT, SCED, step-wedge, vectorial, and MOCK interventions, along with their advantages and disadvantages. SCED: the ability to take multiple measurements during a treatment period and to start with an n=1 at multiple time points.
- There needs to be a greater focus on multidisciplinary work, including combining the various types of CAT therapy. This also calls for iterative research.
- Taking a person's life course into account is important in the context of holistic care and in tailoring care to a person's needs, as well as in determining how, based on a person's life course, attention can be given to preventing loneliness

- The focus in research is now more on personality issues than on anxiety and depression, which have already been extensively studied
- More attention should be given to older adults with cancer [palliative | end-of-life care]
- Greater attention should be paid to systemic approaches and the involvement of loved ones | informal caregivers
- Acquired brain injury (ABI) and stroke are mentioned: little is currently known about the use of CAT therapy for these target groups
- What is the influence of lifestyle on aging, and how does CAT therapy fit into this [in parallel with chronic pain and brain sensitization]
- More attention should be paid to the role of CAT therapy in the transition of older adults from their homes to various forms of care, and it is important to include younger people in such research to gain insight into the subtle changes in the brain and body that occur earlier in life and are often not very noticeable or visible
- It is important to pay more attention to migrants because this group also includes an older population
- Focusing on DZEP within dementia care
- What about research involving people who are deaf-blind?
- Is there already sufficient research being conducted on CAT therapy for older adults with mild intellectual disabilities?
- Is there also a focus on aging within a younger group [people with Down syndrome and their vulnerability to Alzheimer's dementia]
- How can we enrich cognitive therapy with CAT therapy?
- The importance of describing, exploring, comparing, and then conducting research
- Sham interventions (mock treatments) are mentioned
- Would it be a good idea to write a master protocol that can combine various types of trials?
- Importance of research on existential themes in elder care: connectedness, meaning, identity, death, etc.
- Nuancing the concept of age. What does "old" mean? Nuancing based on brain function, culture, context, and target group (for example, in care for people with intellectual disabilities)
- The need to validate CAT therapy assessment tools within elder care.
- Paying attention to older adults with chronic pain

Concrete outcomes:
- Hans Wouters and Maaijan Salomon-Gimmon are interested in participating in an interview for the group concept mapping (GCM) study. Harm Damen may be willing to participate in the research. In addition, these contacts have led to three more interviews for the GCM study.

Thematic research sessions – Arts and Health

By Annemarie Abbing and Marc Willemsen

Summary of the two rounds

A fundamental terminology and boundary problem

The discussion kept circling back to unresolved distinctions between overlapping terms: "Arts and Health," "Arts in Health," "Creative Arts Therapies (CATs)," and "Art/Arts-Wellbeing." Participants noted the absence of shared, agreed definition and identified ambiguity as a central problem. Several speakers stressed that the work of Creative Arts Therapists differs fundamentally from that of artists, even when the activities may look similar from the outside. However, the field lacks a clear, widely recognized distinction between "therapy" and "therapeutic" (i.e., an activity may have therapeutic benefits without being delivered as clinical treatment).

Professional identity under pressure

Participants expressed concern that CATs could lose their distinct professional identity as "Arts and Health" becomes a broader, more loosely or vaguely defined umbrella term. Worries included: Being folded into a broad, less clinical category that dilutes specialized training and clinical legitimacy; De-emphasis of CATs as a mental health profession; Tension between wanting strategic visibility/positioning (e.g., "arts on prescription") and not wanting to be conflated with non-clinical arts activities.

Participants repeatedly suggested that artists and Creative Arts Therapists should work alongside one another as distinct but complementary professionals, rather than be merged.

Competition and funding dynamics

Funding was repeatedly identified as a source of tension rather than collaboration. Points raised: Funding sometimes flows only to artists/arts-based projects, not to trained CATs, and in some cases, CATs feel they cannot even disclose their clinical background to access certain funding streams. This creates "territories" and competition rather than the hoped-for unified field.

Participants also worried that less extensively trained Arts and Health practitioners can offer lower-cost services, potentially weakening the professional position of CATs. Earlier attempts at cross-disciplinary collaboration (e.g., a joint white paper) failed, partly attributed to insufficient critical mass.

Stigma and perception

Multiple speakers described stigma attached to Creative Arts Therapies not being helpful for professional positioning. Being seen as "childish," not serious, or not "real therapy," with assumptions that anyone with artistic skill can do the work. This perception problem was

linked to the definitional confusion: without clear public understanding of what CATs are, it's easier for the field to be dismissed or trivialized.

Research and evidence base

There was a shared felt urgence to further identify the core/working mechanisms underlying Creative Arts Therapies interventions.

They distinguished clinical research on therapeutic processes and mechanisms of change from "arts-based research" approaches used by artists. Some were open to learning from these approaches and exploring how they might complement clinical research.

Education, training, and ethics

Training pathways vary and are contested: in some places a psychology or healthcare background is required before specializing as a CAT, while an arts background instead routes someone toward "Arts and Health" rather than a clinical CAT credential. This creates friction between more psychotherapy-oriented CATs and more artist-oriented practitioners. Ethics came up specifically around artists working in health/clinical settings without training, several participants noted goodwill isn't sufficient, and that supervision, defined process, and ethical education are necessary safeguards.

Differences in policy and institutional recognition

Participants s described very different levels of institutional recognition across countries, ranging from formal state recognition of art therapy as psychotherapy, to dedicated ministry-level positions and funded roles in schools and hospitals, to situations with no formal legal recognition at all. This uneven landscape was treated less as a set of isolated national differences and more as evidence of how immature and inconsistent the field's institutionalization still is globally.

Collaboration without merging professional identities

Despite the tensions, several voices expressed a genuine wish for eventual unity, one "umbrella" with mutual respect for different qualifications, paired with explicit caution: collaboration should not mean losing unique professional identities, and specialization (rather than direct competition) was offered as a healthier frame than an all-encompassing merger. The idea of a "continuum" between more clinical and more artistic practice was raised as a possible way to hold both without conflict.

Overall synthesis

The discussion revealed a fundamental tension between the desire for a more unified Arts and Health field and the need to preserve the distinct professional identity of Creative Arts Therapies.

Terminological ambiguity emerged as a central issue because it affects multiple, interconnected dimensions of the field: professional recognition, public understanding, funding opportunities, research priorities, educational pathways, ethical responsibilities, and institutional development.

Although participants expressed different perspectives on the desirability of a shared umbrella, there was a recurring emphasis on the importance of recognizing differences in qualifications, expertise, and professional responsibilities.

The discussion suggests that greater collaboration is unlikely to be achieved through organizational integration or shared terminology alone. Instead, it requires a clearer understanding of the relationships between different forms of practice, alongside professional standards and institutional structures that acknowledge their distinct contributions.

The overarching question is therefore how to develop a shared framework for collaboration that recognizes the diversity of arts-related practices while safeguarding the specific expertise, responsibilities, and professional identity of Creative Arts Therapies.

Poster presentations

Dance Movement Therapy for Traumatized Refugee Women

Sabine C. Koch, Zahra Nazemi, Nga Man Chen, Kseniia Vasilyeva, Carmen Katz, Kayleigh Cook, Christina Arnaud, Sonja J. Steltmann, & Crystal Tomaszewski

Alanus University, Research Institute for Creative Arts Therapies (RIArT) / SRH University Heidelberg, School of Therapy Sciences

Background

Women worldwide are fleeing war, persecution and violence, and often carry the main burden of the flight (WHO, 2024). Typically, in the home country, on the way and in the host country, they experienced multiple traumata (Koch et al., 2009; Dieterich-Hartwell et al., 2017). In Germany, only 3.1% of the refugees in need receive mental health treatment (BAff, 2024).

How can dance movement therapy (DMT) support traumatized refugee women? We tested the following hypothesis:
H1: DMT reduces symptoms of stress, trauma, anxiety and depression (measured with RHS-15; a registered study).

Figure 1: Design and Hypotheses

	Baseline (t1)	Pretest (t2)	Posttest (t3)
Within-Group	24 (CG)	= 24 (EG-pre)	< 24 (EG-post)
(one-factorial design: f time)	8 week waiting period	8 week intervention	8 week follow-up (?)

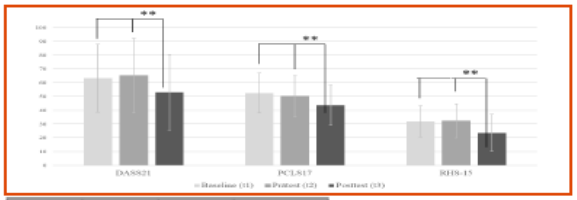
Note. **AVs:** Refugee Health Screener (RHS-15), Depression Anxiety Stress Scale (DASS21), Posttraumatic Checklist of Symptoms (PCLS17); **CVs:** Demographic Data, Symptom Burden; we planned an RCT, but too many 'no shows' in the first group (7 of 14 came; full data of 4) forced us to switch to a 'within-group design'; advantage: with N=24 women in 3 groups (4/10/10) we already reached a fully powered sample (G*power: powered with .95, medium effect *d*=.73).

Method

Sample: N=24 refugee women, age: M=34, SD=11, range 20-68, from Ukraine, Afghanistan, Turkey, Nigeria, Cameroon with self-defined trauma, recruited through social workers, self-support groups, and the Psychosocial Center for Refugees & Torture Victims Nordbaden (BIOS); for time of the study, had no other psychotherapy; small gift (<10€) after t3 interview.
Procedure: The women took part in a DMT group at a central dance studio in Heidelberg, Germany; therapists, co-therapists and helpers from SRH DMT Master program, researcher from Alanus U; participants were interviewed by helpers (in a joined language) at baseline, before and after the intervention; session questionnaires (3 items) were administered in addition
Instruments: Primary Outcome: Refugee Health Screener (RHS-15; Hollifield et al., 2013); secondary: Depression Anxiety Stress Scale (DASS21), Posttraumatic Checklist of Symptoms (PCLS17).
Statistical Analysis: at an alpha level of p<.05, within-group differences after 8-weeks of intervention and change per session were computed with SPSS 20.0.

Results (descriptive)

Figure 2: Means (SD) for trauma, depression, stress, and anxiety on the DASS21, PCLS17, RHS-15 (N=24; t1→t2: waiting; t2→t3: dance therapy)



	Baseline t1	Pretest t2	Posttest t3
RHS-15	31,79 (11,39)	32,17 (12,41)	23,58 (13,44)
DASS21	63,25 (24,69)	65,17 (27,16)	53,08 (27,45)
PCLS17	52,46 (14,46)	50,08 (14,99)	43,67 (14,53)

Note. Symptoms of trauma, depression, anxiety and stress decreased on all measures; for trauma (PCLS17), values fell under the clinical cutoff of 44; Max_{DASS}=126; Max_{PCLS}=85, Max_{RHS}=66
**p<.01 (t3 vs t2; *and* t3 vs t1);

Results (inferential)

We computed an ANOVA and t-tests for related samples.

Figure 3: Inferential statistics for the outcomes with subdimensions (N=24)

Quelle (time)	*Subdimensions*	*df*	*F*	*p*	*Partielles Eta²*
PCLS17					
	Total	1	10,56	,001*	,32
	Hyperarousal	1,32	6,95	,008*	,23
	Avoidance	1,74	10,24	,000*	,31
	Reexperiencing	1,86	2,97	,066	,11
DASS21					
	Total	1	7,45	,006*	,25
	Stress	1,55	4,41	,027*	,16
	Anxiety	1,41	2,50	,113	,10
	Depression	1,46	7,88	,004*	,26
RHS-15					
	Total	1	9,65	,002*	,30
	Depression	1,51	9,49	,001*	,29
	Anxiety	1,39	5,35	,018*	,19
	Trauma	1,40	5,71	,014*	,20
	Stress Thermometer	1,65	7,35	,004*	,26

Note. *F*=main statistic; *p*=probability (Greenhouse-Geisser p), *eta²*=effect size (ES), *df*=degrees of freedom.

The data showed a high symptom burden in our sample. A significant symptom reduction occurred in all four areas: stress, trauma, depression, and anxiety on our primary outcome measure (medium ES). Trauma symptoms measured with the PCSL17 went below clinical cutoff after intervention.

Discussion

This study documents a marked decrease in trauma, depression, anxiety and stress symptoms on the main outcome measure (RHS-15) in traumatized refugee women after an 8-week dance movement therapy group intervention compared to a previous eight week waiting period (within-group design). Results of this fully powered study yielded a significant and clinically relevant symptom decrease, that partly took values below clinical cutoffs, supporting DMT as an effective intervention for traumatized refugee women. Next important steps on the way to a solid evidence base are a between-group study (RCT) with a follow-up to learn about the sustainability of the detected effects. Further research is needed to understand and promote both effects on impacted outcome domains and therapeutic factors (Koch et al., 2014; 2016). Recommendations include for institutions and stakeholders to facilitate access to and support DMT interventions for this population. Were words are difficult, nonverbal expression may offer an important pathway to healing.

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MIRROR GAME SCALES · MGS

ECARTE CONFERENCE

The Mirror Game Project

Developing and implementing a systematic, validated tool for assessing nonverbal relational expression

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BACKGROUND

The mirror game is a dyadic improvisation exercise long used in drama therapy and dance movement therapy to build togetherness, spontaneity, and playful attunement between partners (Boal, 2013; Spolin, 1999; McGarry & Russo, 2011).

Attachment patterns formed in infancy are bodily before they are verbal (Bowlby, 1969; Beebe et al., 2010), and they continue to they continue to be expressed through movement across the lifespan (Ogden & Fisher, 2015). Yet until recently there was no there was no systematic way to turn the richness of this movement into reliable, quantifiable data.

> *Nonverbal communication is the first language of relationship.*



Two participants mirroring each other's movements during the Mirror Game task.

The Mirror Game Scales

Feniger-Schaal, 2014; Feniger-Schaal et al., 2018

A systematic, reliable behavioral coding system of 20 scales that captures nonverbal relational expression during the mirror game.

3 × 5
MINUTE ROUNDS
Participant leads, partner leads, then both move together with no designated leader.

20
CODED SCALES
Rated 1–5 from video: movement quality, relational attunement, affect, exploration.

ICC > .75
INTERRATER RELIABILITY
Good to excellent agreement across most scales between trained between trained coders.

Global score-Open to play
COMPOSITES & GLOBAL
Global categories: Easy vs. Difficult to Play With.
Two main composites:
Free (exploration, affective ease), Together (coordination, attunement) . attunement) .

Across populations and contexts

Selected examples from an ongoing program of research

HEALTHY ADULTS — 01

Adult attachment and the body

Feniger-Schaal & Koren-Karie (2022), The Arts in Psychotherapy

Design 48 adults played the mirror game with a gender-matched expert partner; attachment was classified separately with the Adult Attachment Interview, and the Close Relationship Questionnaire, with four case studies traced in detail.

Secure: flow, exploration, shared positive affect.

Dismissing: rigidity, limited exploration, avoided eye contact.

Preoccupied: swings between intense closeness and abrupt disconnection.

Each attachment classification carried a **distinct movement signature** in the mirror game.

SURVIVORS OF CHILDHOOD SEXUAL ABUSE — 02

Non-verbal signatures of childhood sexual abuse in adulthood

Feniger-Schaal et al., under review

Design 39 women (23 survivors, 16 controls) completed the mirror game with a blind expert partner; trauma severity was assessed was assessed with the Childhood Trauma Questionnaire.

Survivors scored lower on 14 of 20 scales, including flow, exploration, and eye contact.

Large group differences on Together and Free (Hedges g = 1.12 and 1.19).

Greater trauma severity predicted greater bodily constriction .

87% of survivors were classified *Difficult to Play With*, versus 37.5% of controls.

ADOLESCENTS WITH INTELLECTUAL DISABILITY — 03

A longitudinal study: From early bonds to embodied expression

Feniger-Schaal et al., under review

Design Participants were followed longitudinally for about 15 years, from age 3 to adolescence (mean age 16.4): attachment was classified with the Strange Situation Procedure in early childhood, and they returned years later to play the mirror game.

Secure childhood attachment predicted better pace regulation, less tension, more eye contact and reference to the partner. IQ correlated with only two scales: touch and role flexibility.

Most nonverbal patterns tracked **attachment rather than cognitive level** — more than a decade later.

HEALTHY ADULTS · RANDOMIZED CONTROLLED DESIGN — 04

RCT: Can playfulness be practiced and generalized?

Feniger-Schaal et al., under review

Design 30 women were assigned to three sessions of interactive mirror game practice or solo movement training, then met a new then met a new partner in a fourth session to test generalization.

With a new partner, the interactive group showed significantly more flow and exploration.
Gains were specific: shared affect and other social dynamic scales changed less.

Live dyadic practice produced **transferable gains** that solo practice did not.

…and additional studies in progress, spanning further clinical populations and contexts.

Conclusions and future directions

WHAT THE SCALES SHOW
Across adults, trauma survivors, adolescents with intellectual disability, and a training paradigm, the MGS reliably separate open, exploratory movement from constricted, tense, or conflictual movement.

WHY IT MATTERS
The MGS offers a brief, nonverbal, ecologically valid window into relational functioning that bypasses verbal report — well suited to populations for whom traditional assessment is difficult.

NEXT
Automated movement analysis, replication across cultural contexts, clinical protocols built on the playfulness training paradigm, and validation with further clinical populations.

SELECTED REFERENCES

Feniger-Schaal, R., & Koren-Karie, N. (2022). Moving together with you: Bodily expression of attachment. *The Arts in Psychotherapy, 80*, 101950. · Feniger-Schaal, R., Hart, Y., Lotan, N., Koren-Karie, N., & Noy, L. (2018). The body speaks: Using the mirror game to link attachment and nonverbal behavior. *Frontiers in Psychology, 9*, 1560. · Noy, L., Dekel, E., & Alon, U. (2011). The mirror game as a paradigm for studying the dynamics of two people improvising motion together. *PNAS, 108*(52), 20947–20952. · Additional manuscripts under review, available on request.

Contact: Rinat Feniger-Schaal, PhD · rfeniger@univ.haifa.ac.il · University of Haifa

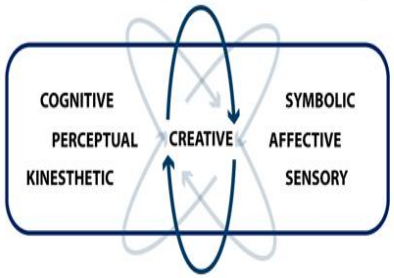
Drama & Health SCIENCE LAB

ECArTE

The Expressive Therapies Continuum as a Migratory Journey: A classroom experience through the lenses of a teacher, a special educator, and co-art therapists

HOLISTIC DEVELOPMENTAL WORKSHOPS

Expressive Therapies Continuum (ETC) — Framework



Trauma-Informed Experience

- Loss and displacement
- Journey hardships
- Adjusting to a new home



ETC School-Based Program

9 workshops and an art opening

- 17 first-generation immigrant teens
- Teacher
- Special educator
- Two co-art therapists
- Researcher (participant observer)



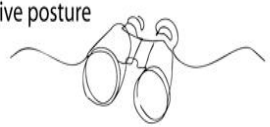
STUDY / METHODOLOGY

Qualitative research

Constructivist-interpretive paradigm

Phenomenological lens

Culturally reflexive posture



Objective

To explore the experiences and perceptions of a homeroom teacher, a special educator, and two art therapists who participated in art-based workshops in a welcome classroom for adolescents, and to understand the meaning these workshops hold for them.

Reflexive Thematic Analysis

Semi-structured interviews

- Teacher
- Special educator
- Two art therapists



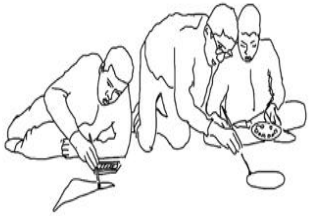
RESULTS / INTERPRETATION

Reflexive thematic analysis revealed:

Themes	Subthemes
An emancipatory experience	The practice of freedom The art of choosing
A playful experience	Navigating barriers through expression Reclaiming oneself through play
An intersubjective experience	Being-with-others Sharing space, finding place

ETC framework

- Uncover individual and relational dynamics
- Explore the transcultural value of art therapy
- Foster collaborative storytelling for immigrant teens



Art-based school programs using the ETC framework enable healing, expression, and integration for trauma-affected immigrant adolescents

Playful Interactions

Cognitive Effects and Neural Mechanisms in Aging

Shoshi Keisari[1], Boaz Ben-David[2], Yulia Golland[3], Mara Mather[4]

[1] Drama & Health Science Lab, University of Haifa, Israel · [2] Dina Recanati School of Medicine, Reichman University, Israel
[3] Baruch Ivcher School of Psychology, Reichman University, Israel · [4] Leonard Davis School of Gerontology, University of Southern California, USA



1. PLAYFUL INTERACTION

A dynamic social activity based on spontaneity, creativity, imagination, and mutual enjoyment, in which people step outside predictable patterns to co-create something new and surprising.

UNPREDICTABILITY + **RECIPROCITY**

Stepping outside the expected — **Responding and building together**

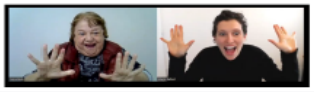
At the heart of playful interaction

Playfulness combines unpredictability and reciprocity, promoting an engaged, non-stressful state of arousal

2. BRINGING PLAYFUL INTERACTIONS INTO THE LAB

PLAYFUL INTERACTION

Improvisation-based exercises

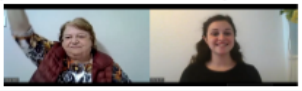


VS.

- **Within-subject design**
- **Brief 15-minute interactions**
- **Counterbalanced order**

CONTROL INTERACTION

Verbal and physical exercises that are predictable and emotionally neutral

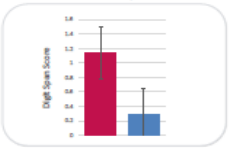


3. SHORT PLAYFUL INTERACTIONS ENHANCE COGNITIVE PERFORMANCE IN OLDER ADULTS

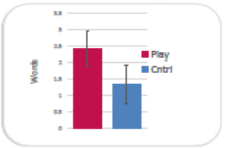
- Across three studies
- Zoom and Face-to-Face
- ~150 older adults
- Mean age 84

Cognitive outcomes
Digit Span
Verbal Fluency

Digit Span

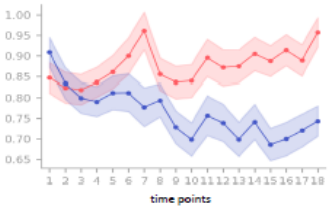


Verbal Fluency



Keisari et al., 2024; Golland et al., 2025

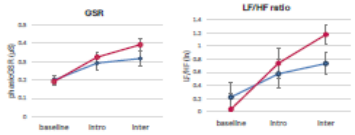
4. PLAYFUL INTERACTIONS ENHANCE POSITIVE AFFECT



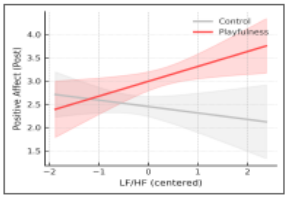
Positive affect from facial expressions



5. PLAYFUL INTERACTIONS INCREASE POSITIVE AROUSAL



Playful interaction elicited greater sympathetic arousal



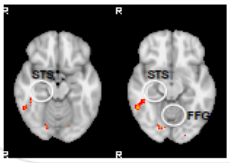
Higher Arousal During Playfulness → Greater Positive Affect

6. EXPLORING THE NEURAL MECHANISMS OF PLAYFULNESS



Three age groups

Young adults	Mid life	Older adults
18-30	45-60	75-90



Noradrenergic Arousal System



Preliminary data
N=8

Play is where the brain learns that surprise is not a danger, it's possibility



Drama Therapy and Housing Insecurity: A Mixed Methods Study

Anamarija Vuic, MA, MPsych, RDT & Nisha Sajnani, PhD, RDT-BCT
NYU Program in Drama Therapy, Theatre & Health Lab, NYU Steinhardt

Full study access

Background & Rationale

Housing insecurity is a major social determinant of health associated with elevated risk of loneliness, social isolation, psychological distress, and reduced well-being.[1-4]

Permanent supportive housing provides shelter without preconditions, but residents report mixed engagement with traditional clinical care.[5-6]

Previous studies on drama therapy with people experiencing homelessness or marginalization suggest that drama-based interventions can promote social bonding, emotional release, confidence, and a sense of belonging.[7-11]

Aim & Sample

- Examine psychosocial outcomes of a 12-week drama therapy program across five Breaking Ground supportive housing sites in Brooklyn, the Bronx and Manhattan.
- Self-selected sample: Adults who were formerly unhoused - affected by HIV/AIDS, chronic mental illness, seniors, low-income tenants; all voluntarily attended drama therapy groups.
- Baseline Sample: Mean age 62.6 years (range 36–86); 48.1% female; 46.2% high school education; 40.4% Black/African American, 21.2% Caucasian, 9.6% Hispanic, 3.8% Asian/Pacific Islander.
- Health Profile: 50% physical health condition, 34.6% mental health condition, 48.1% disability.
- 44.2% participated in a DT group before.



Methodology

- **Intervention**: 12 weekly 75-min sessions (check-in, improv, scenework, sharing, closing ritual)
- Five groups, three therapists & three interns; December 2024 – April 2025
- **Quantitative Metrics**: Pre/post survey using Creative Self-Efficacy Scale (CSE), WHO-5 Well-Being Index, UCLA-3 Loneliness Scale, and 1-item Group Support Scale
- **Qualitative / Arts-Based** (n = 25): Semi-structured interviews using an arts-based photo-elicitation method.[12]

Group participants N = 60 → Consented to the study N = 52 → Post-survey N = 36

Results

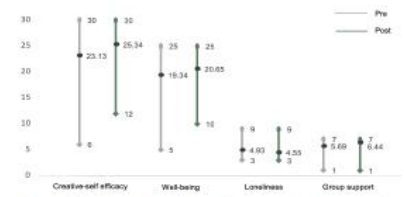


Figure 1. Min, max, and average results on quantitative measures for participants who completed both surveys (n = 32)

Significant increase in perceived group support ($z = 2.03$, $p < .05$) across full sample and creative self-efficacy ($z = 2.54$, $p < .05$) in interview subgroup.



Figure 2. INUK cards (Bai & Egetmeyer, 2020) that resonated with participants' experiences in the group; the cards served as visual prompts to support deeper storytelling and meaning-making during the interview.

Six Qualitative Themes (Thematic Analysis, n = 25)

- **Personal Growth & Self-Expression**: Internal changes in self-perception, confidence, and ability to express oneself.
- **Social Connection & Community**: Development of meaningful relationships and sense of belonging through group interaction and beyond group setting.
- **Interpersonal Understanding**: Growth in empathy, acceptance, and understanding across different backgrounds and experiences.
- **Structured Therapeutic Environment**: Benefits from participation in organized, facilitated creative therapeutic activities.
- **Enhanced Well-Being**: Perceived improvements in emotional, social, and physical health resulting from participation.
- **Navigating Challenges & Barriers**: Identifying obstacles to participation and finding solutions.



Participant Voices

"It brought some strength out of me that I didn't realize I had... When that day came for me to go stand up and do it, the words were just coming... I wasn't nervous, I wasn't ashamed. It helped me bring out positive things in me." – Participant 22

"I have to show the world - I am... I'm existing here. (...) I am so glad they gave me opportunity to come out... I'm not coming out of shell, I'm trying... I'm breaking shells. I want to break shells, you know, I'm put in a straitjacket, as if I'm in jail or something. I want to get out, show the world." – Participant 1

"I learned about the personalities and where they were from... Everybody seemed to be from different countries... It changed your opinion of them. That you may have been judging them a different way." – Participant 9

"Yo estaba como que medio... Medio freaked out, porque como... No hablo bien inglés. Como que te ponen medio... Cuando ya estás ahí, que ya tus amigos están al lado, que ellos hablan... Tú te sueltas también. Tú puedes hablar." – Participant 21

"It was nice for me to be coming to this group every week. I look forward to that. Because nothing else to do upstairs. (...) I just learned that I'm happy. I'm happy and I make friends. That I never knew before. I used to be by myself all the time." – Participant 5

Integrated Meta-Inferences

- **Convergence**: Statistically significant increases in group support aligned with qualitative narratives of safety, non-judgmental acceptance, and community building.
- **Complementarity**: Qualitative narratives highlighted increased confidence, emotional release, creative engagement, and reduced anxiety, despite no significant quantitative changes in creative self-efficacy and well-being.
- **Divergence**: While some participants reported stronger social bonds and reduced isolation, others described ongoing discomfort with self-disclosure, language barriers, or group dynamics, indicating that drama therapy may alleviate loneliness for some individuals but not universally.

Discussion & Conclusion

Relational Gains vs. Quantitative Metrics: While only perceived group support increase was significant, qualitative narratives revealed gains in self-expression, creative self-efficacy, and emotional well-being that standardized quantitative scales did not fully capture.

Tailored Facilitation & Structural Inclusion: Compassionate, flexible facilitation built trust among participants who often experience disempowerment in traditional services, though their experiences highlighted a need for bilingual facilitators and culturally responsive program design.

Policy & Implementation Value: Integrating drama therapy into permanent supportive housing provides an accessible, creative entry point that strengthens social connection and agency. The inclusion of this study as a case example in the Foundation for Social Connection report further highlights the relevance of drama therapy within supportive housing and the value of mixed-methods approaches for understanding nuanced psychosocial outcomes.

Approved by NYU IRB (IRB-FY2024-8723).
Supported by the Ilse Melamid Foundation.
Contact: Anamarija Vuic, av3521@nyu.edu

THEATRE & HEALTH LAB

BREAKING GROUND

References:

MEMORY DRAWING

Drawing to Remember, Learn, and Process

Dr. Unnur Guðrún Óttarsdóttir, The Reykjavik Academy

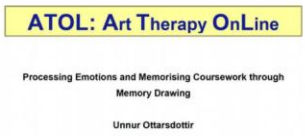
Abstract

The study examined the effectiveness of drawing as a method for enhancing memory and supporting emotional processing. The quantitative part of the study involved 396 children and adults. Participants recalled generally more drawn words than written, particularly over longer retention periods. After nine weeks, the children recalled a median of five drawn words compared with one written word. The findings suggest that drawing is especially beneficial for people who have difficulty recalling written words. Participants who easily remember words also generally remember drawings more easily than written words in the long run. The qualitative component of the research indicated that Memory Drawing can also support emotional processing.

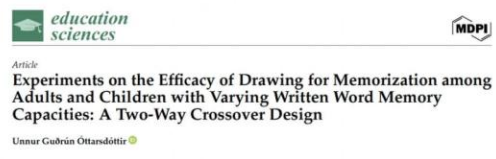
Study Sample :



Qualitative study: five children.
Quantitative study: 134 children and 262 adults.













www.unnurarttherapy.is/en
unnur@unnurarttherapy.is



Music therapy to address neuropsychiatric symptoms in people living with dementia: active elements and working mechanisms

Koert van Essen (PhD Candidate)
under supervision of
Prof. Dr. Susan van Hooren
Dr. Wim Waterink

Contact: koert.vanessen@ou.nl
Open University of the Netherlands
Department of psychology

Background

- Globally, over 50 million people live with dementia and due to the ageing population, these numbers are rapidly growing
- Studies in the last decade showed that music therapy is potentially effective in addressing neuropsychiatric symptoms such as depression and apathy in people living with dementia
- Little is known about the specific active elements of music therapy that are involved in addressing these symptoms
- The aim of this PhD-research is to shed light on active elements and working mechanisms of music therapy to understand how and why music therapy works in addressing neuropsychiatric symptoms in people living with dementia

Studies under review

1 Active elements of music therapy to address neuropsychiatric symptoms in older people living with dementia: a mixed methods study

Group concept mapping

- N=18 music therapists from BE, GE and NL were semi-structured interviewed
- 195 unique active elements (musical and non-musical) were identified and piled and rated by N=12 music therapists
- Groupwisdom revealed 6 clusters including 1) non-musical attunement and validation, 2) emotional safety, 3) musical activation and deactivation, 4) musical structure and predictability, 5) participation and responsivity, and 6) empowerment.
- relational and responsive active elements (musical and non-musical rated the highest

Additional study

Unraveling melodic predictability: a within-subjects investigation of gestalt principles and scale degree probability

Within subject experiment

- N=289 people over 60 jr
- 9 melodies were created varying in predictability systematically using Gestalt and Scale Degree Probability and offered online
- Aim was to investigate subjective differences in predictability between melodies AND to determine relative contributions of Gestalt and SDP
- Conclusion: 6 of the 8 melodies differed signicantly in predictability AND both Gestalt principles and scale degree probability play a role in perceived melodic predictability, with Gestalt principles accounting for a larger role.

2A Effects of melodic predictability on subjective and psychophysiological arousal in healthy older adults: a within subject study

Within subject experiment

- N=71 elderly people living without Alzheimer"s disease
- Aim was to assess the influence of melodic predictability on subjective and psychophysiological arousal
- Psychophysiological arousal was operationalized as EDA en HR, Subjective arousal as restlessness/nervousness (VAS)
- Result: Small significant effect of melody with highly predictable melody on EDA, No effect on HR. Small significant effect of melody with low predictability on subjective arousal

Active element	Effect	Active element	Effect
Melodic predictability (Gestalt and scale degree probability)	**Arousal** (subjective and psychophysiological)	**Musical tempo**	**Arousal** (subjective and psychophysiological)

Ongoing studies

2B Effects of melodic predictability on psychophysiological arousal in older people living with Alzheimer's disease: a within subject study

Within subject experiment

- N=48 elderly people living with Alzheimer"s disease
- Aim was to assess the influence of melodic predictability on psychophysiological arousal
- Psychophysiological aoural was operationalized as EDA en HR,
- Result: Small significant effect of melody with highly predictable melody on EDA, No effect on HR

3B Effects of musical tempo on psychophysiological arousal in older people living with Alzheimer's disease: a mixed between-within study

Within Between subject experiment

- N=48 elderly people living with Alzheimer"s disease
- Aim is to assess the influence of musical tempo on psychophysiological arousal
- Psychophysiological aoural is operationalized as EDA and HR
- Result: data collection still ongoing

3A Effects of musical tempo on subjective and psychophysiological arousal in healthy young adults: a mixed between-within study

Within Between subject experiment

- N=60 young adults
- Aim was to assess the influence of musical tempo on psychophysiological arousal
- Psychophysiological aoural was operationalized as EDA, HR and HRV.
- Research started by the late Dr. Martina de Witte
- Result: analyses still ongoing

4 Strengthening the theoretical foundation of a music therapy intervention for reducing apathy in people with dementia: an intervention mapping adapt study

Intervention Mapping Adapt Study

- N=12 including music therapists, people living with Alzheimer"s disease and apathy, caregivers and other healthcare professionals
- Aim is to assess and underpin an existing music therapy intervention (Merle Nienhaus) to address apathy in people living with dementia
- Research in design phase

Group art therapy
for young people (12-18) with autism related problems
with self image and social skills.

Research question

To what extent can the art therapy group treatment 'Artistic expression' contribute to improving the self-image and communication skills of young people with complex problems related to autism?

Method

Mixed methods: behavior measurements, live and video- observations.

Pretest, posttest, follow up

Trainings for participating art therapists

Project organisation

2 years funding: june 2025 – june 2027

5 art therapists involved in different child/ youth psychiatry settings

8 weeks / weekly programme is developed, based on previous AT research projects and – results and in collaboration with the involved art therapists.

Groups of 2 – 6 young people with IQ > 70

3 rounds, expected amount of participants: around 30 (in 2 years)

Collaboration with parents and their therapist

Aim

These young people are at risk of drop out from society and are unable to fully utilize their talents. They are difficult to treat, and practice has provided indications that group art therapy can help them. They have high risks of addiction, anxiety, depression, suicide.

The programme 'Artistic expression' aims to improve the self-image and social skills, by applying the art therapy triangular relationship.

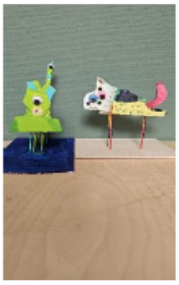


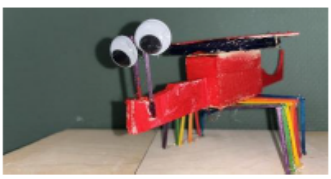
First results

Starting- up: implementation as a treatment offer took more time than expected

Starting group therapy is not easy

Positive for clients and for referral





Find in text or tools (Ctrl+F)

codarts rotterdam

Erasmus MC Universitair Medisch Centrum Rotterdam

The Client as Choreographer
A dance-informed Dance Movement Therapy micro-intervention for clients diagnosed with a Personality Disorder

PhD Candidate: Simone Kleinlooh, Erasmus Medical Centre | Codarts University of the Arts, Rotterdam
Supervisors: Prof. dr. Janine Stubbe | Dr. Rosemarie Samaritter | Prof. dr. Bart Koes.
Contact: skleinlooh@codarts.nl



1 Attention on breath, muscular release of tension, somato-sensory engagement, non-verbal- attunement / communication, broadening the movement vocabulary, by bringing in Aspects of Dance and eliciting whole-body involvement to create a readiness to move.



2 Exploration and play in shared movement experiences to elicit authenticity, movement preferences and narrative movement material from which the client can experience oneself as a vital source for aesthetic action and creation. Aspects of dance support the engagement and embodied expression.



3 The client selects independently (3-5) movements from phase 1&2 that are preferred or experienced as aesthetically appealing from which a movement phrase/choreographic draft is **composed.** The draft is **memorized,** shaped and (re)composed until it is **perceived as mastered** by the client/choreographer.



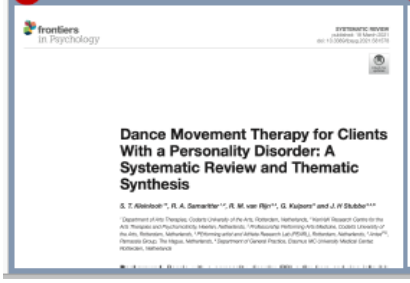
4 The client teaches the choreography to the other(s), **explaining** ithe qualities through movement language, metaphors, and verbal reflection until the choreography is accurately embodied and the client is **satisfied.** Throughout this process, the Aspects of Dance are reintroduced to enhance **aesthetic engagement** and to help express the clients intended meaning. Individual choreographic material may subsequently be integrated into a group choreography and performed, allowing the client's personal narrative to become visible and acknowledged by others.

Rationale

Prevelance: PD is a common and enduring mental disorder characterized by persistent patterns of thinking, feeling, and behaving that deviate from cultural expectations. Despite its high prevalence, association with premature mortality, and relative stability over time, PD remains under-recognized and is not included in major global mental health frameworks (Shadid et al., 2025). Approximately 25% of patients in primary care and 50% of psychiatric outpatients meet criteria for a PD (Beckwith et al., 2014; Moran et al., 2000). **The DSM-5 (2013)** identifies impairments in two core domains: **self-functioning** (identity and self-direction) and **interpersonal functioning** (empathy and intimacy). **DMT**, one of the Creative Arts Therapies, is an established intervention within multidisciplinary mental health care (AKWA-GGZ, 2018; Karkou & Sanderson, 2006). **Creating a personal choreography in DMT** may support PD clients to enhance:

- present-moment awareness and mindful embodied self-observation;
- self-efficacy beliefs and self-regulation
- Cognition; executive functioning, mentalizing, and creative problem-solving;
- the transition of narratives itowards creative experiences and meaningful self-directive action;
- non-judgmental awareness of self and others
- Safe connections

1 2 3 4


frontiers in Psychology

Dance Movement Therapy for Clients With a Personality Disorder: A Systematic Review and Thematic Synthesis


The Arts in Psychotherapy

journal homepage: www.elsevier.com/locate/artspsycho

A dance movement therapy intervention for people with a personality disorder: A Delphi study

S.T. Kleinlooh, R.A. Samaritter, J.H. Stubbe, B.W. Koes


Feasibility and acceptability of a mixed methods within-subjects comparative design in dance movement therapy for adults with personality disorders

THE CLIENT'S PERSPECTIVE (2027)

Affectregulating Arts Therapies for Children and Adolescents with Psychosocial Problems

a research protocol

Susan van Hooren [1, 2, 3], Liesbeth Bosgraaf [4], & Lieke Brauers [1, 2]

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Background

One in six children and adolescents struggle with mental health issues. This profoundly impacts not only their well-being, but also their family and society at large. When left untreated, these problems become chronic, persisting into adulthood. However, a significant number of children and adolescents either show insufficient improvement or experience relapses. Many children and adolescents, however, find it difficult to articulate their feelings, leaving a gap in their treatment.

Affect-regulating Arts Therapies

In clinical practice Affect-regulating Arts Therapies (ArAT) was developed by therapists. ArAT is an intervention that emphasizes action and experience over verbalization. The experiential approach aligns with the developmental and cognitive level of the child or adolescent. Moreover, by actively involving parents, caregivers, and teachers, ArAT ensures that the therapeutics benefits extend beyond the sessions. Preliminary results from a study on the art therapy variant among 18 children are promising (Bosgraaf, et al., 2024; Bosgraaf, et al., 2025).

Urgent need

Creative arts therapists, play therapists and psychomotor therapists have a strong need to further investigate and refine this intervention. This is necessary to make the method more widely applicable, to increase the expertise of therapists, and to offer referrers and financiers concrete tools for implementation in practice.

Research questions

- Which children and adolescents are referred to ArAT, why, and which children and adolescents benefit most from it?
- What are the short- and medium-term effects of ArAT for children and adolescents with psychosocial problems?
- How can ArVT training and research be sustainably developed and embedded within education, as well as in strategic research lines?

Main expected output

- A more clearly articulated and theoretically substantiated ArAT intervention, enabling therapists to work more purposefully, better define the specificity of ArAT, and align with formal recognition procedures.
- Insight into the short- and long-term effects, mechanisms, and active elements of ArAT, taking contextual and developmental factors into account.
- Extension to other creative arts therapies, play therapy, and psychomotor therapy disciplines
- An updated modular training program on ArAT, with learning materials for undergraduate students and qualified creative arts therapists.
- Strategic research lines embedded in bachelor's and master's programs in creative arts therapy and psychology.

References

Bosgraaf, L., Spreen, M., Pattiselanno, K., & van Hooren, S. (2025). Perceived effects of an art therapeutic treatment (ArAT) for children and adolescents with psychosocial problems.

Bosgraaf, L., Spreen, M., Pattiselanno, K., & van Hooren, S. (2024). Process Evaluation of an Art Therapeutic Treatment for Children and Adolescents with Psychosocial Problems. The Arts in Psychotherapy, 101209.

Work package 1

Aim: to refine ArVT by specifying
- target group, also (contra)indications
- objectives
- active elemets
- mechanism
- theoretical foundations
- practical application/implementation

Study 1a: qualitative study using interviews with creative arts therapists, psychomotor therapists, and referring professionals. Questionning route is on target group, objectives, effects, active elements, mechanisms, collaboration with health care professional, and perceived barriers and facilitators during implentation

Study 1b: prospective study on target group, indications, and change after 20 weeks ArVT

Work package 2

Aim: to evaluate ArVT using Replicated Single Case Experimental Design with randomised multiple baseline period

Mixed method

Systemic

N=47

Single case



Work package 3

Education and future research

	Creative arts therapists and psychomotor therapists working with ArVT	Lecturers on ArVT	Bachelor students
Study 3a: survey	x		
Study 3b: focusgroups	x	x	
Study 3c: focusgroups			x

perceptions on currect educational programs, training needs, and future research needs and ideas

Work package 4

Communication and valorisation