Exploring the Use of Art Therapy with Children in Treatment Foster Care:

Addressing Issues of Self Concept

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Abstract
Exploring the Use of Art Therapy with Children in Treatment Foster Care: Addressing Issues of Self Concept
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This study examined the effect of eight weeks of individual art therapy on two children in treatment foster care, with a specific focus on self concept. This research was conducted after the researcher began her graduate internship at a foster care agency and found very few resources on the topic of art therapy with children in treatment foster care. The design of this study was based on a single case study design in ABA format. Each participant was given a pre-test measure of self concept to assess for baseline level of functioning. They then received seven to eight weeks of individual art therapy sessions, after which the measure of self concept was again administered to assess for any changes that may have occurred. Two African American children participated in this study, an eight-year-old female and a nine-year-old male. The results of a pre-and post-test measure of self concept using the Piers-Harris 2 Children’s Self-Concept Scale were recorded, the individual art therapy session notes were presented and the artwork created during the sessions was analyzed. The findings suggest that the individual art therapy sessions had a different effect on each participant’s self concept. Each participant had a different and unique set of therapeutic treatment needs, which appeared to be addressed in different ways through creative expression and art making. The results of this study suggest that individual art therapy had some positive effects on the self concept of two children in treatment foster care, which may increase with a larger number of sessions.
Art therapy may be an effective treatment intervention for this population; however it appears that more research on the topic is needed.
Dedications

I would like to dedicate this work to all of the people in my life who have inspired me to keep reaching for the stars. To my teachers, thank you for sharing your knowledge and expertise with me. To my family, thank you for your undying support and encouragement during this process. To my Mother, thank you for being my editor, proof reader, and cheerleader. To Kyle, thank you for pushing me and believing in me even when I doubted myself. Your courage, creativity, and determination continue to amaze me each day. To Kerry, thank you for believing in the healing potential of art therapy, this research never would have taken place without your help. Finally, to the many children I had the great pleasure of working with, thank you for opening my eyes and my heart to a worthy cause. The lessons you taught me are more valuable than any I could have learned from a book.

“Once the child has undergone some personal change, however slight, his environmental situation is no longer the same. Once he is differently perceived, he is differently reacted to, and this treatment may lead him to change further.”

-Carl Rogers
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CHAPTER 1: INTRODUCTION

The purpose of this study is to examine the effect of individual art therapy on children in treatment foster care including an exploration of the effect of art therapy on self concept. Two cases were examined of foster children, ages eight and nine, who were referred by their case managers for individual art therapy. Information from the case files, session notes and artwork from individual art therapy sessions will be presented and the results of a pre- and post-test measurement of self concept will be compared. A search of the literature reveals that children in foster care are at risk of multiple psychological, psychosocial and developmental problems due to their complex pre- and post-placement histories (Burns et al., 2004; Clausen et al., 1998; Dubner & Motta, 1999; Katz, 1987; Leslie et al., 2005). Many foster children exhibit disturbed attachment to caregivers, low self-worth, low self-esteem and identity confusion (Lawrence et al., 2006; Milan & Pinderhughes, 2000; Silin, 2000). The combination of separation from family combined with the likelihood of pre-placement maltreatment, trauma and neglect leaves foster children vulnerable to the development of a negative self concept.

Currently over 500,000 youths are in formal foster care in the United States (U.S. Department of Health and Human Services, 2006). These children represent a large and vulnerable sub-population of our nation’s youth. Research suggests that many foster children experience psychological difficulties associated with feelings of anger, rejection, fear, guilt, shame, abandonment and ambivalence (Katz, 1987; Leslie et al., 2005). Additionally many of these children exhibit disturbed attachment to caregivers resulting in “demonstrations of indiscriminate relationships and a lack of joy, humor, reciprocal
enjoyment, eye contact, empathy, guilt, remorse, appropriate communication and appropriate physical boundaries” (Hughes, 1998 as cited in Klorer, 2005).

Over the last decade much research has been conducted examining the mental health of children involved with child welfare services. According to Blower, Addo, Hodgson, Lamington and Towson (2004) the “main gap in current service provision is in delivering effective interventions to children whose mental health problems have already been well identified, but which are persistent, disabling and hard to manage” (p. 127). Research suggests that many individuals who have experienced pervasive abuse, neglect or trauma find it very difficult to verbalize their experiences, and therefore talk therapy can prove to be a difficult and often ineffective treatment intervention (Case, 1987; Johnson, 1987; Klorer, 2005). However, more research needs to be conducted examining the efficacy of non-verbal therapies with children in foster care.

In 1998 Clausen, Landsverk, Ganger, Chadwick and Litrownik compared the rates of mental health problems among children in foster care across three counties in California. They found that behavior problems among the foster children in all three counties were observed at two and a half times the rate expected in a community population. Their finding suggested the greatest need lies in identifying the specific mental health issues that need to be addressed to ensure that the most effective treatment services are provided. In 2004 Blower et al. used a combined quantitative and qualitative approach to assess the need for mental health services of youth in foster care. They found that the majority of children and adolescents in their study continued to struggle with chronic and crippling mental health problems despite early recognition, intervention and supportive placements. Blower et al. (2004) identified that the need lies not in
improving recognition of mental health problems, but rather in developing and identifying more effective treatment interventions for this population.

In recent years more research has appeared addressing the need for the development of evidence based therapeutic interventions for children in foster care. In 2006 Dozier, Peloso, Lindheim, Gordon, Manni, Sepulveda and Ackerman conducted a randomized clinical trial examining the effectiveness of a treatment intervention called, Attachment and Biobehavioral Catch-Up. They note that former research suggests maltreatment and disruptions in care can overwhelm a child’s capacity to cope, which may directly and indirectly lead to difficulties in regulating physiology and behavior. They examined the daily cortisol production of 164 children, ranging in age from approximately three-months-old to four-years-old, in an attempt to gauge the level of stress and anxiety experienced by these children. Dozier et al. (2006) found that children in the experimental intervention group had lower levels of cortisol production than those children in the control group. Parents in the experimental intervention group reported fewer behavioral problems for older verses younger children. Dozier et al. (2006) acknowledge the study was limited by the small sample size and that results may not be generalizable to children of all ages. Dozier et al. (2006) state that this research suggests the effectiveness of Attachment and Biobehavioral Catch-Up for young children, however, they stress the importance of further development of evidence-based treatment interventions for older children in foster care.

In 1987 Johnson published a paper examining the major elements of psychological trauma, treating psychological trauma and the reasoning behind using the creative arts therapies in treatment with individuals suffering from psychological trauma.
Johnson (1987) proposes that psychological trauma leads to a basic splitting of the self and psychic numbing. The results of these self protective measures are, “an overall reduction in the person’s ability to attach words to feelings, symbolize, and fantasize, since any link of affect with cognition may lead to the re-experiencing of the trauma” (p. 7). According to Johnson (1987) the creative therapies offer a concrete and impersonal transitional space through the artwork, music, dance, role-play, etc., that is more safe than the abstract and personal space of the transference relationship.

In 1992 Gonick and Gold published an article examining the major themes that appear in expressive arts therapies with foster children. They found that when working with foster children one primary issue emerged from which many other themes spring forth. The foster child’s struggle with relatedness is reflected in the child’s need to undo feelings of vulnerability and insecurity. Themes of safety, hunger, shame and helplessness also emerged. According to Gonick and Gold (1992) the challenge for the clinician working with children in foster care is to reach them before they shut down completely. Gonick and Gold (1992) propose that the expressive arts therapies offer a unique chance to reach shut down, self protecting foster children through the inherent power of creative expression.

In 2005 Klorer examined the relationship between expressive therapies and current neuroscience research on traumatic memories. She presents theoretical material explaining why nonverbal therapies can be more effective than verbal therapies in working with severely maltreated children with attachment difficulties. According to Klorer (2005), “traumatic attachment histories affect the development of frontolimbic regions of the brain, especially the right cortical areas that are prospectively involved in
affect-regulating functions” (p. 214). Additionally research suggests that the right hemisphere of the brain is responsible for controlling sensorimotor perception and integration, as well as processing social-emotional input. These processes are dominant in the first several years of life before the more language based and analytical left brain systems are matured, therefore memories of the trauma and poor attachment experiences in the early years are most likely processed in the right side of the brain. Klorer (2005) states that, “nonverbal, expressive therapy approaches are highly effective interventions for this population because they do not rely on the client’s use of the left brain and language for processing” (p. 216).

Current literature suggests the need and importance of not only routine screening of children in foster care for mental health issues, but also early access to therapeutic interventions aimed at addressing the effects of disrupted attachments and psychological sequelae associated with reasons for removal from the family of origin (e.g. maltreatment, abuse, neglect). Many of these studies stress the importance of attachments in shaping a child’s sense of self, future relationships and interactions in society. Current literature exists presenting the effectiveness of the creative arts therapies in addressing issues experienced by many children in foster care, however the gap lies in current literature presenting creative arts therapy interventions aimed at addressing the foster child’s fragile self concept.

This study is delimited by the small number of participants. Two children placed in foster care between the ages of six and twelve received individual art therapy. Therefore, the results may not be generalizeable to the population at large. This study will only be examining the efficacy of art therapy and not any other non-verbal therapy.
The limitations of this study include the possibility that the participants may not be responsive to art making. Further limitations include the possibility of inconsistent individual session attendance and differing degrees of illness severity among the participants.

The aim of this research study is to examine the effect of an art therapy intervention shaped around the belief that the effects of disturbed attachment and psychological trauma resulting from pre- and post-placement experiences contribute to the development of a negative self concept in foster children. This study will explore the effect of eight weeks of individual art therapy with two children in treatment foster care. Specific attention will be dedicated to the effect of the treatment intervention on the foster child’s self concept. Pre- and post-test measures of self concept will be presented using the Piers Harris 2 Children’s Self-Concept Scale, a 60 item standardized self report questionnaire designed to measure how children think and feel about themselves. Individual session notes and the artwork created during the art therapy sessions will be presented and analyzed. This research will answer the question of how and if eight weeks of an individual art therapy intervention will effect two children in treatment foster care, including their sense of self concept.
CHAPTER 2: LITERATURE REVIEW

Overview

This literature review discusses issues relevant to this study examining the effect of art therapy on children in treatment foster care with a specific focus on the topic of self concept. A brief overview of foster care is given, as well as an explanation of treatment foster care, as it differs from traditional foster care. Psychosocial development of children is reviewed, as well as topics such as attachment and self concept development in children. The psychosocial development of children in foster care is discussed. Attachment and self concept of children in foster care are reviewed. Topics relating to the impact of psychological trauma on children in foster care are presented, such as the psychosocial effects of abuse and neglect on children and the impact of parental drug use on development of children. Lastly, methods of treatment for children are presented as well as therapeutic approaches with youths in foster care including verbal therapies, play therapy and art therapy.

Foster Care

According to the most recent Adoption and Foster Care Analysis and Reporting System (AFCARS) report, approximately 513,000 children were in foster care in the United States in 2005 (U.S. Department of Health and Human Services, Adoption and Foster Care Analysis and Reporting System, 2006). Of those children approximately 70% were in foster family homes and nearly 30% were between the ages of six and 12 (U.S. Department of Health and Human Services, Adoption and Foster Care Analysis and Reporting System, 2006). “These children represent an important and vulnerable subpopulation of youths. Experiences before entry and while in foster care have the
potential to dramatically affect a child’s short- and long-term development and their emotional well-being” (Leslie, et al., 2005, pg. 140).

History of Foster Care in America

Contemporary foster care in America descends from the Elizabethan Poor Laws of 1601. These English laws made each parish responsible for providing relief, work and shelter to the poor (Nelson, 2003). Prior to the first comprehensive adoption laws in 1851, many American children were cared for in the manner of Elizabethan tradition. They were given food, shelter and an education in exchange for services rendered. Still many children who required out-of-home care during this time were placed in orphanages and institutions or were exploited for cheap labor (Nelson, 2003). The Federal Children’s Bureau was formed in 1912, which lead to the development of social services for displaced children and federally funded payment for foster families, thus beginning the contemporary tradition of foster care (Layman, et al., 2002). By 1930 every U.S. state had adoption legislature in place, and the public’s idea of foster care and adoption had changed. The job of the adopted and fostered child was no longer to provide household services, but to become a beloved member of the family (Nelson, 2003).

Definition of Foster Care

Foster care is a social service designed to provide substitute family care to youths whose parents are deemed unable to care adequately for them. Foster care is designed to be a temporary service when adoption is neither desirable nor possible (Layman, et al., 2002, Lawrence, et al., 2006). According to Lawrence, Carlson and Egeland (2006) the following factors are often associated with a child’s entry into foster care.

- Maltreatment perpetrated by the primary care givers
• Failure on the part of the primary care givers to protect a child from maltreatment by others
• Parental chemical addiction
• Psychological or physical illness of the primary caregiver
• Homelessness
• A child’s behavior or emotional problems
• Poor quality of the parent-child relationship
• Parental abandonment or death

Foster care is intended to provide respite and relief for children who have experienced such adversities, however by the mid 1990s it was becoming a system fraught with inadequacies and children began to languish in the system, bouncing from one placement to the next (Heineman & Ehrensaft, 2005). In 1997 the Adoption and Safe Families Act was passed marking a period of foster care reform. This act limited the amount of time a child could spend in foster care before parental rights were terminated in order to promote adoption of children in the custody of child welfare agencies (U.S. Department of Health and Human Services, Administration for Children & Families, 1997).

Definition of Treatment Foster Care

Traditional foster care has historically focused on meeting the basic needs of placed children, such as providing a safe place to live, adequate food, supervision, education and medical services. However, in recent years, child welfare advocates have observed growing numbers of foster children who require more specialized care (Layman, et al., 2002). As a result of the escalating demands that excess numbers of
emotionally disturbed children were placing on the child welfare system, attention and
resources were dedicated to implementing a more rigorous form of foster care referred to
as treatment, specialized, or therapeutic foster care (Layman, et al., 2002). For the
purpose of this study, this service will be referred to as treatment foster care (TFC).
TFC is designed to meet the needs of foster children with severe mental health issues.
Many children who meet the threshold for placement in TFC suffer from emotional and
behavioral difficulties stemming from mental health issues such as depression, anxiety,
post-traumatic stress disorder, oppositional defiant disorder, adjustment disorder, and
attention deficit hyperactivity disorder (Burns et al., Leslie et al., 2005). They typically
exhibit behaviors such as aggression, tantrums extreme in frequency and duration, self
mutilation, defiance, stealing, lying, sexually suggestive or predatory behaviors, and fire
setting (Chamberlain, 2002). In addition to carrying a mental health diagnosis a child
placed in TFC must have a history of failure in the traditional foster care system
(Chamberlain, 2002). TFC provides an alternative to hospitalization and residential or
group home placement. The goal of TFC is to provide help for a child with challenging
behavioral or psychological needs with in a family setting where caregivers are trained
and knowledgeable on how to meet the complex needs of emotionally disturbed foster

Development of Children

The following section outlines the development of children in the following
domains: psychosocial, ego, attachment, self concept, and artistic development. These
domains are presented as they pertain to normal childhood development.
Psychosocial Development

Psychosocial theory presents human development as a product of interaction between biological, psychological and societal influences (Erikson, 1963; Newman & Newman, 2006). According to Erikson (1963) during the process of development, humans progress through eight stages. At each stage of life an individual is faced with developmental tasks and a psychosocial crisis, the mastery of which influence an individual’s ability to function within his/her environment (Erikson, 1963; Newman & Newman 2006). These tasks reveal areas of accomplishment in the development of physical, cognitive, social and emotional systems, as well as self-concept development (Newman & Newman, 2006). The resolution of the psychosocial crisis in each life stage is aided by a central process, which “suggests a way that the person takes in or makes sense of cultural expectations and undergoes adaptive modifications of the self” (Newman & Newman, 2006, pg. 47). The resolution of the psychosocial crisis can lead to the development of either prime adaptive ego qualities or core pathologies along a continuum (Erikson, 1963; Newman & Newman, 2006). Erikson (1963) notes that, although most individuals develop adaptive ego qualities the potential exists for the development of pathogenic ego structures as a result of ineffective, negatively balanced crisis resolution at each stage. Each stage of development builds upon resources gathered in previous stages (Erikson, 1963; Newman & Newman, 2006).

This study focuses on children between the ages of six and 12, therefore only those life stages prior to and including the ‘Middle Childhood’ stage of psychosocial development will be discussed in this section.
The first stage of psychosocial development is infancy, from birth to 24 months (Newman & Newman, 2006). According to psychosocial theory, five developmental tasks are especially crucial during infancy:

- establishment and coordination of the sensory, perceptual, and motor systems
- formulation of an attachment to at least one person
- elaboration of the sensorimotor intellectual system
- initial understanding of the nature of objects and creation of categories of organizing the physical and social world
- differentiation of the emotional system (Newman & Newman, 2006)

The psychosocial crisis encountered during Infancy is trust vs. mistrust (Erikson, 1963). According to Newman and Newman (2006) “for infants, trust is an emotion—an experiential state of confidence that their needs will be met and that they are valued” (pg. 167). In order for trust to develop the caregiver must be able to minimize the infant’s exposure to anxiety producing stimuli, and comfort the infant after exposure to threatening stimuli. Additionally, caregivers must be able to differentiate an infant’s needs, respond appropriately to them, and tolerate an infant’s emotional expression and interpret it with accuracy and understanding. These actions lead to mutuality between an infant and caregiver, which is the central process of this stage of psychosocial development (Erikson, 1963; Newman & Newman, 2006).

The prime adaptive ego quality that results from mutuality with the caregiver is hope. “It is a global cognitive orientation that one’s goals and dreams can be attained and that events will turn out for the best” (Newman & Newman, 2006, pg. 171). As the first ego quality to develop, hope is extremely important and a coping strategy called upon
throughout the entire life span. If mutuality is not established with a caregiver the infant may withdraw and develop a general orientation of wariness toward people and objects (Erikson, 1963; Newman & Newman, 2006).

The next stage of psychosocial development according to Newman and Newman (2006) is ‘Toddlerhood,’ from age two to three. The developmental tasks of this stage include: elaboration of locomotion, language development, fantasy play and self-control. The psychosocial crisis during toddlerhood is autonomy vs. shame and doubt (Erikson, 1963). At this stage of development autonomy refers to an individual’s ability to behave independently and perform actions on one’s own (Erikson, 1963; Newman & Newman, 2006). When children fail at most attempted tasks, and/or receive continual discouragement and criticism from parents they are more likely to develop a sense of shame and self-doubt. Erikson (1963) notes that too much shaming does not lead to propriety, but rather to a secret determination to get away with things unseen or in extreme cases defiant shamelessness.

The central process of this stage is imitation (Newman & Newman, 2006). By imitating the autonomous actions of those around them, toddlers develop a prime adaptive ego quality of will—the capacity of the mind to direct and control action; the inner voice, focusing attention, encouraging, and urging one on in the face of obstacles (Newman & Newman, 2006). The core pathology of this stage is compulsion (Erikson, 1963, Newman & Newman 2006). Compulsions emerge as repetitive behaviors that replace or restrict the expression of impulse (Newman & Newman, 2006).

Following the psychosocial stage of ‘Toddlerhood’ is the developmental stage of ‘Early School Age,’ from age four to six. The developmental tasks during this life stage
include: gender identification, early moral development, self-theory and peer play
(Newman & Newman, 2006). The psychosocial crisis that arises during this stage of
development is initiative vs. guilt (Erikson, 1963). Initiative is, “the active, conceptual
investigation of the world, in much the same sense that autonomy is the active, physical
manipulation of it” (Newman & Newman, 2006, pg. 251). Guilt is an emotional response
to real or imagined wrong doing which results from a sense that one is responsible for an
unacceptable action, thought or fantasy (Erikson, 1963).

The central process by which a child builds ego strength in this stage of
development is identification (Erikson, 1963, Newman & Newman, 2006). This takes
place in a variety of ways, “including watching the behavior of others, imitating others,
engaging in activity where others are watching, and participating in play, conversation,
and problem solving with others, children form an internal representation of the self that
is coordinated with the representation of the other” (Newman & Newman, 2006, pg.
254). The prime adaptive ego quality that emerges as a function of identification is
purpose. Purpose is goal directed thought or behavior with a specific direction and
meaning. It is a more psychologically complex relative of the will gained in toddlerhood,
as it combines agency with planning. The core pathology that can develop during this
stage is inhibition—which refers to the restraint or suppression of unacceptable wishes

The children participating in this study are navigating the psychosocial stage of
‘Middle Childhood,’ from age six to 12. The developmental tasks of this life stage
include: friendship, concrete operations, skill learning, self-evaluation, and team play.
According to Piaget (1936) the period of cognitive development called concrete
operations begins around age six or seven and ends around age 11 or 12. Concrete operational thought involves a child’s growing ability to create and manipulate categories, create systems of classification, and hierarchies with regards to objects and things in their environment (Piaget, 1936). They begin to understand logic, order and stability, as well as develop a code of morals and values (Piaget, 1936).

The psychosocial crisis encountered during this stage of development is industry vs. inferiority (Erikson, 1963). Industry refers to a desire to learn new skills and an eagerness to incorporate those new skills in the performance of meaningful work (Erikson, 1963). The skills gained during this period of development lead to an increased sense of self-worth (Erikson, 1963; Newman & Newman, 2006). Inferiority is a sense of failure and incompetence that accompanies negative evaluation and a lack of acquisition of new skills (Erikson, 1963, Newman & Newman, 2006).

The central process during this stage is education, or systematic instruction (Erikson, 1963; Newman & Newman, 2006). In our society schools play a key role in providing opportunities for skill development and mastery, in addition to contexts for social comparison, and self-evaluation. In school children learn socialization rituals and behavioral expectations—including focus, persistence, and organization—that contribute to the formation of a personal sense of industry (Newman & Newman, 2006). The prime adaptive ego quality during this stage is competence—a belief in one’s ability to make sense of and master the demands of a situation (Erikson, 1963; Newman & Newman, 2006). The core pathology of this stage is inertia, “a paralysis of thought and action that prevents productive work” (Newman & Newman, 2006, pg. 294).
Ego Development

According to Freud’s (1923) structural model the psyche is comprised of three structures: the id, ego and superego. These structures represent theoretical constructs rather than physical structures of the brain, and can be thought of as representative of functions of the mind. Freud (1923) theorized that the id contained our most basic human drives, such as sexual and aggressive impulses. He believed the id was disorganized, ruled by a need for pleasure, devoid of a sense of time or space, illogical, and emotionally infantile. The id comprises the entire psychic apparatus at birth, and in the course of growth the id differentiates into the ego and the superego. This differentiation takes place first with respect to ego functions at about six to eight months of life, and the ego is typically well formed by age two or three. Freud (1923) compared the job of the ego to that of a horseback rider, whose job it is to tug on the reins and harness the power of a strong animal.

The ego acts as a mediator, attempting to gratify the impulses of the id, while conforming to the rules of reality, society and the superego. The superego becomes the part of the personality that is concerned with morality and ego ideals. In functional terms it is often compared to the conscience, and is typically developed by age five or six, but is not firmly developed until adolescence (Freud, 1923). The successful cooperation of and interaction between these structures, conscious and unconscious, aid an individual’s functioning and interaction in society. Freud (1938) believed that when the structures of the psyche were in conflict with one another the result was neuroses and in some cases severe pathology. In an attempt to cope with these conflicting structures the ego develops defense mechanisms (Freud, 1966). As an individual grows and matures the
ego develops more sophisticated defenses against psychic discomfort (Freud, 1966). According to Levick (1983) these ego defense mechanisms are displayed graphically in an individual’s artwork.

Attachment Development

Bowlby (1962) is largely credited with marrying psychoanalytic theory and the dynamics of attachment. According to Bowlby (1962) attachment arises from a complex behavioral system of infant signals which trigger caregiver responses that lead to the development of a protective and trusting relationship during infancy. These early relationships influence physical, intellectual, and psychological development as well as become the foundation upon which all subsequent interpersonal relationships are based (Bowlby, 1962). The mother becomes the provider of pleasure and relief from discomfort. The infant, initially unable to distinguish self from not-self, becomes inextricably wound in the symbiotic mother/child unit to become the first object relationship (Mahler, Pine, & Bergman, 1975). The formation of this early bonded relationship sets the stage for all successive developmental milestones, including separation and individuation, when an infant begins to develop a sense of self (Mahler et al., 1975).

Caregivers are responsible for providing an environment which fosters a child’s ability to achieve the highest amount of physical, intellectual, and psychological growth possible; and the child’s responsibility is to make use of this provision. According to Fahlberg (1996) a child’s ability to successfully navigate the stages of development is directly linked to the quality and nature of the parent-child relationship. Ainsworth, Blehar, Waters and Wall (1978) identified four patterns of quality of attachment. These
patterns included: secure attachment, anxious avoidant attachment, anxious-resistant attachment and disorganized attachment. A healthy and secure attachment with at least one caregiver has the potential to bestow many positive and long-term effects. “Children securely attached as infants are more resilient, independent, compliant, empathetic and socially competent than others” (Fahlberg, 1996, pg. 21). Healthy and secure attachment can help a child:

- Attain full intellectual potential
- Sort out perceptions
- Think logically
- Develop social emotions
- Develop a conscience
- Trust others
- Become self-reliant
- Better cope with stress and frustration
- Reduce feelings of jealousy
- Overcome common fears and worries
- Increase feeling of self-worth (Fahlberg, 1996)

Children with anxious-avoidant and anxious-resistant patterns of attachment are more likely to be moody and temperamental. They may cry frequently and are not readily soothed by contact with the caregiver (Ainsworth et al., 1978). Research suggests links between disorganized attachment patterns and mental health problems in later life (Lyons-Ruth, Lyubchik, Wolfe, & Bronfman, 2002).
According to Sheperis, Renfro-Michel and Goggett (2003) chronic disruptions of early childhood attachment patterns may result in Reactive Attachment Disorder (RAD). Symptoms of RAD can include: lack of self-control, low self-esteem, anti-social attitudes and behaviors, aggression and violence, a lack of ability to trust, show affection, or develop intimacy, and a lack of cause-and-effect thinking similar to that manifested by children with severe Attention Deficit Hyperactivity Disorder. Behaviorally, children with RAD are often self-destructive, suicidal, self-mutilative, and self-defeating. Stealing and pathological lying are not uncommon. Children with RAD may be overtly aggressive or passive aggressive. They are often ingenuously manipulative, and in many cases can be sadistically cruel towards animals. Many children diagnosed with RAD have been physically and sexually abused, and they tend to perceive themselves as perpetual victims even while victimizing others. RAD is often misunderstood and underdiagnosed; However without proper diagnosis and intervention foster children with RAD may go on to experience interpersonal difficulties resulting in foster parent burnout and frequent placement changes (Sheperis et al., 2003)

*Self Concept Development*

Carl Rogers (1951) defined self concept as, “the organized picture, existing in awareness […] of the self and the self in-relationship, together with the positive or negative values which are associated with those qualities and relationships, as they are perceived as existing in the past, present, or future” (pg. 501). The self concept can be viewed as a theory, originating from self psychology and self theory, which links an individual’s understanding of the nature of the world and the nature of the self in order to create meaning surrounding the interactions between the two. The immediate function of
the theories we create about self and the environment are to ensure that transactions between the two turn out as positively and beneficially as possible, or as congruent with self perceptions as possible. When an individual’s conceptual system is threatened by external events or by thoughts that cannot be assimilated into his or her system, stress and resulting anxiety occur in his/her inner world (Epstein, 1973).

According to Mead (1956) infants are born without a self. Self-concept arises out of social interactions with the caregivers and the family. Our sense of self is influenced by what we assume those around us perceive of us (Cooley, 1983). As interactions with the family are the earliest and most frequent experiences in the life of a child they have the potential to positively or negatively influence a child’s developing self-concept. Therefore, inconsistencies or deprivation in parent’s care may interrupt or negatively reinforce a child’s self-concept development (Coopersmith, 1967). Additionally an individual’s theory about him/herself draws on inner phenomena such as, dreams, emotions, thoughts, fantasies, and feelings of pleasure and pain. Negative input results in an individual’s need for a defined set of rules in order to protect their self-concept. The result is the formulation of a series of defense mechanisms created in order to protect the ego and cope with conflicting input (Lynch, 1981). According to Koppitz (1968) it is possible to assess children’s self concepts through an examination of the presence or omission of several graphic indicators present in their human figure drawings.

*Artistic Development*

According to Lowenfeld and Brittain (1987) children progress through stages of artistic development much like they progress through stages of psychosocial development. These stages are outlined below.
• Very young children begin drawing by making kinesthetic marks on the page. This stage is generally referred to as the ‘Scribbling Stage.’ As the child progresses through this stage of artistic development these random marks gradually become more controlled and organized. Typically by about age four children are able to draw recognizable objects.

• From about age four to age seven children progress through the ‘Preschematic Stage.’ In this stage of artistic development children typically begin drawing people using a head-feet representation as well depicting objects in the environment with little concern for spatial orientation or accuracy of size relationships. There is also an idiosyncratic use of color. (Lowenfeld & Brittain, 1987).

• The next stage of artistic development is the ‘Schematic Stage,’ which typically begins around age seven and lasts till about age nine. Children in this stage of development have achieved a definite form concept or schema. Drawings symbolize parts of the environment in a very descriptive way. A graphic characteristic of this stage is the establishment of a baseline upon which elements in the drawing are placed.

• The last stage of artistic development of concern to this study is the ‘Stage of Dawning Realism,’ also referred to as the ‘Gang Stage.’ Children progress through this stage from about age nine to age twelve. Drawings by children in this stage of artistic development are still more symbolic than representational; however they have a growing awareness of self and surroundings that is manifested in their artwork through graphic details.
and increased self-consciousness of their drawing ability (Lowenfeld & Brittain, 1987).

**Development of Children in Foster Care**

The previous section outlines psychosocial development from infancy through middle childhood and presents the conditions necessary for the healthy development of a child. The parent-child relationship is of vital importance in shaping how a child develops within his/her environment (Fahlberg, 1996). Children placed in foster care are at risk of developing psychological, psychosocial, emotional, behavioral and intellectual difficulties as a result of their experiences prior to placement. These developmental difficulties may be exacerbated by multiple placement changes and other deficiencies inherent in the foster care system (Burns et al., 2004; Clausen et al., 1998; Dubner & Motta, 1999; Katz, 1987; Leslie et al., 2005).

**Developmental Difficulties of Foster Children**

According to Leslie et al. (2005) there are multiple factors that contribute to the developmental and behavioral problems among children in foster care. Children with developmental and emotional disabilities are more vulnerable to maltreatment due to their challenging nature. Many children who become involved with child welfare services have experienced abuse and neglect (Lawrence et al., 2006). Children entering foster care most likely have experienced environmental risk factors such as poverty and violence, and are more likely than their peers to have parents with mental illness and/or drug/alcohol dependency. Additionally many of these children have experienced ineffective parenting strategies and a lack of suitable preventative health care.
The development of social, emotional and behavioral problems in foster children is often a result of deficient family management skills characterized by harsh and inconsistent discipline, low levels of supervision and involvement in the child’s life, and a lack of appropriate prosocial reinforcement (Leslie, et al., 2005). Placement into foster care itself is not a typical childhood experience, a fact which places further stress on children already vulnerable due to the aforementioned risk factors often preceding placement. “Thus, while out of home care is intended to ameliorate adverse caregiving conditions, the accumulation of experiences necessitating placement often render children even more vulnerable to emotional and behavioral difficulties” (Lawrence et al., 2006, pg. 58).

Approximately 60% to 80% of children in foster care in metropolitan areas enter care because of substance abuse in their families of origin (Dore, et al., 1996). Children from drug abusing families, “are frequently neglected and many never experience the emotional affiliation with a dependable caregiver that forms the foundation for later psychological well-being” (Dore, et al., 1996, pg. 595). Many of these children have experienced profound neglect in addition to emotional, physical and sexual abuse at the hands of those responsible for caring for them. Impaired emotional functioning of children from drug-involved families most often takes the form of anxiety and depression, negative self-concept, and an externalized locus of control (Dore, et al., 1996; McNichol & Tash, 2001). Children who have grown up in drug-involved families often feel helpless, believe they have little control over their lives, and experience inhibited proactive self-actualization. They often suffer from anxiety, depression, low self-esteem and role confusion, symptoms which emerge as they learn to repress their own wishes,
needs and feelings as they learn to cope with their addicted parents’ erratic emotional states (Dore, et al., 1996; Leslie, et al., 2005).

Foster children may never have experienced a sense of emotional containment. “Parents who are struggling with poverty and abuse can feel so desperate in their own states of need that it is virtually impossible for them to have the composure to contain their children’s needs” (Heineman & Ehrensaft, 2006, pg. 27). Infants depend on this sense of emotional containment in order to create meaning from their own emotional experiences as they develop a sense of self and of other. Foster children are twice as challenged in the area of containment. “Not only do they suffer from inadequate containment in their earliest relationships but they also must endure the rupture of their family and contend with the porous world of the foster care system” (Heineman & Ehrensaft, 2006, pg. 27). For these children losing their family, even one fraught with violence, is a profound blow. It is an overwhelming experience that completely overpowers the capacity to think. These children are then left to manage this experience while placed with strangers, and with little hope to expect that their grief, anger, confusion and suffering will be understood, managed and contained (Heineman & Ehrensaft, 2006).

_Foster Children and Attachment_

Many children in foster care were never able to form the secure attachments with primary caregivers which are crucial to the development of subsequent healthy interpersonal relationships (Milan & Pinderhughes, 2000). According to Klorer (2005), “traumatic attachment histories affect the development of frontolimbic regions of the brain, especially the right cortical areas that are prospectively involved in affect-
regulating functions” (pg. 214). These children are left to understand and contain their overwhelming and intense emotions without the necessary cognitive devices, a predicament which often leads to frequent tantrums and behavioral acting-out.

Additionally, many children in foster care never receive appropriate assistance resolving the confusion and grief they experience as a result of their separation from their birth families. If left unresolved, these separations can interfere with the child’s ability to form new attachments, the results of which can be devastating to the child’s further psychosocial development (Fahlberg, 1996; Milan & Pinderhughes, 2000).

According to Fahlberg (1996), very few children in foster care have never experienced emotional connection to at least one caregiver. The ability of the child to form attachments to foster parents is crucial for the foster family placement to be a beneficial experience for the child, and those children who are able to form healthy attachments will have a more favorable prognosis with adequate diagnosis and treatment (Fahlberg, 1996). Children in care frequently need to develop both an increased trust for others and a stronger self-reliance (Gil, 2006). With substitute parents, children may learn alternate ways of interacting with others and of expressing emotions. If this is to happen, however, the children must develop attachments to their foster parents (Fahlberg, 1996).

*Foster Children and Self Concept*

According to psychosocial theory a child’s ability to create mental representations of self and other, ability to identify with attachment figures, and ability to actively think about their environment are necessary elements in the development of self concept (Erikson, 1963; Newman & Newman, 2006). Many children in foster care are vulnerable
to the development of a negative self concept due to the deficiency of their earliest relationships. Without the crucial nurturing beginnings a child is left ill-equipped to handle life’s challenges (Milan & Pinderhughes, 2000). Abuse and neglect convey a message to a child that they are bad and unlovable, and subsequent removal from ones family and additional placement changes drastically reinforce this message. “On removal from their homes, many children in foster care go on to experience psychological difficulties prompted by feelings of rejection, guilt, anger, abandonment, and shame” (Leslie, et al., pg. 141).

Children with a negative self concept are more likely to experience identity confusion later in life (Kroger, 2000). They may have difficulties committing to any single view of themselves and may be unable to integrate the various roles they play. They may be confronted by opposing value systems or by a lack of confidence in their ability to make meaningful decisions (Kroger, 2000). Additionally children with a negative self concept can experience a decreased sense of self efficacy. Children who experience erratic or insensitive parenting may have dysfunctional working models of self and interpersonal relationships. These children typically enter new situations with negative expectations of their own competence and of how others will interact with them (Milan & Pinderhughes, 2000). These children come to expect failure and rejection. They may believe they are different from other children, and unworthy of positive relationships and experiences (Dore, et al., 1996). “Children without a robust true self often feel empty and look to others to fill them with their feelings. The distinction between self and other becomes blurred. As a result, there can be no true sense of mastery, accomplishment, or self-esteem” (Heineman, 2006).
Treatment of Children

There have been many advances in the clinical mental health field with regards to the psychological treatment of issues experienced by children. Historically theoretical viewpoints on the topic of psychotherapy with children have been wide-ranging and primarily rooted in adult-based theories. Researchers have come to find that children are not simply little adults. It is often impractical and ineffective to attempt to use the same methods with children that are utilized in therapy with adults. Many differences exist between the adult and child clients: consideration of their developmental levels, environments, reasons for seeking therapy, and other important factors necessitate a different, if not creative, approach to therapy (Prout & Brown, 1999).

Common treatment methods adapted for the use with children include: Psychodynamic, Adlerian, and Person-Centered approaches, as well as Behavioral therapies, Family System techniques and other eclectic multimodal approaches. Treatment approaches with children can take place individually, in a group, or with the family, and typically incorporate a mixture of verbal and non-verbal interventions (Prout & Brown, 1999).

According to Clarizio and McCoy (1976) several unique aspects exist with regards to practicing psychotherapy with youths. Children and adolescents rarely seek therapy. This may lead to a lack of motivation on the part of the client to engage in therapy, or a denial that any sort of change is even necessary. Youths do not often understand the therapeutic process and the nature of treatment objectives, and therefore therapy must be explained to them. Children are more verbally and linguistically limited than adult clients. They may be unable to think abstractly and may have even more
difficulty verbally describing and discussing their thoughts and emotions. Lastly, children and adolescents are dependent upon their environments. They are not initiators of change, but rather reactors to change and have relatively little power to eliminate environmental causes of stress (Clarizio & McCoy, 1976).

**Verbal Therapy with Children**

Therapeutic dialogues with children are multidimensional, rarely two-person verbal interactions. Dramatic play, stories, art, and behavior itself become the vehicles through which the child weaves fragmentary themes, alone, or by assigning roles to the therapist (Silin, 2000). According to Gehart (2006) Children construct meaning differently than adults. Children rely less on words and more on direct experience. For children to communicate effectively the therapist must create a dialogical space that is less language dependent.

Verbal therapy approaches with adults have been adapted for use with children from nearly every popular therapeutic theory and movement since Freud (1955) first published his treatment of “Little Hans” in 1909 (Prout & Brown, 1999). Psychoanalysts Anna Freud (1946) and Melanie Klein (1932) are generally credited with initiating the psychoanalytical treatment of children, both utilizing verbal and playful techniques in their work with children. In 1932 Klein presented a method for the analysis of children using simple wooden toys and paper and pencil for drawing. She noted that the analyst could gather symbolism and meaning resulting in an ability to interpret and translate areas of conflict and phobia from the child’s play and simple drawings. The play became a technique equivalent to that of the free association used in the psychoanalytical treatment of adults. In a series of lectures Freud (1946) outlined her method for the
psychoanalytical treatment of children. She presented her treatment of several children using verbal techniques related to dream analysis and interpretation of day-dreams and fantasies to assess areas of psychic conflict and mechanisms of ego defense. The work of Klein (1932) and Freud (1946) began the tradition of treating children with verbal techniques, and became the precursor for psychodynamic or psychoanalytical play therapy (Prout & Brown, 1999).

Several common, primarily verbal, methods of treating children grew out of these early psychoanalytical traditions. Common treatment methods adapted for use with children include behavioral approaches and treatment methods derived from Jungian Analytical Psychology and Gestalt therapy (Oaklander, 1978; Prout & Brown, 1999; Wickes, 1940).

Behavioral approaches with children often include the use of classical and operant conditioning to bring about behavioral modifications. These approaches can be less language dependant and therefore more effective when treating young children, however they often fail to address the emotional and cognitive components of the problem behaviors being treated. More recent developments in this field have included the role that cognitions and thoughts have on an individual’s emotions and behaviors, resulting in the development of Cognitive Behavior Therapy. Cognitive Behavior Therapy approaches have been adapted for use with children and adolescents, and clinicians have developed creative ways of helping children examine their internal thought patterns using puppetry and play. However, researchers have noted that although cognitive behavioral approaches can be effective when used to treat youths, these methods have been more
successful with older verses younger children in both clinical and nonclinical populations (Prout & Brown, 1999).

Wickes (1940) presents a treatise on the Jungian treatment of children. She advocates empathy, understanding, respect, honesty and genuineness when working with children to encourage their capacities for self-direction. Of great importance is the ability of the clinician to meet the child where he/she is and find a way of communicating with the child and provide an environment where he/she feels safe to freely and openly express feelings and thoughts (Wickes, 1940). Jungian approaches with children can take place verbally and non-verbally, and have been blended with a variety of other child friendly treatment approaches including play therapy and art therapy (Allan, 1988; Furth, 1988).

Gestalt therapy theory centers around a belief that people are unhappy because they live their lives isolated from parts of themselves. The goal is to make individuals more aware of themselves and integrate isolated parts onto a more fully functioning person. As with many treatment methods designed for treating adults, Gestalt therapy techniques have been modified for use with children (Oaklander, 1978). Many of these techniques involve challenging fixed beliefs and a lack of personal accountability through role rehearsals and the encouragement of simple changes in the language a child may use to encourage an acceptance of responsibility (Oaklander, 1978). For example, encouraging a children to use “I” language verses blaming “you” language can help them take responsibility for their behavior and feelings. Researchers note that the many varied activities of Gestalt therapy provide a good foundation for helping children express their emotions and may have even more value in the context of other theoretical approaches (Prout & Brown, 1999)
Play Therapy with Children

Play is the language of children. Children organize their experiences through an active process of play, imitation and repetition in order to gain mastery and understanding (Gehart, 2006). Therefore it is only natural that play becomes an integral part of the therapeutic dialogue when working with children. According to Gehart (2006) the value of play therapy is that it creates a space within the therapy session for the child’s voice to be heard that is less dependent on words and language.

In addition to working from a psychoanalytical approach, as outlined above, many play therapy theorists work from a person-centered approach (Axline, 1947; Dorfman, 1951; Moustakas, 1953). They believe that children can work through their own problems as they recreate their world and their relationships to it through play. Axline (1947) advocates play as a more natural mode of self-expression for children than verbalization. It provides a child with the opportunity to “play out” feelings and problems just as adults would “talk out” their difficulties. Play therapy can be particularly useful for young children with short attention spans, or with children who have difficulty recognizing and verbalizing their feelings, or with emotionally and developmentally immature children. Play therapy reduces the communicative expectations placed on the child and provides the clinician with a tool to better understand children (Moustakas, 1953).

Art Therapy with Children

Art therapy is based on the belief that an individual’s core thoughts and feelings are the result of unconscious inner processes which reach expression through images
rather than words (Naumberg, 1966). The art becomes a dialogical space in which inner and outer realities meet, and in which patients can project inner conflicts into visual form (Naumberg, 1966). Creative expression can also be seen as a way of integrating conflicting feelings and impulses in the form of sublimation; helping the ego to control, manage, and synthesize via the creative process (Kramer, 1958). According to Levick (1983) art therapy facilitates the achievement of several goals. These goals include: providing a means for strengthening the ego and improving impulse control, providing a cathartic experience while allowing for the sublimated expression of anger and guilt, and introducing an experience that allows for a new way of expressing and integrating thoughts and emotions (Levick, 1983). In the course of conducting art therapy with children, “a strong attachment to the therapist is formed, in which the child can trust and then ‘open up,’ and through which, symbolically, some of the conflicted issues can be made apparent and resolved” (Rubin, 1978, pg. 89).

Treatment of Foster Children

Recent studies have found disproportionately high rates of mental health and developmental problems among children in foster care (Burns et al., 2004; Clausen et al., 1998; Dubner & Motta, 1999; Katz, 1987; Leslie et al., 2005). When the treatment needs of this vulnerable population go unmet there can be devastating and costly consequences including frequent placement failures, academic difficulties and eventual drop-outs, substance abuse and conduct disorders (Leslie et al., 2005). Additionally several forms of psychological scarring can result from unresolved separations and multiple placement failures, which often go untreated. “These are a freezing of personality development, excessive distrust of people based on an expectation that love is inevitably followed by
loss, self-defeating behavior, and a tendency to repeat with one’s own children the separation scenarios of one’s past” (Katz, 1987, pg. 212).

According to Blower, et al. (2004), the treatment needs of this population are well recognized. However, many children continue to suffer from chronic and disabling mental health issues not due to inadequate attempts at providing early supportive services, but rather due to the lack of effective and appropriate treatment interventions. “Beyond increasing access to services, the provision of high-quality mental health treatment, and preferably evidence-based care, is warranted to prevent the poor outcomes documented historically for these youths” (Burns, et. al., 2004, pg. 969).

Craven and Lee (2006) conducted a systematic research synthesis of 18 psychotherapeutic treatments currently being applied to foster children, those which mentioned utilization with foster children and interventions targeting children with numerous risk factors. They devised a rating system, and based upon that rating system placed each of the 18 reviewed treatment interventions into one of six categories on a likert scale, with Category 1 being the most well-supported and efficacious treatments, and Category 6 being those interventions with very little evidence of efficacy.

Of the 18 interventions researched six were classified as Category 1: well-supported and efficacious interventions, three were classified as Category 2: supported and probably efficacious interventions, and the remaining nine were classified as Category 3: supported and acceptable treatment interventions. The Category 1 interventions followed developmental and social theory models. Nearly all of the Category 1 interventions focused on increased support and training for the foster parents and therapeutic interventions with the foster child and the foster parent. Only one of
these interventions focused exclusively on meeting the psychological and emotional needs of the child. Gaps were found in the number of treatment interventions specifically designed to meet the unique treatment needs of foster children. Six interventions were found to be exclusive to foster children, two interventions directly addressed issues of attachment and none of the interventions reviewed specifically targeted issues of self concept or identity (Craven & Lee, 2006).

Treatment interventions for foster children need to address issues of attachment and the disparities between inner and outer realities if they are to be effective. “The inner world of a child will influence and shape ways of behaving and relating to others. When we consider behavior meaningful and a way of communicating about the inner world, we have an opportunity of connecting with and relating to children in a more hopeful and meaningful manner” (Heineman & Ehrensaft, 2006).

*Verbal Therapy and Foster Children*

Children rarely talk about experiencing severe maltreatment, especially when the abuse has been inflicted by those whom the child depends upon for wellbeing (Klorer, 2006). Many children who have experienced pervasive abuse, neglect and trauma are often unwilling and even unable to tell their stories. In fact, “once the child is protected from further abuse, pressing the child to talk may be counterproductive and countertherapeutic” (Klorer, 2005).

Literature on the topic of verbal therapies adapted for use with children in foster care is sparse. Hodges (2006) presents the adaptation of cognitive behavior therapy (CBT) for treating children and adolescents who have been fostered or adopted. According to Hodges (2006) children as young as five or six can benefit from CBT if the
therapist is creative in their presentation of the theory and method. She stresses the use of visual prompts and diagrams in illustrating difficult to grasp concepts. Many young children or those who are developmentally delayed will struggle with the concept of thinking about their own thoughts, and therapeutic work will likely be play-based (Hodges, 2006). Thus it appears that even the therapist adapting verbal therapies for use with foster children must be adept at interpreting non-verbal communication and incorporating creative means of expression, especially when treating children who are likely to have learning disabilities and cognitive limitations.

Play Therapy and Foster Children

Cabe (2005) presents a play therapy process for children and adolescents in foster care who are in need of grounding. As Cabe (2005) explains, “grounding in this approach to process implies at all stages that the child is in some sense adrift—separated from self, others, existentially” (pg. 191). A child’s play in the therapy session is symbolic of their internal and external worlds, and as they play a symbolic theme will emerge. “In some sense, fantasy play empowers the child and through it he or she may conquer (gain mastery over) those symbols. The therapist provides symbols that allow the child to externalize trauma, affect, or behavior, and over which the child may gain mastery” (Cabe, 2005, pg. 192). Of utmost importance when working with a child in foster care is the establishment of a safe and trusting therapeutic relationship, which at times is difficult due to the foster child’s inherent distrust of adults (Cabe, 2005).

Grounded Play Therapy with foster children typically progresses through four stages: relationship, process, empowerment, and closure. In the first stage the relationship is established and trust is built. During the second stage the child develops
his or her own symbols and works through issues at their own pace, in their own time within the safety of the therapeutic relationship. The third stage is when the child feels a sense of empowerment as a result of the process of working through their issues and gaining a sense of mastery over troubling behaviors and powerful emotions. In the final stage the process for closure occurs as the child achieves a sense of grounding, reconnecting with self, with others and existentially. Progression through these stages is typically non-linear and non-discrete. The therapist should be understanding and supportive of possible regressions that ultimately will occur in the process of Grounded Play Therapy (Cabe, 2005).

Kowski (2007) presents a psychodynamic play therapy and analytical music therapy intervention with a four-year-old fostered boy. She utilized play therapy and music therapy techniques tailored to the developmental level of the child to help him cope with the loss of a care giver. This blend of concrete therapeutic play with a more free-flowing music intervention allowed Kowski (2007) to facilitate symbolic and direct expression essential to the healing of trauma, grief and loss.

**Art Therapy and Foster Children**

Literature on the use of creative arts therapy interventions with foster children is very limited. In a recent compilation of creative arts therapy approaches with adopted and fostered children the editor notes that fewer than twenty published articles addressing this topic lead to the development of the text in order to provide those who work with adopted and fostered children with knowledge of the benefits of creative therapies for this population (Betts, 2006). According to Betts (2006) the creative arts therapies, which include art, dance/movement, drama, music, poetry and psychodrama as part of the
healing process, are successful approaches in working with clients who have been fostered or adopted. These creative therapies allow for the externalization of powerful emotions while providing a container in the form of a drawing, dance, song, poem or play (Phillips, 2006).

Art therapy with children in foster care can be beneficial for several reasons. Many of these children are often yearning for attention, closeness and nurturance, however without proper parenting or as a result of multiple disturbed attachments they never learned appropriate ways of connecting (Phillips, 2006). The art in a therapy session becomes a metaphor for nurturance primarily through the provision of materials, and therefore often leads to the establishment of a strong connection (Rubin, 1978). The art acts as a metaphorical container allowing the child to safely express issues, concerns and emotions, while at the same time providing a secure amount of distance from these issues (Phillips, 2006). “The art and art materials represent a more durable attachment, i.e., if children can develop a means of expression and refuge in the art, they can actually take that with them for life and use it in many circumstances” (Phillips, 2006, pg. 145).

An additional asset of the art created within the therapeutic session is that it becomes a real, lasting and tangible record of that interaction and can remain with the child through placement changes. Art therapists can offer sensory experiences—through the use of feathers, clay, nature materials, fabrics and scented markers—that mimic the early attachment tools utilized by infants to bond with their mothers. Finally, art expression has been a valuable tool in clarifying and expressing issues related to family, court, and child welfare system interventions (Phillips, 2006).
Gonick and Gold (1992) present some common themes that emerge in the art of foster children. “These themes reflect the children’s need to reverse and undo feelings of vulnerability and insecurity—safety, helplessness, shame and hunger” (Gonick & Gold, 1992, pg. 435). The authors note that each of these themes also appears in opposite form. A need for safety is counteracted by the expression of dangerous acts. Shame emerges beside the need for perfection. Starvation becomes abundance. Helplessness turns into a need for power and control. The main objective of working with the placed child is to reach them before they close down completely. Expressive arts therapies offer such an opportunity through the special relationship that creative expression allows (Gonick & Gold, 1992).

Malchiodi (1990) outlines an art therapy treatment program for children from violent homes at a domestic violence shelter. Although these are not children in foster care, many have experienced similar adversities such as, physical abuse, economic hardship and parental substance abuse. Malchiodi (1990) found that, because these children often could not or would not verbalize their experiences, the art became a powerful outlet for their complex, contradictory and confusing feelings. She states that the art can be anything the child needs it to be. It can be destructive, cruel, horrifying, and ugly because for children expression through art is safer than verbal or behavioral expression. The children feel safe to express strong emotions through the creative process, which can serve as a healing outlet.

In a pilot program conducted in the greater Philadelphia metropolitan area 200 youths ages 12 to 17 from a variety of school settings received a full academic year or half academic year of music therapy, dance/movement therapy, and art therapy sessions
from 2002 to 2004 (Ierardi, Bottos, & O’Brien, 2007). Researchers found that the majority of participants demonstrated improvements in self-esteem, interpersonal skills, anger management, impulse control, and development of new coping strategies (Ierardi, et al., 2007). This study demonstrates the value of art therapy and creative arts therapies in addressing the treatment needs of inner city youths and youths at risk of negative future outcomes.

Although the presence of literature demonstrating the efficacy of art therapy with children in foster care is limited, literature presenting the efficacy of art therapy in addressing issues experienced by many children in foster care suggests that art therapy is an appropriate treatment intervention for this population. Art therapy interventions have been utilized to treat children who have been sexually and physically abused (Gil, 2006; Lefevre, 2004), children who have experienced severe maltreatment or trauma (Klorer, 2005; Steele, 2003), children experiencing violence and separations (Avidar, 1995; Case, 1987; Kozlowska & Hanney, 2001), and children with attachment issues (Henley, 2005).
CHAPTER 3: METHODS

Design

This was a mixed quantitative and qualitative case study based on a single case study design in ABA format. ABA format is a design method whereby A indicates the administration of a test measure, and B indicates the intervention to be evaluated using that test measure. In an ABA format study a test measure is obtained, the intervention is administered and the test measure is taken again after the intervention allowing for the comparison of pre-and post-test results. This study was designed for the analysis of four cases of foster children ages six to twelve who were referred by their case managers for individual art therapy, however only two children were referred and consented to participate in the study. Information from the case files, session notes and artwork from individual art therapy sessions were presented and the results of a pre- and post-test measurement of self concept were compared. The aim of this research study was to examine the effect of an art therapy intervention shaped around the belief that the effects of disturbed attachment and psychological trauma resulting from pre- and post-placement experiences of foster children contribute to the development of a negative self concept. This research answered the question of how and if eight weeks of an individual art therapy intervention would affect two children in treatment foster care, including their sense of self concept.

Location

This study was conducted at a foster care agency, which was a private organization commissioned by the state of Pennsylvania to provide foster care services.
The study took place in a room reserved for the use of art therapy services. Permission to conduct research at this site was obtained (see Appendix A, pg. 175).

**Enrollment Information**

Two participants took part in this study. The participants were eight and nine years of age. Participants were open to either gender, and of any ethnic/racial background. The two participants were one girl and one boy. Both participants were African American.

**Subject Type**

Participants in this study were children actively involved in the child welfare system. Only foster children placed in treatment foster care at the selected agency were eligible for participation in this study. Children in treatment foster care meet a higher threshold of care based on testing administered upon intake and subsequently every six months thereafter while the child is in foster placement at this provider agency. Participants were referred by their case managers who were trained regarding appropriate referral.

**Subject Source**

Participants came from the group of children currently receiving services in treatment foster care at the selected agency. This agency was a provider agency contracted with the Department of Human Services to provide foster care, kinship care, adoption, and supervised independent living services to adjudicated dependants from four counties in the Philadelphia region. Custody of the children in treatment foster care at the selected agency was shared by the county and the biological parents, however in the
majority of cases the biological parents remained the legal guardians. Documentation concerning legal guardianship was provided on a case by case basis.

**Recruitment**

Treatment for the children carrying mental health diagnoses at the designated foster care agency was outsourced. Therefore children in treatment foster care participating in this study continued to receive therapeutic services in addition to art therapy. Immediately following IRB approval, a flyer (see Appendix B, pg. 176) was circulated to all treatment foster care case workers. The flyer provided the research title, purpose, inclusion/exclusion criteria and instructions for contacting the investigator. Case workers were trained for appropriate referral. Once a list was compiled of all treatment foster children who meet the inclusion/exclusion criteria a cover letter (see Appendix C, pg. 177) and flyer (see Appendix D, pg. 178) were sent to the legal guardians informing them of the study. The children of the first four legal guardians who responded and signed the consent form (see Appendix E, pg. 179) were enrolled in the study; However only two legal guardians responded to the flyer and consented to their child’s participation in the research study after which the children were given an assent form (see Appendix F, pg. 184). The research study was explained to each child and the assent form carefully reviewed with him/her. There were no fees or compensation for participation in this study.

**Subject Inclusion Criteria**

1. The individual must currently be placed in a treatment foster care setting at the selected foster care agency.
2. The individual is male or female, between the ages of six and twelve, and of any racial/ethnic background.

3. The individual has never been diagnosed with or hospitalized for a psychotic disorder.

**Subject Exclusion Criteria**

1. The Individual is not placed in a treatment foster care setting at the selected foster care agency.

2. The individual is younger than six or older than twelve.

3. The individual has been diagnosed with or hospitalized for a psychotic disorder.

**Investigational Methods and Procedures**

The procedures for this study followed a single subject case study design. An ABA format, consisting of pre-test before the therapeutic intervention and post-test after, was used to assess for change in the variable of interest. All foster children placed in treatment foster care settings who met the inclusion/exclusion criteria were referred by their case workers. An envelope was sent by the selected foster care agency to the legal guardian of each treatment foster child who met inclusion/exclusion criteria. This envelope contained a cover letter introducing the researcher, defining art therapy and presenting the research study. Also in the envelope was a recruitment flyer providing the title of the research, brief outline of the study, and instructions on how to contact the researcher. An appointment to review the consent form was scheduled with the first four legal guardians who responded, however only two legal guardians responded. The children of the legal guardians who responded and signed the consent form were enrolled in the study contingent upon the child’s agreement to participate in the study by signing
an assent form. Once the consent and assent were obtained the foster parents were contacted by telephone and informed of the study and the legal guardian’s consent. The purpose of this phone call was to inform the foster parent of the time commitments of the study and to arrange a suitable time for the child and researcher to meet for approximately 45 to 60 minutes once a week for eight weeks. In the first meeting the children completed a Piers-Harris 2 Children’s Self-Concept Scale, second edition auto score form (Appendix G, pg. 185 and Appendix H, pg. 186). An art therapy assessment consisting of six drawings was completed to determine a baseline for care and inform the therapist of each individual child’s therapeutic needs. The next six sessions consisted of individual art therapy tasks tailored to the specific therapeutic needs of the child and aimed at re-integrating traumatic experiences, increasing self awareness, encouraging identity development and addressing emotional needs. The final session consisted of a review of the child’s art creations and the completion of another Piers-Harris 2 Children’s Self-Concept form. Throughout the eight weeks the researcher documented treatment progress through notes written after each session. The artwork created in each session was photographed and the latent and manifest content was analyzed to further guide therapeutic interventions.

Procedures

Instrumentation: Piers-Harris Children’s Self-Concept Scale, 2nd ed.: The Way I Feel About Myself

The Piers-Harris Children’s Self-Concept Scale is a psychological measurement tool designed to aid in the assessment of the self concept of youths ages seven to twelve. It can be administered in a group or individual setting. This assessment measures self
concept across seven domains: Behavioral Adjustment, Intellectual and School Status, Physical Appearance and Attributes, Freedom from Anxiety, Popularity, Happiness and Satisfaction and Total overall self concept. The form consists of 60 items presented at a second grade reading level. The respondent indicates whether each item is true or not true. The participant will receive help reading the form if needed.

The Piers-Harris Children’s Self-Concept Scale was first developed in the 1960s, revised in 1984 and again in 2002. Psychometric tests have been conducted for the most current revision. Internal consistency data for the total scale and sub-scales are provided for each age level; alpha coefficients range from 0.60 to 0.93. Validity has been established in a number of research studies comparing results of the Piers-Harris Children’s Self-Concept Scale to other measures of self concept (Piers, Harris & Herzberg, 2002).

The Piers-Harris Children’s Self-Concept Scale was normed on children ages seven to twelve. The participants in this study are school aged and in the “Middle Childhood” stage of development, which according to Newman and Newman (2006) children progress through from age six to twelve. If a child was included in the study who was below the age of seven, or who had difficulty reading at a level typical to most seven-year-olds the co-researcher verbally asked him/her the items on the form.

6-Part Art Therapy Assessment

The purpose of the 6-part assessment is to provide a full personality work up on the patient. Each drawing in the sequence has a specific purpose. The six drawings consist of:

- Free drawing
- Draw a person
• Draw the opposite person
• Kinetic Family Drawing
• Dot-to-Dot projective drawing
• Free drawing

The idea behind the sequencing of the drawings is that anxiety will gradually increase until it peaks with the fourth drawing. The drawings in the 6-Part assessment allow the art therapist to assess developmental level, defense mechanisms and other barriers to treatment, capacity for abstract thought, unconscious material and familial relationships. This assessment aids in developing a treatment plan for the patient and provides information regarding the child’s psychological functioning. For the purpose of this study all six drawing will be presented, however only those which reflect study findings will be discussed in the individual session notes of each participant.

Data Collection

Data Collection Part I- Informed Consent (15 minutes)

The legal guardian was contacted by the selected agency by mail informing them of the study. A cover letter introducing the researcher, defining art therapy and presenting the research study was sent. Along with the cover letter was a recruitment flyer providing the title of the research, a brief outline of the study, and instructions on how to contact the researcher. These documents were sent to the legal guardian of each treatment foster child who met inclusion/exclusion criteria. Two legal guardians responded to the flyers. The researcher scheduled a time to meet with each legal guardian. This meeting took place in a conference room at the designated foster care agency. The purpose of this meeting was to inform the legal guardian of the purpose and procedures of the study and review the process of informed consent. The legal guardian
was informed of their and their child’s rights as a research participant and the measures that would be taken by the investigators to protect their confidentiality. The legal guardian was informed that any identifying information present in the artwork would be concealed in order to protect the child and family’s privacy and that a pseudonym would be used when presenting their child’s case in text. The legal guardian was informed that artwork would be collected and stored in a locked room at the designated foster care agency and returned to the child at the completion of the study. The legal guardian was informed that color copies of the art work would be made and included in the researcher’s master’s thesis. The legal guardian was informed that the researcher would keep clinical session notes, which would be transcribed in the researcher’s master’s thesis.

The legal guardian was asked to repeat back in their own words their understanding of the purpose and procedure of the study. As they seemed to understand all aspects of their child’s participation in the study as well as their rights as the legal guardian of the research participant, and still wished to allow their child to participate in the study they were asked to sign two copies of the consent form. One copy was retained for their records and the other copy was stored in a locked, secure file in the Drexel University Creative Arts in Therapy office.

*Data Collection Part II- Participant Assent (15 minutes)*

The participant was informed of their rights as a research participant and the measures that would be taken by the investigators to protect their confidentiality. The participant was informed that any identifying information present in the artwork would be concealed in order to protect their privacy and that a pseudonym would be used when
presenting their case in text. The participant was informed that artwork created in the sessions would be collected and stored in a locked room at the designated foster care agency and returned at the completion of the study. The participant was informed that color copies of the art work would be made and included in the investigator’s master’s thesis. The participant was informed that the investigator would keep clinical session notes, which would be transcribed in the investigator’s master’s thesis.

The participant was asked to repeat back in their own words their understanding of the purpose and procedure of the study. As they seemed to understand all aspects of their participation in the study as well as a research participant, and still wished to participate in the study they were asked to sign two copies of the assent form. One copy was retained for their records and the other copy was stored in a locked, secure file in the Drexel University Creative Arts in Therapy office. Arrangements were made to schedule a time for weekly 45 to 60 minute art therapy sessions for the duration of eight consecutive weeks.

*Data Collection Part III- Week One: Piers-Harris Children’s Self-Concept Scale (10-15 minutes)*

Each participant was be given a Piers-Harris Children’s Self-Concept Scale questionnaire. The co-investigator described how the form was to be completed and offered to read any questions to the participant that he/she does not understand. Following completion of the form the participant was given a five minute break if needed.
Data Collection Part IV- Week One: 6-Part Art Therapy Assessment (45 minutes)

Prior to completing the assessment the investigator introduced the parameters of art therapy. Following the introduction of art therapy each participant completed a 6-Part Art Therapy Assessment. The process was explained to the participant before beginning. The participant was provided with 9x 12 white drawing paper, a number two pencil with eraser, markers, oil pastels, crayons and colored pencils. The investigator introduced each drawing, allowed the participant to complete the drawing and then processed the drawing with the participant. This procedure was completed for all six drawings. Immediately following the session the investigator documented any observations made during the session, recorded diagnostic impressions and developed treatment goals to meet the specific therapeutic needs of the participant.

Data Collection V- Weeks 2-7: The Art Process (approximately 45 to 60 minutes)

At the beginning of each session the co-investigator asked the participant how their week was. The investigator reviewed with the participant the previous session and allowed the participant the opportunity to create a work of art of their choice or to be given an art task for that session. The participant had a variety of art materials to choose from. Materials present in the art therapy room include: 9x 12 white drawing paper, 9x 12 colored construction paper, 12x 18 white drawing paper, broad-tipped markers, fine-tipped markers, crayons, chalk pastels, oil pastels, colored pencils, graphite pencils, magazine cut-outs, glue, masking tape, decorative paper scraps, fabric scraps, beads, felt scraps, scissors, yarn, masks, a variety of cardboard scraps for 3-D constructions, and a variety of different containers to decorate.
After the participant was finished completing the artwork, he/she was asked to talk about it. The participant was asked to explain what the artwork depicted/represented and what the process of creating it was like. The participant was encouraged to share thoughts, feelings and emotions surrounding the piece and its creation. After the session the investigator photographed the artwork and recorded observations and diagnostic impressions made during the session.

*Data Collection Part VI- Week 8: Review of Artwork with Participant (45 minutes)*

At the beginning of the final session the investigator presented the participant with all of the artwork created during the previous sessions. The participant and investigator reviewed the artwork together in an attempt to process any internal changes that may or may not have taken place during the course of the study.

*Data Collection Part VII- Week 8: Piers-Harris Children’s Self-Concept Scale (10-15 min.)*

Each participant was given a Piers-Harris Children’s Self-Concept Scale questionnaire. The investigator described how the form was to be completed and offered to read any questions to the participant that he/she did not understand. Following completion of the form the participant was thanked for their participation in the study and instructed to contact the investigator if they had any questions regarding the study.

**Data Analysis**

The term self concept is often used interchangeably with terms such as sense of self, self perception, and identity. For the purpose of this research self concept will be taken to mean the following:
an organized configuration of perceptions of the self which are admissible to awareness. It is composed of such elements as the perceptions of one's characteristics and abilities; the percepts and concepts of the self in relation to others and to the environment; the value qualities which are perceived as associated with experiences and objects; and the goals and ideals which are perceived as having positive or negative valence. It is, then, the organized picture, existing in awareness […] of the self and the self in-relationship, together with the positive or negative values which are associated with those qualities and relationships, as they are perceived as existing in the past, present, or future. (Rogers, 1951, pg. 501)

Terms such as self esteem, self evaluation, and self actualization are understood to be processes by which an individual form his/her self concept, and are not to be mistaken as terms synonymous with self concept.

Data presented consists of:

- The data obtained from each participant’s pre- and post-test measure of the Piers-Harris Children’s Self-Concept Scale was compared and represented in graphical form to assess for any change in the child’s self concept after eight weeks of individual art therapy.

- Individual session notes including a brief narrative of the session outlining key happenings, clinical observations and analyses of interpersonal dynamics, and plans for subsequent treatment.

- The artwork created during individual art therapy sessions was analyzed. The co-researcher examined aspects of the artwork including: formal qualities (e.g.
line quality, color, composition), manifest and latent content, levels of regression present, defense mechanisms present, changes in approach to the art task and other possible signs of changes in self-concept and psychosocial functioning. Some verbalizations in relation to the artwork were examined and presented in the session notes.

Possible Risks and Discomforts to Subjects

The therapeutic art activities may have caused some psychological discomfort for the research participants, such as anger, sadness, and grief. These discomforts were not expected to exceed the duration or severity of any psychological discomfort typically experienced by individuals in psychotherapy.

Special Precautions to Minimize Risks or Hazards

If any of the above risks or discomforts were experienced by any of the research participants they were given the opportunity to process their feelings. If they were still upset after this they were given the opportunity to stop what they are doing and were coached in methods of deep breathing in order to reduce stress levels. The participant was offered a break to get a cup of water and to talk to their case worker if need be. In the unlikely event that the participant continued to experience significant distress he/she was removed from the study and an alternative therapeutic intervention was arranged for them by their case worker.
CHAPTER IV: RESULTS

The major findings of this study are presented in the following section. Each subject is discussed separately, beginning with Subject 1 and then Subject 2. A case history is provided followed by a review of the Piers-Harris 2 pre-and post-test results with a discussion of the implications of the standardized measure of self concept for each participant. The individual art therapy session notes are presented and organized as follows. A brief review of the directives given during each session is presented followed by a discussion of the creative process and key happenings that took place in each session. An analysis of the artwork and the child’s behavior is given, and treatment plan goals are reviewed. Color photographs of the artwork are presented and the data gathered from an analysis of the artwork is condensed into a chart for clarity.

Subject 1: Case History

Tanya was an eight-year-old African American female with an athletic physique who loved playing with her dolls and getting her hair styled. At the time of this study Tanya had been in foster care for four years. According to initial intake paperwork from the Department of Human Services (DHS) Tanya was brought to that agency by the paternal grandmother of her infant half-sibling. The grandmother had been caring for Tanya and her two siblings for several months, and could no longer handle their extreme behaviors. Tanya exhibited frequent tantrums and aggression towards her siblings and peers. She allegedly set fire to a pile of her clothing and exhibited sexually provocative behaviors that suggested she may have been sexually abused. In the course of her treatment it was discovered that she and her older brother had been sexually abused by an uncle, and that the brother had perpetrated Tanya as well. Tanya and her infant sibling
were placed in a foster home together and her brother was transferred to a different agency. According to her file Tanya experienced physical abuse, neglect, domestic violence, and parental substance abuse prior to coming into care. Her biological mother allegedly suffered from untreated mental health issues and substance abuse, and it was alleged that Tanya suffered verbal and physical abuse at the hands of her father.

Tanya and her sibling experienced relatively few placement changes during their time in the child welfare system and had been living with the same foster family for approximately two years when the case was transferred to the designated foster care agency. Upon her transfer to the designated agency a number of changes took place. Parental rights were terminated. Tanya was placed in a partial hospitalization school program for children with behavioral and learning disabilities. She received weekly individual therapy at a local organization specializing in the treatment of survivors and perpetrators of sexual abuse. Tanya was diagnosed with Bipolar Disorder and AD/HD, combined type. She was prescribed Adderall and Wellbutrin to pharmacologically treat her symptoms. At the time of her DHS child advocate’s consent for her participation in this study, Tanya was still reportedly struggling with issues such as displaying sexually suggestive behaviors, pulling out her hair when she was agitated or anxious, poor self-esteem, and compulsive stealing and lying. According to her caseworker at the designated foster care agency she was adjusting well in a supportive foster home with a treatment trained foster parent who was beginning the process of filing for permanent legal custodianship of Tanya and her younger sibling.
Subject 1: Piers-Harris 2 Test Results

The Piers-Harris 2 was administered in the first session. Tanya had difficulty reading the questions and asked for help. As there was only one test packet available, the art therapist sat next to Tanya and read each question for her, pausing briefly for her to answer each item. This deviates from the administration procedure outlined in the Piers-Harris 2 manual. Table 2 depicts the results of Tanya’s Piers-Harris 2 pre-test measure of self concept across the following domains: Total Score (TOT), Behavioral Adjustment (BEH), Intellectual and School Status (INT), Physical Appearance and Attributes (PHY), Freedom from Anxiety (FRE), Popularity (POP), and Happiness and Satisfaction (HAP). The Raw Scores represent Tanya’s raw test results across the above mentioned domains. The T-Scores reflect Tanya’s raw test results in comparison to the normative sample. The Percentile Score shows the percentage of individuals in the normative sample who scored lower than Tanya. These percentages are presented in ranges which correspond to an interpretive label. The interpretive label expresses the relative elevation of scores in comparison to the standardization sample mean. The greater the raw score and T-score, the more positive an individual’s self concept is assumed to be. According to the result listed in Table 1 Tanya’s total self concept raw score of 55 indicates that 84-97% of individuals in the standardization sample scored lower than her on the Piers-Harris 2. Given this large percentage it is possible that Tanya was positively exaggerating her questionnaire responses. Generally raw scores of 57 or above are thought to reflect exaggeration. Tanya’s personal history, documents in her case file, and her artwork appear to contradict the results of her Piers-Harris 2 pre-test.
Table 1
Tanya’s Piers-Harris 2 Pre-Test Results

<table>
<thead>
<tr>
<th>Self-Concept Scale</th>
<th>Raw Score</th>
<th>T-Score</th>
<th>Percentile Range</th>
<th>Interpretive Label</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOT</td>
<td>55</td>
<td>61</td>
<td>84-97</td>
<td>High</td>
</tr>
<tr>
<td>BEH</td>
<td>14</td>
<td>62</td>
<td>≥72</td>
<td>Above Average</td>
</tr>
<tr>
<td>INT</td>
<td>16</td>
<td>65</td>
<td>≥72</td>
<td>Above Average</td>
</tr>
<tr>
<td>PHY</td>
<td>10</td>
<td>58</td>
<td>≥72</td>
<td>Above Average</td>
</tr>
<tr>
<td>FRE</td>
<td>13</td>
<td>58</td>
<td>≥72</td>
<td>Above Average</td>
</tr>
<tr>
<td>POP</td>
<td>9</td>
<td>50</td>
<td>29-71</td>
<td>Average</td>
</tr>
<tr>
<td>HAP</td>
<td>10</td>
<td>59</td>
<td>≥72</td>
<td>Above Average</td>
</tr>
</tbody>
</table>

At the end of the eighth session the art therapist administered the Piers-Harris 2 again with Tanya in order to assess any changes in self concept. The art therapist again used a modified administration procedure, reading each question to Tanya from a separate form and pausing for her to circle her answer. Table 2 lists the results of Tanya’s post-test measure of self concept on the Piers-Harris 2 questionnaire. According to the results it appears that Tanya’s self concept decreased. She may have been expressing a more accurate portrayal of the way she thought and felt about herself. Her Total Score of self concept decreased, as did her self concept across the Behavioral Adjustment domain and Freedom from Anxiety domain. There was no change across the domains of Intellectual and School Functioning, Physical Appearance and Attributes, and Popularity.
Table 2
Tanya’s Piers-Harris 2 Post-Test Results

<table>
<thead>
<tr>
<th>Self Concept Scale</th>
<th>Raw Score</th>
<th>T-Score</th>
<th>Percentile Range</th>
<th>Interpretive Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOT</td>
<td>50</td>
<td>53</td>
<td>29-71</td>
<td>Average</td>
</tr>
<tr>
<td>BEH</td>
<td>10</td>
<td>43</td>
<td>15-28</td>
<td>Low Average</td>
</tr>
<tr>
<td>INT</td>
<td>16</td>
<td>65</td>
<td>≥72</td>
<td>Above Average</td>
</tr>
<tr>
<td>PHY</td>
<td>10</td>
<td>58</td>
<td>≥72</td>
<td>Above Average</td>
</tr>
<tr>
<td>FRE</td>
<td>10</td>
<td>48</td>
<td>29-71</td>
<td>Average</td>
</tr>
<tr>
<td>POP</td>
<td>9</td>
<td>50</td>
<td>29-71</td>
<td>Average</td>
</tr>
<tr>
<td>HAP</td>
<td>10</td>
<td>59</td>
<td>≥72</td>
<td>Above Average</td>
</tr>
</tbody>
</table>

The following diagram (figure 1) graphically compares the results of Tanya’s pre and post-test scores on the Piers-Harris 2.

\[\text{figure 1. Comparison of the } T\text{-Score results from Tanya’s Piers-Harris 2 pre- and post-test measures of self concept.}\]
Subject 1: Individual Art Therapy Session Notes

Week 1: Session 1

Reason for referral: Tanya was referred by her case worker and her legal guardian, in this case her child advocate from DHS, because of an increase in behaviors such as: stealing, lying, negative self-statements, and pulling out her hair when anxious. According to the case worker these behaviors seemed to coincide with discussions of her sexual abuse in therapy. Both individuals thought she may benefit from an additional therapeutic intervention.

Process: Tanya was transported to the agency and brought into the building by the agency’s driver. She appeared somewhat scared, with wide eyes and slight frown. The art therapist briefly reviewed with Tanya the assent form that she signed, and assisted Tanya in the completion of the Piers-Harris 2. She completed a 6-Part art therapy assessment, which included the completion of six drawings with various media. She spoke very little at the beginning of the session, but her speech increased rapidly as the session progressed.

Assessment: Tanya drew a self portrait (Figure 1, p. 78). The figure is not grounded, which may perhaps suggest a lack of connection with reality, with one’s body, or with the people with whom one has relationships. Tanya drew a picture of a rainbow (Figure 2, p. 79) without waiting for a directive. This may be representative of a tendency towards impulsive behavior. She was asked to provide emotional associations to each color depicted in the rainbow. According to her color associations, the emotions she depicted in her self portrait were: sadness, disappointment, and surprise. When asked to draw a picture of the opposite of the person, she stated that she was going to draw a picture of
her father. However, after she added eyelashes and earrings, she stated with a chuckle that she had accidentally drawn a woman and would make the drawing a picture of her mother (Figure 3, p. 80). Tanya seemed anxious when drawing a picture of herself and her family (Figure 4, p. 81), as evidenced by her fidgeting in her seat and rapid speech. In both Figure 1 and Figure 4 Tanya seemed to relieve her anxiety by scribbling over certain elements in the drawings, in the former, her body, and in the later, the house. Her female human figures appear slightly sexualized with a curvaceous shape, large lips, and earrings. This may be a resulting influence of her sexualized behavior as a result of her sexual abuse. Additionally, in her human figure drawings (Figure 1, p. 78; Figure 3, p. 80; Figure 4, p. 81), people are depicted without hands. This may perhaps suggest feelings of helplessness or powerlessness to manipulate one’s environment. Her response to the projective drawing assessment (Figure 5, p. 82) suggests a possible difficulty with abstract thought, and she projected several negative self-statements onto her final free drawing which included “It’s a mess,” and “It burns and destroys everything” (Figure 6, p. 83). According to Tanya’s responses on the Piers-Harris 2 form her total self concept score is “High.” This rating seems contradictory given the nature and severity of her personal history and to her artistic approach to the 6-Part art therapy assessment. Her behavior suggested fearfulness, anxiety, and impulsivity.

**Treatment Goals:**

- Provide Tanya with a means to express difficult and troubling emotions through creative art activities.
- Provide her with an arena to develop a more grounded and integrated sense of self.
• Encourage the development of a trusting and therapeutic relationship between client and therapist.

• Help identify personal strengths and positive coping skills in order to increase frustration tolerance and increase self-esteem.

Week 2: Session 2

Directive: The art therapist asked Tanya if she would like to make a drawing about her week. After that was completed she was given the choice to work on a mask, or to introduce herself to the art therapist by choosing magazine images that represented things about herself, such as likes and dislikes, and glue them onto a piece of paper. She chose to complete the latter.

Process: Tanya appeared tired and apathetic upon arrival this afternoon. She seemed sluggish as she followed the art therapist to the art room, plopped herself into the chair and proceeded to draw a picture about her week with her head down on the table. In her drawing about her week (Figure 7, p. 84), Tanya depicted her foster sister leaving the house for a sleepover. Tanya drew herself in the upper right hand corner, isolated and small in size, with a frown on her face. She said she was “lonely in her room by herself,” and had “a bad weekend.”

According to her case worker, over the weekend Tanya stole two of her foster sister’s bracelets and lied about taking them. The case worker found them in her possession and she was punished by the foster parent. This resulted in a tantrum, during which Tanya screamed that no one loved her, that she wanted her real mother, and that she was going to take her brother and leave. The art therapist learned of this incident
after the session. Tanya chose not to disclose this incident during the session; however, it appears that Tanya’s feelings of loneliness may have lead to her acting out.

For her magazine collage (Figure 8, p. 85) Tanya picked out more images than would fit on the page. She spent a great deal of time spreading large amounts of glue onto the back of each picture. With each image that she added the picture seemed to grow messier. She seemed frustrated by the looseness of the media and her difficulty controlling it. She frequently rubbed her hands together to get the excess glue off. After struggling for a bit she gradually began to place less glue on each picture until she was eventually only placing one small dot of glue into each corner. This demonstrated the beginning steps of mastery and self-control as she was able to gradually gain control of the media and reduce her frustration.

Of particular interest to the researcher were the pictures that she chose to cover up. One was an image of a mother and child, and another was an image of a father and child. She also covered a group of pictures that represented “a family of cheetahs,” and a picture of the sky. Perhaps this action represented an unconscious undoing of or defense against feelings associated with parental relationships, family, and freedom or fantasy. When asked which picture she might choose that best represented her she pointed to a picture of a “poison tree frog with red eyes,” perhaps indicating that she saw herself as poisonous.

Analysis of the Artwork: In her drawing about her week Tanya depicted herself isolated and small in size in comparison to her foster sibling who appears larger and attached to the house. The graphic depiction of the defense mechanisms of isolation of affect and compartmentalization seen in the house may suggest that she feels the need to defend
against thoughts or feelings associated with her living situation. As the house is thought
to represent the self, this may also represent defensive functioning surrounding the self.
Does she feel like she is a member of this new family? Does she feel a sense of belonging? This drawing seems to suggest that she may not, or may perhaps feel ambivalence.

In the collage she chose pictures that seemed to reflect likes and desires. The overlapping of pictures could be suggestive of several things. It could represent impulsive behavior, or perhaps she had difficulty managing the anxiety associated with the pictures she chose to cover (which seemed to represent: family, dependency, relationships and peacefulness/freedom). The magazine images were a more structured medium; however her choice to work with a looser adhesive, like white glue, rather than a glue stick may have made this a regressive activity. However, she seemed able to work through the regression, frustration, and anxiety, and was able to control the media towards the end of the session. The picture of the frog she chose to represent herself suggested negative self-evaluation. In a previous session she stated that red stood for anger. This could perhaps represent that she sees herself as angry and poisonous.

Analysis of Behavior: There was a marked difference in Tanya’s demeanor from the beginning of the session to the end of the session. Upon entering the session she seemed depressed. When she left she seemed energetic and in a much more pleasant mood. Her behavior towards the end of the session seemed more immature and childlike than in the previous session. This regression could be due to anxiety surrounding the themes represented and topics discussed.
Treatment Plan:

- Continue to support emotional expression with creative art activities.
- Provide structure and sense of control through art media and allowing client to make choices.
- Address issues of family, loneliness and ambivalence that have emerged in therapy sessions through art and metaphor.

Week 3: Session 3

Directive: The art therapist asked Tanya if she would like to draw a picture about her week, which was briefly discussed. In order to address issues of family, loneliness and ambivalence the art therapist told Tanya the following metaphoric story:

Once upon a time there was a little caterpillar who lived in a tree with her little caterpillar friends and family. She had watched other caterpillars spin delicate cocoons and turn into beautiful butterflies. She was so excited for the day that she would turn into a butterfly too. When the time arrived she spun her cozy and delicate cocoon. Just as she finished, a mighty storm was brewing. It blew her in her cocoon far from her tree and friends and family. She emerged from her cocoon to find herself in a new tree with different caterpillars and butterflies. This was now her new home, and although the other caterpillars and butterflies were friendly, and she had plenty of leaves to eat and a nice branch to sleep on, she still missed her old tree and her old friends and family from time to time.

After telling the story the art therapist allowed Tanya to choose between making illustrations to narrate the story like a picture book, and constructing characters to narrate the story. She chose the latter.
Process: Tanya arrived at this session with a brighter affect than in previous sessions. Her drawing about her week seemed more spontaneous than last week. Tanya seemed to connect with the story. She said that the butterfly is sad when she thinks about her friends and family that she misses. When asked what the butterfly can do when she is upset Tanya suggested playing with her new friends, singing to herself and drawing pictures. Tanya asked for the art therapist to help her color the butterfly’s friends. The art therapist helped color, asking Tanya what colors to use and calling her the creative director. The art therapist showed Tanya how to make caterpillars out of pipe cleaners and assisted her with the hot glue gun to glue eyes onto the creatures. Tanya asked if the glue burned as she told the therapist a story of her father burning her when she was little. She showed the therapist the scars on her shoulder and said that her dad was “a real bad guy.” At the closing of the session Tanya chose an oatmeal container to make into “a tree for the caterpillars and butterflies to live in.” She placed the caterpillars inside (the butterflies were not yet finished at this point) “to keep them safe” until the next meeting.

Analysis of the Artwork: In her drawing about her week (Figure 9, p. 86). Tanya included a baseline and drew a grounded figure, as well as arms with volume and hands for the first time since beginning art therapy. This may suggest that she feels more comfortable and grounded during the art therapy sessions. She continues to shade over top of designs made on the body of human figure drawings, which suggests continued anxiety surrounding the self. She appeared to use the metaphor of the butterfly to problem solve and self soothe. During the creative process she opened up about a traumatic experience. At the end of the session she seemed able to, and eager to, contain the feelings and emotions expressed during the session by placing the art pieces into a container.
It seemed that this activity allowed Tanya to contain, manage, and discuss distressing feelings which may have previously been difficult for her to explore verbally.

*Analysis of Behavior:* Tanya seemed energetic and active during this session. She was out of her seat most of the session and when in her seat seemed fidgety. She sat next to the art therapist and asked for help completing the art task. This seemed to stem more from a desire for connection than out of a need for assistance. Tanya seemed more talkative than in previous sessions, and much more eager to build a relationship with the art therapist.

*Treatment Plan:*

- Continue to support emotional expression through creative art activities.
- Continue to work on the butterfly/caterpillar tree project in the next session.

*Week 4: Session 4*

*Directive:* Tanya drew a picture about her week, and then completed the art project she had begun in the previous session. The art therapist showed her how to finish making the colored coffee filters into butterflies using pipe cleaners. She then completed the “tree” where the insects lived.

*Process:* Tanya arrived this afternoon with a bright affect and somewhat hyper demeanor. She conversed eagerly with the art therapist about school that day. She completed a drawing about her week (Figure 12, p. 89). Tanya drew a picture of herself, seemingly carefree, playing outside and “singing with the flowers.” When she was finished she began completing the insects and their home that she began in the previous session. She followed the art therapist’s instructions to complete the butterflies. Tanya drew a picture of a tree with houses in it to represent where the insects lived, and glued it to the outside
of an oatmeal container (Figure 10, p. 87). She then added pipe cleaners to the top to represent the tree branches, and added foam animal stickers to represent “animals that might eat the bugs if they aren’t careful.” At the end of the session she put colored pom-poms into the container along with the insects (Figure 11, p. 88). These pom-poms represented “milk, water, and fruit so the bugs wouldn’t go hungry.” She also added poly-fill (pillow stuffing) to keep the insects “safe and warm.”

*Analysis of the Artwork:* Tanya’s schema for a human figure seems to have changed (Figure 13, p. 90) to include a neck, and short arms which appear fused to the body. Human figures lacking necks are occasionally seen in the artwork of impulsive individuals. The fact that Tanya has begun to include necks in her human figure drawings may suggest she is beginning to separate thoughts and feelings from actions, and may be more likely to “think before acting.” The arms fused to the body may suggest a self-protection or a perceived inability to manipulate one’s environment. Tanya drew another grounded figure. As in previous sessions made marks or designs on the body and colored over them, however they are less visible in this drawing as she colored in the figure with the same colored marker as she made the marks with.

This activity seemed to be healing for Tanya. She talked soothingly to the insects as she put them into the container and provided them with a “nice place to live,” and things they may need to stay safe and happy. However, her inclusion of animals that might eat the bugs suggests an unconscious concern for lack of safety. When asked if she had anything she wanted to say to the bugs she told them to be nice and take care of each other. When the art therapist questioned how the story might end Tanya said, “Happily ever after.” Perhaps this activity allowed her to gain some insight into her own situation
and develop some feelings of control or mastery. This remark could reflect a growing sense of optimism, or it could perhaps reflect a common stereotyped fairytale ending.

*Analysis of Behavior:* Tanya seemed hyper and excited at the beginning of this session. She appeared to grow calmer during the session, and seemed to want to sit very close next to the art therapist. Her action of creating a home for the insects seemed to be a self-nurturing behavior. Her choice to put the insects into a container may have reflected her need for containment or her growing ability to contain her own thoughts, feelings and emotions without becoming overwhelmed by them. She may have felt safe within the therapeutic relationship, or she may have felt the need to create a safe place due to her own sense of insecurity.

*Treatment Plan:*

- Continue to support emotional expression with creative art activities.
- Address emerging issues of safety and nurturance using art and metaphor.

*Week 5: Missed Session*

Transportation was not able to be arranged for Tanya. An additional session will be scheduled.

*Week 6: Missed Session*

Tanya’s foster mother called to cancel art therapy this afternoon due to a family function. An additional session will be scheduled.

*Week 7: Session 5*

*Directive:* The art therapist asked Tanya if she would like to make a drawing about “not coming to art therapy for two weeks.” The art therapist allowed Tanya to choose what to
work on for the remainder of the art therapy session. Tanya chose to work with Model Magic clay.

*Process:* Tanya arrived with what seemed like less enthusiasm than in previous sessions. She asked why the driver did not come to get her last week. The art therapist addressed the missed sessions with Tanya and asked if she would like to make a drawing about missing art therapy for two weeks (Figure 13, p. 90). Tanya said that this was a picture of her and her foster siblings playing jump rope. She talked about how her older foster sibling treated her little (biological) brother like he was her baby. She seemed jealous as she recounted the story. After the drawing was discussed the art therapist asked Tanya what she might like to work on for the remainder of the session. Tanya asked for clay. The art therapist supplied her with red, yellow, white and blue Model Magic clay and demonstrated how to blend colors together. Tanya made a clay figure of Plankton, a villain from the cartoon Sponge Bob Square Pants, who always tries unsuccessfully to steal the secret recipe for making Krabby Patties. The art therapist suggested Tanya use the clay to make her own cartoon characters, and to tell a story about them (Figure 14, p. 91). She told the following story as she stood very close to the art therapist rolling clay and constructing cartoon characters:

This is Superwoman. She saves people with Superman. They work on a team with other superheroes. There is a fire, but it is a trap by her enemy, Lord Liquid. Lord Liquid can make herself into a whole bunch of people and animals. She is very tricky. Superwoman doesn’t know it is a trap, and saves the people. Lord Liquid turns her into an evil Superwoman. She makes fires andkidnaps people’s kids. Everyone is sad and cries. They wonder what happened to the good
Superwoman. Someone sees her being bad and tells the team. They get their powers together to save her and she turns back into the good Superwoman.

**Analysis of the Artwork:** This story seemed to unconsciously coincide with several elements of Tanya’s personal history. The story suggests that she may feel dependent upon others to “save” her. The team of superheroes could possibly represent the treatment team. During the session she revealed that she blamed her grandmother for her removal from her mother’s care. Perhaps the half evil, half good Superwoman represented Tanya’s Mother, whose “evil” act of abandoning Tanya, in her eyes, may have caused her to set a fire and become self-destructive. The fact that the story she told involved fires, in addition to the comments she made in reference to her grandmother, indicate that she may have been unconsciously working through the circumstances surrounding her entry into care. The plankton figure is a very accurate rendition of that character. The two characters from the story look regressed in comparison to the Plankton. She may have experienced anxiety when telling the story. The Lord Liquid Figure appears phallic.

In her drawing about the two weeks that she missed art therapy sessions she discussed playing jump rope with her foster siblings, and expressed jealousy over the treatment her brother received. In the picture she seems to have drawn a connection between herself and her brother. She colored in the space between the jump ropes. This gives her figure a haloed or self-protected appearance. Tanya has regressed to drawing ungrounded figures and marking/shading over bodies and has omitted the neck. Additionally, she has also returned to a similar use of color as depicted in her previous drawings about her family: pink, brown and black (Figure 4, p. 81 and Figure 7, p. 84).
Analysis of Behavior: Tanya seemed upset at having missed art therapy for two weeks. It seemed as if she may have experienced the absence as an abandonment or rejection. She seemed to desire reassurance of the art therapist’s presence, and stood very close next to her as she rolled clay out on the table. Tanya seemed energetic and fidgety towards the end of the session, which may have been signs of anxiety.

Treatment Plan:

- Continue to support emotional expression with creative art activities.
- Support her ability for autonomous functioning, control, problem solving and decision making.
- Support expression of feelings surrounding family and encourage building self-esteem through creative art process.

Week 8: Session 6

Directive: The art therapist asked Tanya if she would like to make a drawing about her week. After that was completed the art therapist suggested making an inside/outside box.

Discussion: Tanya displayed a flat affect as she silently followed the art therapist to the art room this afternoon. The art therapist asked her if she would like to make a drawing about her week. She said no, but then changed her mind (Figure 15, p. 92). She made a drawing about “packing her things to go stay with her Grandmom for the weekend.” This drawing stimulated conversation about her biological Grandmother and her two families. She drew herself “sitting on her treasure box” so no one could see what was inside. The art therapist asked Tanya what she would like to make. She shrugged her shoulders, so the art therapist suggested making an inside/outside box, and presented it as similar to the treasure box that Tanya had talked about. The art therapist showed her two examples and
explained how she could decorate the outside with images that express how others see her or how she would like them to see her, and decorate the inside with images that represent how she feels on the inside or the side of her that others don’t see. The art therapist said that when the box was closed, no one would be able to see what was inside.

On the outside of the box she glued images to represent that she was “black and pretty,” (Figure 16, p. 93) that she had a brother she doesn’t see, and she had a new family (Figure 17, p. 94). She talked about how her Dad used to “beat on” her Mom, and that “she shoulda [sic] run away from him,” as she glued on a picture of a bride running away from a groom (Figure 18, p. 95). The last image she picked represented that she was “strong” (Figure 19, p. 96). Tanya didn’t seem to notice the writing on the image, and the art therapist pointed out that the person was made with “bad words and mean nicknames.” Tanya said that was OK because people called her mean names and that was why she was so strong. On the inside of the box (Figure 20, p. 97) Tanya glued images to represent that she “doesn’t like being alone,” can be “very silly sometimes,” and is “shy, but cool.” During the session Tanya told the art therapist that her foster mother did not like it when she talked about her former family or missing her brother.

**Analysis of the Artwork:** Tanya seemed to grasp the task, but initially seemed defended. She expressed often feeling shy and scared, but was reluctant to pick out images to represent those qualities. This reluctance to show her true colors was also reflected in her drawing about her week, were she drew herself sitting on her treasure box so no one could see what was inside. Perhaps this was due to her growing awareness of her fear and anxiety, which she may have experienced as threatening. It is also possible that the treasure box represented her true self—her valuable riches she felt the need to protect.
She appears to have employed the defense mechanism of compartmentalization when drawing the suitcases. Perhaps when she was drawing this picture she was reminded of other times when she had to pack her belongings. She depicted herself with a large neck, boxy body, and small arms, as in previous drawings. The images she chose to cover the box seemed to stimulate conversation and appeared to assist her in expressing aspects of herself and her life that she might not otherwise have expressed. Tanya used the white glue without any difficulties in this session.

*Analysis of Behavior:* Tanya worked much slower this session than in previous sessions. When she picked through the images each image choice seemed much more deliberate and well thought out than in a previous session when she used the same media. She talked about her associations to each image as she placed them onto the box with glue. She seemed apathetic at the beginning of the session, and seemed to remain calm and fairly anxiety free throughout the session. She left in what appeared to be a light and bouncy mood, skipping down the hallway ahead of the art therapist and waiting at the end for the art therapist to catch up.

*Treatment Plan:*

- Continue to support emotional expression with creative art activities.
- Reiterate with the treatment team the importance of allowing Tanya to process and discuss her experiences.
- Begin termination activity in the next session.

*Week 9: Session 7*

*Directive:* The art therapist asked Tanya if she would like to draw a picture about her week, which she decided not to do. The art therapist allowed Tanya to finish decorating
the treasure box, however she chose not to add anything to it. The art therapist encouraged her to write a letter or draw a picture to put inside the box. When Tanya finished this drawing the art therapist began a termination activity and had Tanya trace her hand waving goodbye to decorate, and the art therapist did the same.

Process: The art therapist discussed how Tanya could express her feelings when thinking about her family by drawing pictures or writing letters and keeping them safe inside the box if she felt like she couldn’t talk about it. The art therapist said sometimes it feels good to “just let it out.” Tanya drew a picture of herself as a monster (Figure 21, p. 98). She said it was her “dressed up like Freddy Kruger.” Her conversation as she drew shifted to a discussion of her hypervigilance. She said she had trouble sleeping sometimes at night because every little noise made her jump and she thought she heard gun shots. She said that she got scared on the street when she saw a man with a hood. She thought it was her Dad and started to run, but when she looked again it was just a stranger. As she spoke she drew perseverative “blood drops and bloody foot prints” on the face of the figure and around the perimeter of the page as she told this story. She added the words, “I will get you someday,” as she explained her fear that her father was going to find her and come back to hurt her. She then took a deep breath and rolled the image up and placed it inside the box.

After Tanya completed this activity she and the art therapist discussed the termination of therapy and that this was the second to last session. The art therapist suggested that they each trace their hands waving goodbye to one another and decorate them (Figure 22, p. 99 and Figure 23, p. 100). Tanya and the art therapist took turns copying what the other had drawn. This seemed to be a gratifying and mirroring activity.
Tanya suggested that they exchange hands at the end and wrote “you are my best friend” on the paper. She asked for stickers and added them to both pictures.

Analysis of the Artwork: Tanya’s drawing of herself as a monster appears emotionally expulsive. She devoted a great deal of time and energy to drawing “scars” and blood drops on the face of the figure and scattered around the perimeter of the page. This seemed to be Tanya’s way of expressing her anxiety. The marks that she made on the face of the figure give it the appearance of a target, or cross hair. Perhaps she felt like a target for her father’s abuse. Many of the marks she made on the page were quick, broken, and pressured and she seemed to be expressing anger along with anxiety and fear. Tanya typically embellishes the hair of her human figure drawings, but did not in this drawing. Perhaps she had devoted all of that energy onto the head and body of the figure and the surrounding blood spatter perimeter. The red shapes around the perimeter appear phallic like castrated penises. Perhaps Tanya was expressing justified rage toward her father and an unconscious fantasy of revenge. This activity seemed like an unconscious display of identification with the aggressor for mastery and a sense of control and dominance over the victim roll.

The activity of tracing her hand waving goodbye seemed to provide Tanya with the opportunity to express the value of the therapeutic relationship for her. The drawing and writing appeared more immature and seemed regressed from her abilities displayed in previous sessions. This could be due to the nature of the activity which preceded this activity, or reflective of her difficulty with goodbyes.

Analysis of Behavior: Tanya appeared to experience anxiety during the first half of the session. She appeared able to channel the anxiety and possible psychic discomfort into
the artwork with the self-soothing, perseverative barrier that she drew around the page. By expressing these feelings and then rolling the paper up and placing it into the box she appeared able to gather composure and contain herself without acting out or pulling out her hair. Tanya appears to have formed a genuine and trusting attachment to the art therapist. She appeared to feel safe and contained enough in the art therapy session to express some violent and negative feelings through the artwork. She seems to have made progress in her ability to express her feelings, both positive and negative.

_Treatment Plan:_

- Continue to support emotional expression with creative art activities.
- Process termination in the last session.
- Review artwork and progressions/changes with client in the last session.

_Week 10: Session 8_

_Directive:_ The art therapist suggested Tanya draw a picture about saying hello and goodbye and provided her with a piece of paper with a line drawn down the middle. _Process:_ As this was the last session the art therapist and Tanya reviewed all of the artwork that she had made over the past seven sessions. They talked about what she felt like when she first started began art therapy, and how she felt now that it was over. Tanya said that in the beginning she was nervous, but that now she knew how to make good art and she had made a friend. She asked how the art therapist would feel if she couldn’t see her family anymore, to which the art therapist speculated that she would probably feel the same way Tanya felt and asked how she felt about it. Tanya said that she misses her Mom, but not her Dad. She said sometimes she thinks her new family doesn’t like her because she tells her brothers that she loves them and they say nothing
back. They act “stingy” towards her, which she explained meant they were rude and not always nice. Tanya drew a picture of the art therapist and herself saying goodbye on the right side of the page (Figure 24, p. 101). She drew them as “fancy dragons with tails, beards, and pretty hair.” The art therapist intended for the “hello” drawing to be about when Tanya and the art therapist first met, however, on the right side of the page Tanya chose to represent a time in the future when she and the art therapist would “meet at church at Christmas time wearing scarves and hats.” This may have represented a fantasy of eternal connection and a rejection of emotional separation. She seemed concerned with whether she would ever see the art therapist again, and seemed distressed at the fact that she could not have the art therapist’s phone number. At the end of the session the art therapist presented Tanya with the Piers-Harris 2 questionnaire and read the instructions to her. The art therapist read the questions to her from a separate form pausing to give her time to answer each question. Tanya chose to take home all of the artwork she created during the sessions, except for the picture of her hand waving goodbye, which she gave to the art therapist so she “wouldn’t forget” about her.

*Analysis of the Artwork:* Tanya’s drawing of herself and the art therapist as dragons may have represented her desire for power, strength or control as it is possible that goodbyes make her feel helpless and vulnerable. This fantasy formation also seemed to allow for emotional distance. The figures on the right side of the page appear stiff and boxy. The figure to the left (the art therapist) was colored in pink and then undone with black. The faces seem to display angry expressions and red eyes. In a previous session Tanya spoke of angry red eyes. Perhaps Tanya felt that art therapy was ending too soon. The figures appear attached by the hair. Although there was ample time left in the session Tanya
chose to quickly sketch a scene of herself and the art therapist meeting in the future. She seemed uncomfortable with the possibility of never seeing the art therapist again.

*Analysis of Behavior:* Tanya appeared to be in a pleasant mood at the beginning of the session. She seemed fidgety, and kept leaning her seat back on two legs even after the art therapist asked her not to do so for her own safety. As she drew she was giggling and seemed to be attempting to use humor to mask her upset. At times she appeared to be laughing, but on the verge of tears. She seemed to experience the termination of therapy as a rejection by the therapist and appeared to have difficulty understanding the limits and nature of their relationship. These behaviors may be suggestive of her difficulties with attachments and her possible issues with abandonment.

*Treatment Plan:*

- Discuss with case worker the possibility of arranging further creative arts therapy treatment for Tanya as she seemed to benefit from the creative self expression.
Subject 1: Artwork Created During Individual Art Therapy Sessions

Figure 1. Session 1: Drawing 1 of 6 in the 6-Part assessment. “Free Drawing.” Broad-tipped felt markers on 9 x 12 in. drawing paper. This is a drawing of Tanya “looking up at the birds and rainbows in the sky.”
Figure 2. Session 1: Drawing 2 of 6 in the 6-Part Art Therapy Assessment. The second picture in this assessment is “Draw a person,” however Tanya began drawing without being given instructions. Since her first drawing was of a person the therapist allowed her to continue drawing without redirection. Broad-tipped felt marker on 9 x 12 in. drawing paper. This is a picture of a rainbow.
Figure 3. Session 1: Drawing 3 of 6 in the 6-Part Art Therapy Assessment. “Draw the opposite.” Broad-tipped felt markers on 9 x 12 in. drawing paper. This is a drawing of Tanya’s Mother who is watching the birds in the sky.
Figure 4. Session 1: Drawing 4 of 6 in the 6-Part Art Therapy Assessment. “Draw a picture of you and your family doing something in a place.” Broad-tipped felt markers on 9 x 12 in. drawing paper. This is a picture of Tanya and her family in the back yard. The family is divided on two planes, those at the bottom are playing soccer, and those at the top are jumping on a trampoline.
Figure 5. Session 1: Drawing 5 of 6 in the 6-Part Art Therapy Assessment. “Dot-to-Dot.” Broad-tipped felt marker, craypa, and crayon on 9 x 12 in. drawing paper. In this projective drawing Tanya saw, “a man and three girls on a water slide.”
Figure 6. Session 1: Drawing 6 of 6 in the 6-Part Art Therapy Assessment. “Free Drawing.” Broad-tipped felt marker and craypa on 9 x 12 in. white drawing paper. Tanya said this was, “a red meteor that comes out of the sky and burns and destroys everything.”
Figure 7. Session 2: Free drawing about Tanya’s week. Pencil and thin-tipped felt marker on 9 x 12 in. drawing paper. This is a drawing about her sister leaving to have a sleep over during the weekend. Tanya depicted herself in the upper right hand corner frowning.
Figure 8. Session 2: “Introduce yourself using magazine images.” Magazine images and white glue on 12 x 18 in. drawing paper.
Figure 9. Session 3: Free Drawing about Tanya’s week. Broad-tipped felt marker on 9 x 12 in. drawing paper. This is a picture of Tanya playing basketball outside with her princess crown on.
Figure 10. Session 4: Creating a place for the butterflies and caterpillars to live. Mixed media
Figure 11. Session 3 and Session 4: Butterflies and caterpillars created in response to a story. Mixed media. All contents depicted were placed into a cylindrical container by the client at the end of the session. The colored pom-poms represented “food, water and milk.” The poly-fill was added to keep them “safe and warm.”
Figure 12. Session 4: Free drawing about Tanya’s week. Broad-tipped felt marker on 9 x 12 in. drawing paper. This is a picture of Tanya “playing outside and singing with the flowers.”
Figure 13. Free drawing about Tanya’s week. Pencil and broad-tipped felt marker on 9 x 12 in. drawing paper. This is a picture of Tanya “playing jump rope with her sister and brothers.”
Figure 14. Session 5: Superheros from Tanya’s cartoon about Super Woman. From left to right: Plankton, Lord Liquid, and Super Woman.
Figure 15. Session 6: Tanya’s drawing about her week. Broad-tipped felt markers and pencil on 9 x 12 in. drawing paper. This is a picture of her packing her things to stay with her Grandmother. She is “sitting on her treasure box so no one can see what is inside.”
Figure 16. Session 6: Inside/Outside box. Side one. Mixed media.
Figure 17. Session 6: Inside/Outside box. Side two. Mixed media
Figure 18. Session 6: Inside/Outside box. Side three. Mixed media.
Figure 19. Session 6: Inside/Outside box. Side four and bottom. Mixed media.
Figure 20. Session 6: Inside/Outside box. Inside view. Mixed Media.
Figure 21. Session 7: Tanya’s drawing of a monster. Broad-tipped felt markers and pencil on 9 x 12 in. drawing paper. This is a picture of Tanya dressed up as Freddy Kruger. She also expressed a fear that her father was going to find her and hurt her.
Figure 22. Session 7: Hand tracing of a hand waving goodbye. Broad-tipped marker and stickers on 9 x 12 in. drawing paper.
Figure 23. Session 7: Art therapist’s hand tracing of a hand waving goodbye. Broad-tipped felt marker and stickers on 9 x 12 in. drawing paper.
Figure 24. Session 8: Hello/Goodbye drawing. Broad-tipped felt markers on 12 x 18 in. drawing paper. The drawing was suggested to depict when Tanya and the art therapist first met, as well as a picture of saying goodbye. However, Tanya chose to depict herself and the art therapist “running into each other at church at Christmas” (on the left), and “as fancy dragons” (on the right).
### Subject 1: Analysis of Formal Qualities of the Artwork

#### Table 3
Analysis of the Formal Qualities of Tanya’s Artwork

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<tr>
<th>Artwork</th>
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<th>Line Quality indicating mood and coping capacity</th>
<th>Use of Space suggesting mood and capacity for containment</th>
<th>Themes present in artwork and discussion</th>
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<td>Constricted to top of the page, off the page</td>
<td>Sadness, Disappointment, Escapism</td>
<td>Isolation, Undoing</td>
</tr>
<tr>
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<td>Full, off the page</td>
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<td>Full, off the page</td>
<td>Family, Escapism</td>
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<td>Pink, Black, Brown, Green</td>
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<td>Family, Relationships, Competition</td>
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<td>Danger, Anger, Self-destruction</td>
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<td>Pressured</td>
<td>Constricted to top of page</td>
<td>Family, Relationships, Sadness, Loneliness</td>
<td>Compartmentalization, Undoing, Isolation of affect</td>
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<td>Safety, Danger</td>
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<td>N/A</td>
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<td>Broken, Anxious, Impulsive</td>
<td>Full, off the page</td>
<td>Family, Belonging, Trust</td>
<td>Compartmentalization, Undoing, Incorporation</td>
</tr>
<tr>
<td>Figure 16</td>
<td>N/A</td>
<td>N/A</td>
<td>Full</td>
<td>Physical Beauty, Strength</td>
<td>N/A</td>
</tr>
<tr>
<td>Figure 17</td>
<td>N/A</td>
<td>N/A</td>
<td>Full, off the page</td>
<td>Family, Relationships</td>
<td>N/A</td>
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<tr>
<td>Figure 18</td>
<td>N/A</td>
<td>N/A</td>
<td>Centered</td>
<td>Family, Relationships, Danger, Trust</td>
<td>N/A</td>
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<tr>
<td>Figure 19</td>
<td>N/A</td>
<td>N/A</td>
<td>Full, off the page</td>
<td>Strength, Trust, Disappointment, Relationships</td>
<td>N/A</td>
</tr>
<tr>
<td>Figure 20</td>
<td>N/A</td>
<td>N/A</td>
<td>Minimal</td>
<td>Dependency, Fear, Humor, Anxiety</td>
<td>N/A</td>
</tr>
<tr>
<td>Figure 21</td>
<td>Red, Brown, Pink</td>
<td>Broken, Anxious, Agitated</td>
<td>Full, off the page</td>
<td>Fear, Anxiety, Aggression, Vulnerability</td>
<td>Incorporation, Undoing, Intellectualization</td>
</tr>
<tr>
<td>Figure 22</td>
<td>Full Range</td>
<td>Pressured</td>
<td>Full</td>
<td>Separation, Relationships, Fantasy</td>
<td>Regression, Incorporation</td>
</tr>
<tr>
<td>Figure 23</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Figure 24</td>
<td>Black, Red, Pink, Purple</td>
<td>Agitated, Pressured, Anxious, Impulsive</td>
<td>Full</td>
<td>Separation, Relationships, Fantasy</td>
<td>Regression, Undoing</td>
</tr>
</tbody>
</table>
Subject 2: Case History

Terrell, was a well dressed and groomed nine-year-old African American male with a reserved disposition who liked playing basket ball and video games. At the time of this study Terrell had been receiving kinship treatment foster care services through the designated foster care agency for two and a half years prior to his enrollment in this study. The following information was gathered from his case file, case worker, and legal guardian. According to documents in his file, Terrell’s biological mother suffered from “chronic and severe mental health issues and substance abuse issues.” Terrell was allegedly exposed to drugs and alcohol in utero and was born three to four weeks premature. Terrell was the oldest of three boys. He and his middle brother shared the same father, who died shortly after the brother’s birth. It is unknown what sort of relationship Terrell had with his father. Terrell’s youngest brother was the offspring of the Mother and her live-in boyfriend. Terrell and the family lived with his maternal Grandmother until he was five, at which time he and his brothers moved in with his Mother and her boyfriend. According to the maternal Grandmother the children were probably exposed to domestic violence, abuse and drug use. When social service agencies were alerted and the children removed from the Mother’s custody, the maternal Grandmother became the legal guardian for the children. She stated that when they came back into her care, “they were like different kids, like wild animals.” Very little is known about what Terrell and his siblings experienced during the two years that they were in his Mother’s care.

Terrell was diagnosed with the following: ADHD, combined type, Adjustment Disorder with mixed anxiety and depressed mood, and Oppositional Defiant Disorder.
He was prescribed Adderall and Seroquel to pharmacologically treat his hyperactivity and aggression. Terrell appeared to be a “parentified” child, assuming responsibility for his younger brothers and using force to attempt to “keep them in line.” Terrell and his brothers received wraparound in-home therapy services each week in order to address their behavioral and emotional needs.

Terrell reportedly had academic difficulties in school and repeated first grade. He had a Therapeutic Staff Support (TSS) worker assigned at school to help keep him focused and on task. His dental needs were neglected as a young child and as a result he had several rotted teeth, which required oral surgery. Additionally, Terrell spoke with a lisp and stammer and received speech therapy in order to correct his articulation problems. He was often teased by classmates and the other kids in his neighborhood. He had a history of initiating fights and bullying. According to his Grandmother, some days were really good, but the bad days were awful. At times Terrell was defiant, argumentative, stubborn and demanding. His Grandmother consented to his participation in this study because she felt that he was “nine going on 90” and that he needed to have some individual attention and a space “to be a kid again.”

**Subject 2: Piers Harris 2 Test Results**

The Piers-Harris 2 was administered in the first session. The art therapist read the directions to Terrell and asked him to repeat them. He read the first question aloud, stuttering as he read, and asking what the word “classmates” meant. Given his documented reading difficulties noted in his case file the art therapist decided to read the questions aloud to Terrell from a separate form, pausing briefly for him to circle his
answer. This allowed Terrell to easily ask questions if he did not understand a question. This deviates from the administration procedure outlined in the Piers-Harris 2 manual.

Table 4 depicts the results of Terrell’s Piers-Harris 2 pre-test measure of self concept across the following domains: Total Score (TOT), Behavioral Adjustment (BEH), Intellectual and School Status (INT), Physical Appearance and Attributes (PHY), Freedom from Anxiety (FRE), Popularity (POP), and Happiness and Satisfaction (HAP). The Raw Scores represent Terrell’s raw test results across the above mentioned domains. The T-Scores represent Terrell’s raw test results in comparison to the normative sample. The Percentile Score represents the percentage of individuals in the normative sample who scored lower than Terrell. These percentages are presented in ranges which correspond to an interpretive label. The interpretive label expresses the relative elevation of scores in comparison to the standardization sample mean. Therefore, Terrell’s total self concept raw score of 40 indicates that only 15-28% of individuals in the standardization sample scored lower than him on the Piers-Harris 2. The greater an individual’s Raw Score and corresponding T-Score, the more positive that individual’s self concept is assumed to be.

Table 4
Terrell’s Piers-Harris 2 Pre-Test Results

<table>
<thead>
<tr>
<th>Self-Concept Scale</th>
<th>Raw Score</th>
<th>T-Score</th>
<th>Percentile Range</th>
<th>Interpretive Label</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOT</td>
<td>40</td>
<td>44</td>
<td>15-28</td>
<td>Low Average</td>
</tr>
<tr>
<td>BEH</td>
<td>11</td>
<td>46</td>
<td>29-71</td>
<td>Average</td>
</tr>
<tr>
<td>INT</td>
<td>12</td>
<td>48</td>
<td>29-71</td>
<td>Average</td>
</tr>
<tr>
<td>PHY</td>
<td>9</td>
<td>52</td>
<td>29-71</td>
<td>Average</td>
</tr>
<tr>
<td>FRE</td>
<td>8</td>
<td>43</td>
<td>15-28</td>
<td>Low Average</td>
</tr>
<tr>
<td>POP</td>
<td>5</td>
<td>39</td>
<td>3-14</td>
<td>Low</td>
</tr>
<tr>
<td>HAP</td>
<td>9</td>
<td>51</td>
<td>29-71</td>
<td>Average</td>
</tr>
</tbody>
</table>
At the end of the last session the Piers-Harris 2 was administered again. Table 5 lists the results of Terrell’s post-test measure of self concept. His total self concept appears to have increased, as did his self concept across the following domains: Intellectual and School Status, Physical Appearance and Attributes, Freedom from Anxiety, and Popularity. There was no change in the results across Behavioral Adjustment or Happiness and Satisfaction.

<table>
<thead>
<tr>
<th>Self-Concept Scale</th>
<th>Raw Score</th>
<th>T-Score</th>
<th>Percentile Range</th>
<th>Interpretive Label</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOT</td>
<td>48</td>
<td>51</td>
<td>29-71</td>
<td>Average</td>
</tr>
<tr>
<td>BEH</td>
<td>11</td>
<td>46</td>
<td>29-71</td>
<td>Average</td>
</tr>
<tr>
<td>INT</td>
<td>14</td>
<td>54</td>
<td>29-71</td>
<td>Average</td>
</tr>
<tr>
<td>PHY</td>
<td>10</td>
<td>58</td>
<td>≥72</td>
<td>Above Average</td>
</tr>
<tr>
<td>FRE</td>
<td>11</td>
<td>51</td>
<td>29-71</td>
<td>Average</td>
</tr>
<tr>
<td>POP</td>
<td>10</td>
<td>54</td>
<td>29-71</td>
<td>Average</td>
</tr>
<tr>
<td>HAP</td>
<td>9</td>
<td>51</td>
<td>29-71</td>
<td>Average</td>
</tr>
</tbody>
</table>

The validity scores of Terrell’s Piers-Harris 2 pre- and post-test measures of self concept, including Response Bias and Random Responding, were within the appropriate ranges indicating that the results of this measure were valid. The possibility of exaggeration was considered and ruled out.

The following diagram (figure 1) graphically depicts a comparison of Terrell’s Piers-Harris 2 pre- and post-test results.
Subject 2: Piers-Harris 2 Pre and Post-Test Results

![Bar chart showing T-Score results from Terrell’s Piers-Harris 2 pre- and post-test measures of self concept.](chart)

figure 1. Comparison of the T-Score results from Terrell’s Piers-Harris 2 pre- and post-test measures of self concept.

Subject 2: Individual Art Therapy Session Notes

Week 1: Session 1

Reason for referral: Terrell was referred for this study by his caseworker and Grandmother. Both individuals believed that given his interest in drawing, and his expressive difficulties that he may benefit from a therapeutic experience less reliant upon verbal communication. His Grandmother expressed a personal worry that he was “sad and quiet lately,” and that he needed some time “to let loose, have fun, and be a kid again.”

Process: Terrell was transported to the designated agency by the agency driver. He appeared more concerned with scanning his surroundings than with greeting the art therapist. He walked over to his case worker and gave her a hug. She escorted him up to the art therapy room along with the art therapist. The art therapist asked her to remain in the room for a bit, as Terrell seemed anxious and uncomfortable. The art therapist
reviewed the assent form with Terrell and he signed. The case worker asked Terrell if he felt comfortable enough for her to leave the room and he nodded yes. The art therapist then briefly described what would take place during this time every week, and presented Terrell with the Piers-Harris 2 questionnaire. When Terrell was finished he was asked to complete a 6-Part art therapy assessment. By the time the session was over he seemed to be much less anxious and smiled when the art therapist said she would see him next week at the same time.

Assessment: Terrell completed all six drawings in the 6-Part art therapy assessment. For the first and last drawings, both free drawings, he drew superhero characters (Figure 25, pg.128 and Figure 30, pg.133). The second drawing was a self portrait (Figure 26, pg. 129), and the third drawing was of a “nice person” (Figure 27, pg. 130). The fourth drawing was a picture of him and his family (Figure 28, pg. 131), and the fifth drawing, a Dot-to-Dot projective drawing, was a picture of a train (Figure 29, pg. 132). In all of the drawings except the family drawing he used the upper portion of the page. The figures are all depicted isolated with a lack of environment. This may perhaps suggest a lack of grounding and connection with reality and his surroundings. The isolation of the figures may be a reflection of his feelings of isolation, or his need for isolation as a means of coping with anxiety. The line quality in many of the drawings is sketchy or shaky, which may further suggest anxiety or nervousness. His drawings appear to be schematic, but slightly regressed for his age, which supports existing documentation of his intellectual and emotional difficulties. He seemed to be preoccupied with appearing strong and in control, as evidenced by his free drawings of superheroes. His use of media and color appeared fixed and rigid. He deviated from the use of pencil and colored pencil only
when prompted, and continued to use a fixed color scheme of red, black, blue and green.

In the family drawing (Figure 28, p. 131) he seemed very concerned with size relationships among him and his brothers, however he depicted himself as the same size as his Grandmother. He drew his brothers closest to him and they all look the same (except for size). This appears to support observations made by his case worker and Grandmother of his “parentified” behavior and feelings of responsibility for his siblings.

Treatment Plan:

- Provide Terrell with a means to express difficult and troubling emotions through creative art activities.
- Provide him with an arena to develop a more positive, integrated and grounded self concept.
- Support his apparent need for structure and control, while encouraging ability to work with less structured materials in order to develop frustration tolerance, problem solving and coping skills.
- Encourage the development of a trusting therapeutic relationship between client and therapist.

Week 2: Session 2

Directive: The art therapist provided Terrell with two 12 x 18 in. sheets of drawing paper. On each was a large rectangular area outlined for drawing a picture and lines at the bottom for writing a description of the drawing. One sheet of paper was labeled “Superhero” and the other was labeled “Villain.” The art therapist asked Terrell to invent a Superhero and a Villain, and to draw pictures of them. The art therapist asked him to think of strengths and weaknesses for each character.
Process: Terrell had a variety of materials available, but chose to use a pencil and colored pencils. He worked in silence and appeared to be concentrating very hard on drawing. When he was finished the first drawing he showed it to the art therapist, who then asked about the picture. Terrell said “this is Quick Guy and Brain Man.” He stammered as he explained that Quick Guy had the power of speed and Brain Man had the power of mind control. Quick Guy was so fast he could run through walls and left a trail of fire behind him. Brain Man had the ability to make kids in the school yard give each other wedgies. Terrell chuckled as he said this, and seemed to be enjoying himself. The art therapist asked about the villain. Terrell said the villain was called the Evil Manager. He stole a ruby and used it in his ruby ray gun to shoot kids and turn them into mini adults. The art therapist laughed and said this was a clever story. Terrell smiled. He drew a picture of the Evil Manager and his ruby ray gun in silence. When he was finished drawing he wrote short sentences to reiterate the story he had just told, asking the art therapist how to spell several words.

Analysis of the Artwork: (In a later session Terrell used the two drawings he made during this session as pages in a comic book. Therefore the images are presented in their modified form. Both pictures were cut out from the 12 x 18 in. paper to approximately a 9 x 12 in. size (Figure 33, p. 136 and Figure 36, p. 139). Modifications to the drawing included the addition of the title of the comic book and a by line to Figure 33 and an additional person to Figure 36). Terrell continues to draw ungrounded, isolated figures, however in the first drawing (Figure 33, p. 136) this is the first appearance of two figures together, suggesting a relationship. Perhaps this is representational of the therapeutic relationship. The line quality again appears shaky or sketchy. The bodies appear to be
constructed from geometric shapes giving the figures a somewhat stiff and rigid appearance. The masks worn by the superheroes give the effect of black eyes (Figure 33, pg.136). Perhaps Terrell felt “beaten up” literally or metaphorically. Terrell’s drawing of the Evil Manager (Figure 36, p. 139) resembles his self portrait (Figure 26, p. 129) and the image he drew of himself in the KFD (Figure 28, p. 128) completed in the initial assessment. Perhaps he feels like the “evil manager” or boss of his siblings. The ray gun is drawn on a large scale so that it appears to be the same size as the figure. The gun could perhaps be representative of power and control, or since it appears to be “firing” it may be representative of a release of aggression and therefore may be a graphic representation of sublimation.

*Analysis of Behavior:* Terrell seemed shy and quiet at the beginning of the session. He remained seated the entire session. When he was able to talk about the artwork and use his imagination and sense of humor to tell a story about the drawings he seemed not only to be enjoying himself, but also seemed proud. The art therapist was patient and encouraging when Terrell had difficulty speaking and writing. Terrell was either talking or drawing, and seemed to find it difficult to draw and talk at the same time. If the art therapist asked him a question he would stop drawing. Verbal communication seems to require a lot of thought and focus for him.

*Treatment Plan:*

- Continue to support emotional expression with creative art activities
- Continue to work with Terrell’s need for control and desire for strength.
- Encourage story telling perhaps through the creation of a comic book.
Week 3: Missed Session

Terrell was out sick from school today and unable to attend art therapy. Due to his busy schedule an additional art therapy session was not able to be arranged.

Week 4: Session 3

Directive: No directive was given. The art therapist allowed Terrell to choose what he might like to work on during the session.

Process: Terrell chose to make a mask. The art therapist showed him how to mix a little bit of water with white glue and how to affix pieces of tissue paper to the mask using a paint brush and the glue mixture. Terrell ripped pieces of red tissue paper and pieces of black construction paper and put them into two neat piles in front of him. Before he started he said he was going to make the mask look like “Quick Guy,” a character he created in the previous session. Terrell was silent as he covered the mask with red tissue paper. While he worked the art therapist asked if in the next session he might like to start constructing a comic book about the characters he had invented. Given his difficulties writing the art therapist offered to be his “secretary” and said that she would write the story down and have it typed up for the next session for him to put in the comic book. Terrell stopped working on the mask and told the following story:

Once upon a time there were two twin brothers. They saw a shooting star and made a wish for super powers. The next morning the brothers woke up as Quick Guy and Brain Man. Brain Man used his power of mind control to make Quick Guy make the beds. With his power of super speed Brain Man made the Beds in the blink of an eye. Suddenly, they heard a noise out in the street. It was the Evil Manager and he was using his ruby ray gun to turn kids into mini adults. Quick
Guy and Brain Man got the ruby ray gun from the Evil Manager using their super powers of speed and mind control, and they used it on him. He turned from an adult into a baby and never bothered anyone ever again. Quick Guy and Brain Man had saved the day!

When Terrell had finished telling the story he continued to complete the mask (Figure 31, p. 134). When he was finished the art therapist asked what the inside of the mask might look like if it were to show the boy’s face behind the mask. Terrell ripped black triangles of construction paper “for his hair,” and using a black pen drew a nose, eye brows and a frown. When the art therapist asked why the boy was frowning Terrell said, “Because he has no friends.” He looked at the art therapist and quickly added that the boy had no friends because the Evil Manager had turned them all into mini adults. Before the art therapist could explore this further Terrell changed the subject and asked if he could work on the cover for the comic book with the remaining time. He walked over to the wall where the drawings from the second session were hanging and took down the picture of Quick Guy and Brain Man (Figure 33, p. 136). He brought it back to the table and took a pair of scissors sitting out for cutting tissue paper and cut the picture out saying that he was just going to “make this into the cover.”

**Analysis of Artwork:** Terrell choose to work with a different, less structured medium this session. He worked on the mask in sections, completing all the work with the red tissue paper first, then adding the black and then adding one additional red piece. He left the nose and mouth of the mask open because he said, “he needs to be able to breathe and talk.” Terrell could have been communicating his own needs with this statement. The colors black and red have appeared in every piece of his artwork to this point. The boy
behind the mask may be representative of Terrell and his own feelings. When he said that the boy was frowning because he had no friends it seemed to the art therapist that Terrell was talking about himself. He seemed to feel the need to undo this unconscious self-statement with humor, and then with a display of his power and control.

Analysis of Behavior: Terrell seemed much more comfortable in his surroundings during this session. He moved around the art room more than in previous sessions. He was able to make an autonomous decision of what to work on. During the first half of the session he seemed to be cheerful and in a pleasant mood, however after he made the statement about the boy having no friends his mood seemed to change. His behavior of cutting up an art piece seemed to be a non-verbal statement to the art therapist. It almost seemed as if he wanted to see if she would stop him from cutting the artwork. However, he appeared to use this activity constructively and was able to recover composure in order to leave the session in the manner in which he entered.

Treatment Plan:

- Continue to support emotional expression through creative art activities.
- Continue work on the comic book in the next session.
- Continue to support autonomous decisions, media exploration, problem solving and frustration tolerance in hopes of building coping skills and boosting self esteem.

Week 5: Session 4

Directive: The art therapist provided Terrell with the story he told in the previous session typed and cut into sections for him to glue onto the pages of the comic book. The art
therapist instructed him to read each section and then make a drawing to illustrate each piece of the story.

*Process:* Terrell asked for a glue stick and glued each piece of narration on a different sheet of paper in different places on each page. Some were towards the top and some were towards the bottom. He worked in almost complete silence. The only time he spoke was to read each section of the story aloud, after which he would pause to think, and then begin drawing. He seemed to devote a great deal of thought and attention to each picture, sketching and erasing and then redrawing elements. He cut the second drawing from Session 2 to the same size as the other pieces of paper and added a figure to the picture. He eagerly showed the art therapist each picture after it was completed with a big smile. He finished the last picture with seconds to spare and agreed to finish the comic book in the next session.

*Analysis of the Artwork:* Terrell has returned to the use of more structured media. He seems to be most comfortable with pencil and colored pencil. All figures are ungrounded and appear to float on the page, although the graphic elements in the images created during this session (Figure 34, p. 137; Figure 35, p. 138; Figure 37, p. 140) are closer to the center or the bottom of the page. In all pictures (Figure 33-37, pp. 136-140) Terrell employs the defense of isolation of affect, coloring only certain elements of the picture and leaving the heads devoid of color. This may be a defense he uses often in order to exercise self control or to avoid experiencing psychic discomfort. In Figure 35 (p. 138) Terrell depicts plan and elevation simultaneously, a characteristic of artwork by children drawing at a Schematic level. This provides further evidence to support the claim that Terrell is drawing at a Schematic level.
**Analysis of Behavior:** Terrell seemed very calm today. He remained seated the entire session, and seemed to be deep in thought while he was drawing. He spoke very little and engaged in less conversation with the art therapist than in previous sessions. Terrell seemed to have a great deal of difficulty when reading the pieces of story aloud. He stuttered and stammered, however it seemed to bother him less than in previous sessions and he took his time reading each section. He didn’t ask for any help, and he seemed very determined to finish the comic book in one session. Terrell seemed proud of his accomplishments. He showed the art therapist each picture after it was completed and left the art room with a smile on his face.

**Treatment Plan:**

- Continue to support emotional expression with creative art activities.
- Complete the comic book in the next session.
- Continue to support autonomous decisions, media exploration, problem solving and frustration tolerance in hopes of building coping skills and boosting self esteem.

**Week 6: Session 5**

**Directive:** The art therapist showed Terrell how to stitch the comic book together with yarn. When he was finished the art therapist asked him what he might like to work on for the remainder of the session. He chose to work with Model Magic clay. The art therapist showed him how he could mix colors together to create new colors.

**Process:** Terrell seemed like a different kid today. He came into the agency with a smile on his face and wanted to say hi to all of the staff members he knew on his way to the art room. Once in the art room Terrell asked if he was going to finish his comic book today.
He chose red yarn to stitch the comic book together. When he completed the project he seemed excited. He asked if he could show it to his case worker before he left. Terrell and the art therapist both agreed that she would be very impressed. The art therapist asked Terrell what he might like to work on for the rest of the session. He asked if there was any clay. The art therapist gave him packets of red, white, yellow, and blue Model Magic clay. The art therapist showed him how he could mix pieces of clay together to make new colors. Terrell made a “family of marbles” (Figure 38, p. 141) and gave each marble a name. He remarked that he had made three red and blue swirled balls that were alike “like me and my brothers,” and named these marbles after himself and his siblings. This prompted a discussion of Terrell’s brothers. He said that he did not get along with the middle brother, and that there was “something wrong with his head.” (The case worker later confirmed that Terrell’s brother was mildly mentally retarded and was exposed to crack cocaine in utero.) Terrell said that his youngest brother was always touching his stuff. He said that sometimes he liked his brothers, but that most of the time they caused a lot of problems. When Terrell said he was finished working with the clay there was still time left in the session and the art therapist asked what they should do during the remaining time. Terrell devised a game for them to play using the marbles he had made and the art table. He used containers of art materials (markers and colored pencils) to divide the table into sections. There were four sections each worth a different amount of points (5, 10, 20 and 50). He took an empty coffee can from the shelf and placed the marbles inside, shook it, and then released them onto the table. Where each marble landed determined the amount of points you would get. He asked the art therapist to be the point calculator, wrote down his results, placed the marbles back into the can.
and told the art therapist it was her turn. When a marble fell off the table Terrell decided
that the person who rolled it should lose 20 points. The game was over after three
rounds. Terrell won. As they were cleaning up he found a kaleidoscope on the shelf and
asked if he could make one in the next session.

*Analysis of the Artwork:* Terrell chose a less structured media to work with during this
session. It seems that when he works with looser media he is less defended. In the
previous sessions when he has worked with pencil and colored pencil he seems reluctant
to talk, or to discuss the drawings and his experiences. The comic book seemed to
represent a real accomplishment for him, and he appeared very eager to show it to his
case worker and family. The work with the clay allowed Terrell to express some
negative feelings that he had about his brothers. His action of then using the marbles in
the game may have been a sublimated way of him expressing aggression towards his
siblings. When one of the marbles he had designated as himself or his siblings fell off the
table or bumped into a container he would say “oops,” “ouch,” or “sorry” to the marble as
if it were that individual.

*Analysis of Behavior:* Terrell displayed some new and different behavior. Typically he
would enter the agency in what appeared to be an apathetic mood. Today he seemed
happy and energetic, and he initiated conversation with several agency employees whom
he has gotten to know over the past few years. It seems that when he is less anxious that
he is able to communicate verbally with less stuttering. He appeared more confident in
his abilities to socialize. His behavior in the art therapy session was very active. He was
moving around the room almost the entire session. He made autonomous decisions about
what material to work with and initiated a game of his own invention. He appears to be
thriving in an atmosphere where his input is valued and where he may feel supported and understood.

**Treatment Plan:**

- Continue to support emotional expression with creative art activities.
- Begin to process termination in the next session.
- Continue to support autonomous decisions, media exploration, problem solving and frustration tolerance in hopes of building coping skills and boosting self-esteem.

**Week 7: Session 6**

**Directive:** In the previous session Terrell had asked to make a kaleidoscope. The art therapist provided him with directions found on the internet, and the materials necessary to construct the kaleidoscope.

**Process:** The art therapist read the directions to Terrell one at a time. He followed each direction to put the kaleidoscope together. When he was finished he colored the outside of the kaleidoscope red and blue (Figure 39, p. 142). He asked the art therapist if he could make a necklace for his Grandmother using the beads that were out on the table (Figure 40, p. 143). The art therapist supplied him with cotton twine. He measured a piece and cut it off, then checked to see that it would be able to fit over a person’s head. The art therapist showed him how to tie a knot on the end so the beads wouldn’t fall off. He picked through the container of beads and made a pile of red and blue beads on the table. As he began to string the beads the art therapist mentioned that this was the second to last art therapy session. Terrell asked how many times he had come to make art, and said that he hadn’t realized there were only two sessions left. When the art therapist
asked how he felt about that he replied that he did not really care because when he came here he was not able to play outside after school. By this point he seemed to be struggling with stringing the beads because the end of the twine had frayed. He threw the necklace onto the table and sounded exasperated as he said, “this isn’t working!” He seemed to be on the verge of tears. The art therapist asked if there was any way to fix the problem. Terrell asked for some glue to “glue the strings together.” The art therapist supplied the glue and told Terrell that this was a good idea, but that the string would need to dry before he could put more beads on. As he sat waiting for the glue to dry Terrell looked around the room. He asked the art therapist if she remembered the game they played, and then asked her about Mother’s Day. He asked if she had any kids, and if she had gotten her mom anything for the holiday. The art therapist asked Terrell if he had gotten his Mother anything for Mother’s Day. He said that he doesn’t see her anymore, but that he had gotten his “Mom-Mom a nice card.” He was also going to give her the necklace. The art therapist asked how he felt about not seeing his Mom anymore. He shrugged his shoulders as he picked up the end of the string and remarked with surprise that the glue had hardened and was sharp like a needle. He seemed to want to change the subject so the art therapist did not pursue the conversation any further. Terrell strung the remainder of the beads in silence. When he was finished he asked the art therapist to tie the necklace together. He asked if she could fit it over her head. The art therapist put the necklace on and Terrell said, “You can keep it if you want.” The art therapist said that this was a nice gesture, and that it was a very pretty necklace, but that his Grandmother would probably love to have it. Terrell said “You’re right. Blue is her favorite color.” Terrell helped clean up and said goodbye to the art therapist.
*Analysis of the Artwork:* Terrell often chose the color scheme of black and red in previous sessions. In this session he used the colors red and blue, which were the colors he chose to represent his superheroes Quick Guy and Brain Man. Terrell may be experiencing an increase in self-esteem. He seems more confident in his ability to communicate. He seems to have taken pride in the art creations that he has made. Perhaps his choices of colors represent an adoption of positive characteristics from each of the superheroes he invented. It is also possible that the two characters may represent himself and the art therapist, and therefore the colors red and blue may also be symbolic of the therapeutic relationship.

*Analysis of Behavior:* Terrell seemed to be happy and calm during the first half of the session. When the topic of termination was discussed he seemed to become upset and frustrated, although it is possible that his difficulty with the art task may have also contributed to his behavior. It seemed that discussing the end of the therapeutic relationship may have caused him to think about his separation with his mother as he asked the art therapist questions about Mother’s Day. However, as in previous sessions, when the conversation seemed to turn to a topic that made him uncomfortable he would change the subject. In this instance he did so by continuing work on the necklace. His behavior of making the necklace as a gift for his Grandmother and then as a gift for the art therapist seemed to be a non-verbal means of communication. The art therapist felt it was as if he was non-verbally trying to communicate that his relationship with his Grandmother and also with the art therapist were meaningful to him and the necklace represented a token of his appreciation.
Treatment Plan:

- Continue to support emotional expression with creative art activities.
- Process termination in the last session.
- Review artwork with client and discuss any changes that may have taken place or treatment goals that may have been met.

Week 8: Missed Session

The art therapist received a phone call from Terrell’s Grandmother on the day of his last scheduled art therapy session. Terrell had gotten into a fight at school and was being suspended. He would be staying at her sister’s house for the rest of the day and would not be able to attend art therapy. The art therapist made arrangements to see Terrell later that week.

Week 8: Session 7

Directive: Terrell was asked to design an obstacle course. When he was finished he wanted to show the art therapist how to make fortune tellers, and created a variety of folded paper objects. At the close of the session he was asked to draw a picture of two people saying goodbye. He took the Piers-Harris 2 at the end of the session.

Process: Terrell seemed very withdrawn when entered the agency for the final art therapy session. When in the art room he said, “I thought this was the last time we were meeting.” The art therapist confirmed that this was the last session, and asked how Terrell felt about that. He was not making eye contact and had his elbow on the table with his head in his hand. He started to cry as he stammered that he was glad because he had to miss playing on an obstacle course to come that day. The art therapist, sensing that his tears had more to do with terminating therapy, wanted to encourage Terrell to
make art work hoping that it would give him the opportunity to express what was
upsetting him. The art therapist said that she was sorry he had to miss playing on the
obstacle course, but that maybe he would like to design an obstacle course. Terrell
lightly drew an obstacle course on a sheet of paper with pencil (Figure 41, p. 144). He
said you have to climb the steps, cross the monkey bars, and then slide down the slide.
As he spoke he added two flags. When he was finished he seemed better composed and
asked the art therapist if he could show her how to make fortune tellers. He made a fold
and then waited for the art therapist to follow his lead. He wrote colors on the outside,
and numbers on the inside of the fortune teller (Figure 42, p. 145). He and the art
therapist then played a fortune telling game, making up fortunes for one another. His
fortunes for the art therapist were: “you will turn into a dog” and “something good will
happen to you tomorrow.” The art therapist told him the following fortunes: “you will
play in the NBA” and “you will find something you have lost.” Terrell then made a
“popper” which was a piece of paper folded so that when he held it and swept it quickly
in a down ward motion it made a loud popping noise. The art therapist then showed
Terrell how to make a paper frog. While they were folding paper the art therapist said
that she had heard that Terrell had a rough week. He told the art therapist about getting
into a fight, getting teased by some girls in his class, and missing a class field trip to go
see a play production of “Alice in Wonderland.” At one point he said to the art therapist,
“maybe I should come here more often.” The art therapist explained the circumstances
and why she would no longer be working at the agency. When Terrell was finished
making paper objects the art therapist asked him to draw a picture of two people saying
goodbye (Figure 43, p. 146). Terrell said that it was a picture of himself and the art
therapist saying goodbye. He drew himself “with a tear” because he was sad, and he wanted the art therapist “to be his art teacher.” He asked if he would ever see the art therapist again. When the art therapist said that she hoped so, he agreed and said “I hope I run into you on the street someday.” The art therapist presented Terrell with the Piers-Harris 2 and read the directions to him. The art therapist read each question to Terrell, pausing for him to answer each question. Terrell took his artwork home with him and left the session in what appeared to be a pleasant mood. Before he left with his case worker he ran over to the art therapist and gave her a hug goodbye.

Analysis of the Artwork: The art therapist was able to meet Terrell where he was at using the artwork. When he was initially upset, drawing the obstacle course seemed to allow him the chance to gain composure in order to express what was really upsetting him. In the obstacle course drawing (Figure 41, p. 144) the two sides appear to be connected by a bridge. Terrell further emphasized the ends with two flags. On one side is a slide, precariously held up by a thin support. On the other side is a solid, rigid looking set of steps. Perhaps this represents polarities of Terrell’s personality. He is either rough, tough, and rigid or less rigid and sharp, but barely able to support himself. The activity of folding paper objects seemed to have a reorganizing and containing effect for Terrell. The fact that Terrell chose to make “fortune tellers” may represent his desire to know what to expect in the future, or a difficulty coping with uncertainty.

In his drawing of two people saying goodbye (Figure 43, p. 146) the doors are grounded, however the people are not. The door behind Terrell is fixed to the edges of the page perhaps suggesting some aspects of dependency; however, the boundaries of the door behind the art therapist are not fixed to the edge of the page. The hands of the
figures look claw like, and unlike hands drawn by Terrell in previous drawings. This could indicate that he was trying to place emphasis on the hands. The figure of the art therapist is smiling and looks as if she is waving goodbye. The figure of Terrell is frowning and crying and appears to be reaching out instead of waving goodbye.

Terrell drew his self portrait differently than in previous sessions. He drew himself with a hair style that looks similar to that of the superheroes he drew in previous sessions. This could perhaps indicate that he no longer sees himself as a mean guy, but a guy with strengths and abilities. This could also indicate that saying goodbye is difficult for Terrell and he felt he needed some “super powers” to cope. Additionally, the position of the figures is reminiscent of the positioning of the figures in an image from the comic book Terrell created in a previous session where two boys are depicted reaching for a shooting star (Figure 34, p. 137).

*Analysis of Behavior:* Terrell was able to express genuine emotion during this session. His tears seemed to be less about not being able to play on an obstacle course and more about ending art therapy, as the art therapist suspected, and Terrell was able to communicate through the artwork. By the end of the session he seemed to have regained composure. He seemed energetic while creating the paper objects and afterwards appeared calmer and more collected that at the beginning of the session. It seems that the artwork facilitated his emotional expression, which may not have happened without the appropriate support and encouragement.
Treatment Plan:

- Discuss with case worker the possibility of arranging further creative arts therapy treatment for Terrell as he seemed to enjoy it and benefit from the creative self expression.
Figure 25. Session 1: Drawing 1 of 6 in the 6-Part assessment. “Free Drawing.” Pencil and colored pencil on 9 x 12 in. drawing paper. This is a drawing of “Superman’s pet dog.”
Figure 26. Session 1: Drawing 2 of 6 in the 6-Part Art Therapy Assessment. “Draw a person.” Pencil and colored pencil on 9 x 12 in. drawing paper. Terrell said, “This is me.”
Figure 27. Session 1: Drawing 3 of 6 in the 6-Part Art Therapy Assessment. “Draw the opposite.” Pencil and colored pencil on 9 x 12 in. drawing paper. This is “a nice person.”
Figure 28. Session 1: Drawing 4 of 6 in the 6-Part Art Therapy Assessment. “Draw a picture of you and your family doing something in a place.” Colored pencil on 9 x 12 in. drawing paper. This is a picture of Terrell and his brothers with their Grandmother going to church.
Figure 29. Session 1: Drawing 5 of 6 in the 6-Part Art Therapy Assessment. “Dot-to-Dot.” Marker and craypa on 9 x 12 in. drawing paper. This is a picture of a “train on its way to New York City.”
Figure 30. Session 1: Drawing 6 of 6 in the 6-Part Art Therapy Assessment. “Free Drawing.” Pencil and colored pencil on 9 x 12 in. drawing paper. This is a picture of “Super Man flying off to save someone.”
Figure 31. Session 3: Superhero Mask. Styrofoam mask, construction paper, tissue paper, and glue. This is “Quick Guy,” a fictional superhero Terrell invented.
Figure 32. Session 3: Interior of the superhero mask. Styrofoam, pen, construction paper and glue. On the inside Quick Guy “is sad because his friends have been captured by the Evil Manager, but you can’t tell because he is a tough guy.”
Figure 33. Session 2 and Session 4: Comic Book cover page. Pencil and colored pencil on 9 x 12 in. drawing paper.
Figure 34. Session 4: Comic Book. Pencil and colored pencil on 9 x 12 in. drawing paper.

Once upon a time there were two twin brothers. They saw a shooting star and made a wish for super powers.
The next morning the brothers woke up as Quick Guy and Brain Man. Brain Man used his mind control power to make Quick Guy make the beds. With his power of super speed Quick Guy made the beds in the blink of an eye.
Figure 36. Session 2 and 4: Comic Book. Pencil and colored pencil on 9 x 12 in. drawing paper.

Suddenly, they heard a noise out in the street. It was the Evil Manager and he was using his ruby ray gun to turn kids into mini adults.
Figure 37. Session 4: Comic Book. Pencil and colored pencil on 9 x 12 in. drawing paper, hole-punched and attached with red yarn at the beginning of Session 5.
Figure 38. Session 5: Marbles. Model Magic clay blended together and rolled into balls which were then used to play a points-based game Terrell invented. The art room table was divided into different sections of varying point values. The goal was to get the most number of points by rolling all the balls across the table at the same time and adding up the value of points for each area where they landed.
Figure 39. Session 6: Kaleidoscope. Mixed media
Figure 40. Session 6: The necklace Terrell made for his Grandmother. Plastic beads on cotton twine. He was able to work through his initial difficulty stringing the beads on and came up with a creative solution to the problem.
Figure 41. Session 7: Terrell’s design for an obstacle course. Pencil on 9 x 12 in. drawing paper.
Figure 42. Session 7: Various paper objects: two fortune tellers created by Terrell as he showed the art therapist how to make one, an origami frog, and a “popper” which when folded and whipped in a downward motion makes a loud “popping” noise.
Figure 43. Session 7: Terrell’s drawing of two people saying goodbye. Pencil on 9 x 12 in. drawing paper. This is a picture of Terrell and the art therapist saying goodbye. He said that he drew himself with a tear because he is sad and wanted the art therapist to be his “art teacher.”
Subject 2: Analysis of Qualities of the Artwork

Table 7
Analysis of the Formal Qualities of Terrell’s Artwork

<table>
<thead>
<tr>
<th>Artwork</th>
<th>Use of Color present in the artwork</th>
<th>Line Quality indicating mood and coping capacity</th>
<th>Use of Space suggesting degree of openness and capacity for containment</th>
<th>Themes present in artwork and discussion</th>
<th>Defense Mechanisms present in the artwork</th>
</tr>
</thead>
<tbody>
<tr>
<td>Figure 1</td>
<td>Red, Green, Black</td>
<td>Sketchy, Light</td>
<td>Minimal, Isolated, Constricted to top of page</td>
<td>Strength, Power, Companionship</td>
<td>Isolation, Isolation of affect, Avoidance</td>
</tr>
<tr>
<td>Figure 2</td>
<td>Red, Black</td>
<td>Sketchy, Rigid, Pressured</td>
<td>Minimal, Isolated, Constricted to top of page</td>
<td>Strength, Aggression, Relationships</td>
<td>Isolation, Identification with the Aggressor</td>
</tr>
<tr>
<td>Figure 3</td>
<td>Red, Black</td>
<td>Sketchy, Rigid, Pressured</td>
<td>Minimal, Isolated, Constricted to top of page</td>
<td>Relationships, Anxiety, Punishment</td>
<td>Isolation</td>
</tr>
<tr>
<td>Figure 4</td>
<td>Red, Black, Yellow</td>
<td>Sketchy, Light</td>
<td>Full, figures floating</td>
<td>Family, Spirituality</td>
<td>Isolation of Affect, Regression</td>
</tr>
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<td>Figure 5</td>
<td>Red, Black, Green, Blue</td>
<td>Pressured</td>
<td>Isolated, top of page</td>
<td>Movement, Change</td>
<td>Isolation</td>
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<td>Figure 6</td>
<td>Red, Blue, Yellow</td>
<td>Sketchy, Light</td>
<td>Minimal, Isolated, Constricted to top of page</td>
<td>Strength, Power</td>
<td>Isolation, Identification</td>
</tr>
<tr>
<td>Figure 7</td>
<td>Red, Black</td>
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<td>N/A</td>
<td>Strength, Power</td>
<td>N/A</td>
</tr>
<tr>
<td>Figure 8</td>
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<td>Pressured</td>
<td>N/A</td>
<td>Sadness, Relationships</td>
<td>N/A</td>
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<tr>
<td>Figure 9</td>
<td>Red, Black, Yellow, Blue</td>
<td>Sketchy, Light</td>
<td>Constricted to top of page</td>
<td>Strength, Power, Relationships</td>
<td>Isolation of Affect, Identification</td>
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<tr>
<td>Figure 10</td>
<td>Red, Black, Green, Blue, Yellow</td>
<td>Sketchy, Light</td>
<td>Centered, mirrored composition, figures floating</td>
<td>Relationships, Desire for strength and power</td>
<td>Isolation of Affect</td>
</tr>
<tr>
<td>Figure 11</td>
<td>Red, Black, Green</td>
<td>Sketchy, Light</td>
<td>Constricted to bottom of page, mirrored composition</td>
<td>Control, Strength, Power</td>
<td>Isolation of Affect</td>
</tr>
<tr>
<td>Figure 12</td>
<td>Black</td>
<td>Sketchy, Light</td>
<td>Centered, figures floating</td>
<td>Punishment, Power, Control, Strength, Aggression, Danger</td>
<td>Isolation of Affect, Identification with the Aggressor</td>
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<td>Figure 13</td>
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<td>Sketchy, Pressured</td>
<td>Centered, figures floating</td>
<td>Punishment, Power, Control, Strength, Aggression</td>
<td>Isolation of Affect, Identification with the Aggressor</td>
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<td>Figure 14</td>
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<td>N/A</td>
<td>Family, Relationships, Aggression</td>
<td>N/A</td>
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<td>Figure 15</td>
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<td>Sketchy, Anxious</td>
<td>Full</td>
<td>Illusion, Change</td>
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<td>Figure 16</td>
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<td>Family, Mother, Relationships, Gifts</td>
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<td>Isolated, centered on the page</td>
<td>Challenges, Danger</td>
<td>Isolation, Intellectualization</td>
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<td>N/A</td>
<td>Anxiety, Unpredictability</td>
<td>N/A</td>
</tr>
<tr>
<td>Figure 19</td>
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<td>Sketchy, Pressured</td>
<td>Full, mirrored composition</td>
<td>Sadness, Relationships</td>
<td>Identification, Isolation</td>
</tr>
</tbody>
</table>
CHAPTER 5: DISCUSSION

The purpose of this study was to examine the effect of eight weeks of individual art therapy with two children in treatment foster care including an exploration of the effect of art therapy on self concept. The results of the study suggest that eight weeks of individual art therapy did have an effect on the self concept of both participants. According to the results of a pre-and post-test measure of self concept, using the Piers-Harris 2 Children’s Self-Concept Scale, one subject’s self concept worsened and the other subject’s self concept improved. Possible reasons for these results will be presented in the following section along with a discussion of the major findings, themes and outcomes for each subject. The implications of this research for clients and for the field of art therapy will be reviewed. A review of the clinical applications of this research and questions that surfaced will be discussed. The limitations of this study will be presented and implications for further research are reviewed.

Subject 1: Major Findings, Themes, and Outcomes

One of the major findings of this research was that the results of Tanya’s Piers-Harris 2 pre-test seemed to conflict with the results of her 6-Part art therapy assessment. According to the results of Tanya’s pre-test her self concept was “high” indicating that the way she felt and thought about herself was greater than 84-97% of the children in the standardization sample. This seemed like a contradictory phenomenon given the fact that her personal history included experiences which research linked to the development of a negative self concept. The results of Tanya’s 6-Part art therapy assessment suggested that she may in fact have a negative self concept and suffer from low self-esteem and anxiety. In the first drawing of the assessment Tanya depicted herself ungrounded,
suggested a sense of separation from self, others, and the environment. She used colors which she associated with sadness, disappointment, and surprise. In the final drawing of the assessment she made an unconscious self-statement comparing herself to a meteor that “burns and destroys everything.”

During the eight individual art therapy sessions Tanya seemed to achieve a more grounded sense of self. It appeared that many of Tanya’s “acting out” behaviors were the result of a lack of ability to self-contain and make sense of her feelings and emotions. She seemed to have adapted an ego structure primarily with defenses such as undoing and compartmentalization. These defenses may have allowed her to function without having to experience the pain of her trauma, but they seemed to be causing her to remain stuck in a place where her grief was never resolved and her fears were never addressed.

Within the supportive environment of the art therapy session Tanya seemed to develop a trusting therapeutic relationship with the researcher. The researcher, working from the assumption that Tanya would bring up the issues and themes in therapy which she personally needed to work through, remained present and supportive during the process. Tanya seemed to need to work through major issues surrounding her former family and her new family. Major themes of family, relationships, trust and anxiety emerged in her artwork and discussion. Through the creative process she seemed to realize that she had the ability to express her emotions, make sense of them, and contain them. Perhaps the most poignant example of this occurred in the seventh session when Tanya expressed a particularly anxiety provoking fear that her father was going to come back and hurt her. She then rolled the drawing up, placed it inside her treasure box, and was able to quickly regain composure, shift gears and move to a new project. The art
therapy sessions seemed to become a place where Tanya felt safe to express her anxiety and fear, and a time she valued as she said she did not feel she had space to talk about her former family with her new family.

By the end of the eighth art therapy session Tanya no longer seemed to be in denial about her anxiety and fear, and the resulting effect these emotions had recently had on her behavior. This realization may have accounted for the shift in the results on her Piers-Harris 2 post-test results, and in fact may be supported by the post-test results as the major decreases in her self concept score occurred across the Freedom from Anxiety and Behavioral Adjustment domains. Another possible explanation for these results may be that Tanya had undiagnosed attachment issues. This possibility may be supported by the speed and intensity with which Tanya seemed to grow attached to the art therapist. It is possible that with the termination of therapy Tanya was re-experiencing negative thoughts and feelings from her initial separation from her family. She may have experienced the ending of art therapy as abandonment and rejection, which may have accounted for the change in her self concept. She may also have positively exaggerated her initial test results and by the end of eight art therapy sessions felt more honest and trusting due to the nature of the therapeutic relationship. This honesty and trust may have resulted in the decreased Piers-Harris 2 post-test scores if she no longer felt the need to fake feeling good about herself.

Subject 2: Major Findings, Themes and Outcomes

According to the results of Terrell’s pre-test measure of self concept using the Piers-Harris 2 he had a lower than average self concept, with fewer that 15-28% of the children in the standardization sample scoring lower than him. After comparing the
information gathered from his case file, self concept measure, and 6-Part art therapy assessment it appeared that many of Terrell’s negative self evaluations stemmed from his difficulties with interpersonal relationships, his verbal expression difficulties, and behavioral challenges resulting from his experiences prior to entering kinship treatment foster care. Of particular interest in the 6-Part art therapy assessment was the fact that Terrell considered himself a mean person with no friends, and that he seemed to think that by keeping everyone at a distance with displays of his strength and aggression that his peers would think he was “cool.”

During the seven individual art therapy sessions several major themes emerged in Terrell’s artwork and discussion. These themes included relationships, strength and power, and aggression. Terrell seemed to use the creative process as a means of expressing his need to defend against his feelings of helplessness and vulnerability. The main defense mechanisms graphically displayed in his artwork were isolation, isolation of affect, and identification with the aggressor. Terrell’s over-reliance on these defenses seemed to contribute to and reflect his rigid sense of relating to others. Throughout the seven individual art therapy sessions Terrell continued to draw with a sketchy, seemingly anxious line quality. He often drew very slowly with a great deal of attention to the finished product. Additionally, Terrell used a fairly fixed color scheme of black and red, and a fixed structured media choice in the beginning sessions. As his therapy progressed Terrell seemed to relax some of his rigidity and defensiveness, reflected by his exploration of different media, and his ability to form a trusting relationship with the researcher.
The researcher noticed a marked difference in the way Terrell behaved from the first art therapy session to the last art therapy session. Terrell initially seemed more concerned with his surroundings than with relating to the researcher. He seemed to be slow to warm up, and by the fifth session seemed to feel comfortable with the setting and the art therapist. Throughout the process he began to initiate conversations, ask the art therapist questions, and revealed a clever sense of humor. Terrell did not seem to be at a place where he was yet able to discuss and work through his traumatic experiences, but it is the belief of this researcher given the progress to this point in therapy that with continued art therapy services he may have reached a place where he would have felt comfortable to process what he had been through.

At the end of eight weeks Terrell seemed like a different kid. Despite a behavioral regression and set back resulting in a fight at school and Terrell’s subsequent expulsion on the day of the last scheduled art therapy session, he seemed to have benefited from the individual art therapy sessions. According to the results of Terrell’s Piers-Harris 2 post-test results his overall total self concept increased from low average to average. The main changes in his self concept took place across the following domains: Physical Appearance and Attributes, Freedom from Anxiety, and Popularity. In the final session Terrell was able to express his feelings to the art therapist utilizing the creative process inherent in art making. He communicated to the art therapist that he enjoyed the time he spent making art and that he was sad to say goodbye. He modified his schema for drawing a self portrait to include graphic elements which seemed to resemble those of the superheroes he had created in earlier sessions. This suggests that he may have felt he had personally adopted some of those strengths, or that the act of saying goodbye left him
feeling vulnerable to the extent that he may have felt he needed “super powers” to overcome his possible feelings of helplessness.

Comparison with the Literature and across Participants

Both participants in this study were in the ‘Middle Childhood’ stage of development. This meant that they were most likely navigating the developmental tasks of this stage, which include: friendship, concrete operations, skill learning, self-evaluation and team play (Erikson, 1963; Newman & Newman, 2006). The ability of the children in this study to not only receive emotional support through the creative process, but to learn new artistic skills may have helped them achieve a sense of competence and belief in their ability to master the demands of a situation, which is the prime adaptive ego quality obtained during this stage of development. According to Erikson (1963) and Newman and Newman (2006) the skills a child gains during this stage of development lead to an increased sense of self-worth. Therefore art therapy may not only be beneficial in addressing a foster child’s emotional needs, it may also aid the process of psychosocial development through skill acquisition.

The personal histories of both of the children in this study appeared to include situations and experiences common to many children in foster care. Tanya had experienced physical and sexual abuse, neglect, parental substance abuse, domestic violence, and separation from the majority of her family members. Terrell had experienced abuse, neglect, domestic violence, and parental abandonment. One important difference between the experiences of these children was that Terrell was living with his siblings in the care of his Grandmother, who for the majority of his upbringing had remained a consistent and stable attachment figure.
According to Fahlberg (1996) foster children who have had the experience of being emotionally connected to at least one caregiver will have a more favorable prognosis with adequate diagnosis and treatment. Therefore, Terrell may have had fewer attachment issues than Tanya given the consistent involvement of his Grandmother and his therapeutic kinship placement. In addition to this difference was the fact that Terrell had a permanent living situation. He was an official member of a family, where he felt he belonged and mattered. Tanya, however, did not seem to feel like an important member of her new family, or that she belonged. The process of filing for adoption had begun, but it seemed that Tanya was still in a state of limbo, stuck between loyalties to her former family and a desire for connection to her new family.

The artwork created by both subjects supports the claim made by Cabe (2005) that many foster children are in need of grounding; that at all stages the foster child is in some sense disconnected from self, others, or existentially. Both of the children in this study seemed to be disconnected from their environment and the people in it, and drew figures floating on the page when it seemed artistically developmentally appropriate for their figures to be grounded. Tanya seemed to live in a world of her own, and when she was brought back to the reality of her life situations she would often become overwhelmed by her anger and anxiety, resulting in tantrums and self mutilation. Terrell seemed to be isolated from those around him in order to protect himself from the upset and disappointment that seemed to inevitably follow his relationships. According to Gil (2006) children in care frequently need to develop both an increased trust of others and a stronger self-reliance. The researcher wanted to encourage the participants to build a trusting therapeutic relationship by remaining supportive, patient and accepting.
The challenge became how to help these children achieve a more accurate, grounded sense of self without challenging their defensive ego structure, which may have been holding them together. For Tanya it seemed necessary to support her emotional expressions and mirror them back to her so that she might be able to see that she had the strength to understand and contain her own emotions. It seemed that many of her tantrums and behavioral acting out were due to an inability to contain and manage her own emotions, a side effect of disturbed attachment and psychological trauma (Milan & Pinderhughes, 2000; Klorer, 2005). As For Terrell it appeared necessary to help him build a trusting relationship where he felt safe to be himself, and where he felt able to socialize, and felt understood and valued. He seemed to expect failure and rejection in relationships, and as according to Dore, et al. (1996) he seemed to believe he was different from other children and unworthy of positive relationships and experiences.

The themes outlined by Gonick and Gold (1992)—shame, helplessness, safety, and hunger—appeared in the artwork of both participants in this study. The authors note that these themes may stem from a primary issue of relatedness. An additional theme of family and relationships verses isolation emerged in the artwork and discussion of both participants in the study. This may be the result of both children trying to work through issues of relatedness, and issues surrounding their separation from primary caregivers.

Even with the growing awareness of the effectiveness of non-verbal therapies with children it seems that many foster children are still receiving treatment interventions that are largely language dependent (Burns, et al., 2004; Chamberlain, 2002; Craven & Lee, 2006). This indicates that many children in foster care may benefit more from receiving non-verbal therapies aimed at meeting their unique treatment needs, which not
only include a decreased ability to verbalize troubling feelings and emotions, but also include attachment difficulties, unresolved grief and trauma, and issues of self concept. The results of this study suggest that art therapy can be a more appropriate treatment intervention for children than verbal interventions, specifically when treating foster children.

Questions that Surfaced

Throughout the process of gathering data the researcher noticed that both Tanya and Terrell seemed to utilize the color scheme of red and black, with Tanya occasionally modifying it to include pink and brown as well. These colors seemed to emerge alongside themes of family and relationships. This raised the question of whether this phenomenon had any significance. It is possible that the colors red and black may have had a personal significance to each participant, or that these colors were chosen because of their visual intensity to represent the intensity of the emotions each child may have associated with family and relationships. It is also possible that these colors may have had a cultural significance and origin. This raised questions of whether the formal artistic qualities of children from different ethnic and racial backgrounds had been documented. Is it possible that the colors red and black emerge more frequently in the art work of foster children, or in the artwork of African American children? The fact that both of the subjects in this study were African American left no means for racial comparison, and therefore this phenomenon may or may not be of significance.

Additional questions surfaced. How did the length of the intervention period effect each child’s treatment? Would the results have been different if the length of treatment were greater? Would any positive changes that occurred in eight weeks have a
lasting effect on the self concept of either participant, or is more time necessary to bring about lasting self concept changes? It is the belief of the researcher that more progress and positive, lasting changes could have been achieved with a greater number of treatment sessions due to each participant’s growing capacity for self expression and ability to form trusting therapeutic alliances after only seven to eight weeks.

How did the gender of the art therapist affect the nature of the therapeutic relationship? Given Tanya’s relationships with abusive males in her life, and her sexually provocative behaviors, what might the effect have been if she were to receive art therapy services with a supportive male? Is it possible that Terrell’s perceived lack of desire to verbally discuss his feelings may have been due to a gender bias and cultural stereotype that men are not supposed to express their feelings? Might Terrell have felt more comfortable expressing his feelings with a supportive male art therapist? How did the fact that the researcher was Caucasian and the participants were African American affect the therapeutic relationship? It is possible that given the differences in race the children in this study may not have felt as trusting of the therapist. Additionally, what personal qualities lead to the greater resilience of one individual in foster care over another?

Implications for Clients and for the Field of Art Therapy

The implications of this research suggest that art therapy may be an effective treatment intervention for children in treatment foster care. However, due to the individualized nature of case study research it seems that more exploration of this topic is needed to apply the use of art therapy with a larger sample of youths from this population. Art therapy may provide children in foster care with the ability to form
trusting therapeutic relationships, and address issues of unresolved anger, confusion, and grief. Art therapy may also be effective in addressing issues of negative self concept through allowing a foster child to gain a sense of understanding of his/her emotions and providing them with a sense of mastery through the creative process. Furthermore, implications of this research suggest that art therapy may be effective in helping foster children gain a more grounded sense of self, a more positive self concept and an increased ability to contain emotional experiences.

Clinical Applications

There are several clinical applications of this research. Enabling a child in treatment foster care to create his/her own symbols through the creative process, and allowing them the space to work through their issues within a safe and trusting therapeutic relationship may be beneficial and bring about changes in self concept. Children in treatment foster care seem to benefit from the ability to non-verbally express their emotions. Many children in foster care have experienced adversities such as: ineffective parenting skills, lack of ability of their caregivers to contain and reflect their emotions, abuse, neglect, maltreatment, poverty, and exposure to violence. The effects of these experiences leave children without the ability to effectively express and contain their feelings and emotions. Therefore it appears that many children in treatment foster care would benefit from non-verbal therapies. Non-verbal therapies, and in particular art therapy, allow the child to express their emotions and have them mirrored back by a clinician in order for the child to gain a sense of understanding and mastery over the process of self-containment.
Art therapy assessment in conjunction with a standardized measure of self-concept may provide clinicians working with children in treatment foster care with a more complete and accurate picture of a child’s psychological functioning than a psychological test alone. In this study it appeared that the psychological instrument was not only more susceptible to exaggeration, it failed to capture the essence of each child’s internal world. However it did provide additional information about the child and was an asset to the art therapy treatment. The art assessment allowed the researcher to gather a more complete interpretation of the child’s individual treatment needs than could have been developed with just the psychological measure of self concept, which may indicate the value of instituting such a practice into entrance evaluations of children entering the foster care system.

Countertransference

Clinicians working with children in treatment foster care should be aware that they may experience strong countertransference when working with children who have traumatic histories. The researcher often felt as if she were being swallowed up and overwhelmed by children’s needs. There was often a push pull quality to the clinical work with the children in this study. They seemed to thrive on the individual attention and at the same time be overwhelmed by it, as possibly evidenced by the level of anxiety each participant seemed to display during the art therapy sessions graphically and/or behaviorally. Many of their displays of affection or appreciation felt artificial or manipulative, which may have been a reflection of their own mistrust. For example, because Tanya seemed to quickly grow attached to the researcher her remarks that the art therapist was her best friend did not seem genuine. It seemed that because of these
relational qualities the researcher was often overwhelmed with her own questions of self-worth, which may have reflected the children’s own feelings. It seems that the clinician working with children in treatment foster care must possess the ability to examine and constructively utilize his/her countertransference within the therapeutic relationship. This may be accomplished by the clinician remaining aware of his/her perceptions and mirroring them back to the child through the use of art and metaphor.

Delimitations and Limitations

Delimitations of this study include the small number of participants and the relatively small number of treatment sessions. This research was designed to examine only the effect of individual art therapy with children in treatment foster care. The art therapy directives used in this study were tailored to the individual needs of each participant and therefore may not be suitable for use with all children in treatment foster care. The participants in this study were restricted to the use of only those art materials available on site during the time of their treatment. Each individual art therapy session was approximately 45 to 60 minutes in length, which may at times have affected the therapeutic and creative process.

Limitations of this study included the fact that the participants may have been receiving additional therapeutic services in adjunct to individual art therapy. Therefore any changes that may have taken place may not be attributed solely to the effects of the art therapy service. Both of the children in this study were also medicated. This may have had yet another effect on the outcomes. The participants in this study were of African American descent and therefore the results may not be generalized to individuals of other ethnic and cultural backgrounds. The participants in this study were of different
genders, and because the researcher was female, it is possible that gender differences may have influenced the results.

The authors of the Piers-Harris 2 claim that their instrument is valid for use with exceptional populations including use with younger children, youths with chronic mental illness, individuals with emotional/behavioral disorders and child abuse, youths with learning disabilities and individuals with mental retardation. There was a lack of literature on the use of the Piers-Harris 2 with children in treatment foster care and children with attachment disorders. This study was also limited by the modified administration procedures utilized by the researcher, which deviated from the administration protocol outlined in the Piers-Harris 2 manual. No information was provided on how to administer the test with children who met the age requirements, but who read at lower than a second grade reading level. The fact that the administration of the test was modified may have had an effect on the results of the pre-and post-test measures of the participant’s self concept.

Suggestions for Future Research

- Research comparing the use of art therapy and other therapeutic approaches with children in treatment foster care.
- Research examining the effect of art therapy with foster children with diagnosed attachment disorders.
- Research examining the effects of art therapy on the self concept of children in treatment foster care using different psychological tools of measurement.
• Research comparing the effect of congruous and incongruous ethnic/cultural background and/or gender between client and therapist with children in treatment foster care.

• Research comparing the personal qualities of individuals who had been fostered and had favorable outcomes verses those who had poor outcomes.
CHAPTER 6: SUMMARY AND CONCLUSIONS

This study examined the effect of eight weeks of individual art therapy on two children in treatment foster care, with a specific focus on their self concept. The design of the study was based on a single case study design in ABA format. Each participant was given a pre-test measure of self concept to assess for baseline level of functioning. They then received seven to eight weeks of individual art therapy sessions, after which the measure of self concept was again administered to assess for any changes that may have occurred. The results of a pre-and post-test measure of self concept using the Piers-Harris 2 Children’s Self-Concept Scale were recorded, the individual art therapy session notes were presented and the artwork created during the sessions was analyzed to assess for changes in use of color, composition, artistic approach, themes and defense mechanisms.

The findings suggest that the individual art therapy sessions had a different effect on each participant. Each participant had a unique set of therapeutic treatment needs, which appeared to be addressed in different ways through creative expression and art making. Subject 1, an eight-year-old African American female, appeared to benefit from the opportunity to express her anxiety and fear within a safe and trusting therapeutic environment. It appeared that she often defended against these feelings which resulted in behavioral acting out in the form of self mutilation and tantrums. After eight weeks of individual art therapy she seemed more grounded and in touch with her emotions and her
ability to manage and contain them. Subject 2, a nine-year-old African American male appeared to benefit from the ability to express his need to defend against feelings of weakness and vulnerability. He had difficulty socializing with peers, further complicated by articulation and speech troubles, and appeared to benefit from the opportunity to express himself verbally and non-verbally within a supportive and trusting therapeutic environment. After seven weeks of art therapy his self concept seemed to have improved as supported by evidence in the artwork and the comparison of his pre- and post-test measures of self concept.

The Pier-Harris 2 Children’s self concept scale seemed to be an unreliable measure of self concept in comparison to the conflicting results of Subject 1’s 6-Part art therapy assessment and information in the case file. The results of her pre-test measure of self concept indicated that she had a higher than average self concept, however both information in her chart and some of her self statements made during her art therapy assessment indicated that she may have suffered from a negative self concept and poor self-esteem. However the Piers-Harris 2 when used in conjunction with the art therapy assessment provided the researcher with a more complete picture of each participant’s individual treatment needs. The results of this study suggest that individual art therapy had some positive effects on the self concept of children in treatment foster care, which may increase with a larger number of sessions. Art therapy may be an effective treatment intervention for this population; however it appears that more research on the topic is needed.
Reference List


Allan, J. (1988). *Inscapes of the child’s world: Jungian counseling in schools and clinics*. Dallas, TX: Spring


*The Arts in Psychotherapy, 31*, 137-152.


Addressing the developmental and mental health needs of young children in foster care. *Developmental and Behavioral Pediatrics, 26*(2), 140-151.


October 12, 2007

To Whom It May Concern:

Ms. Meghan Krikorian, a graduate student in Drexel University’s Hahnemann Creative Arts in Therapy Program has been granted permission to conduct a research project, “Exploring the Use of Art Therapy with Children in Treatment Foster Care: Addressing issues of Self-Concept.” The study will be conducted at Delta Community Supports, Inc. at 2210 Mt. Carmel Avenue in Glenside, PA. Permission has been granted through October 31, 2008.

Sincerely,

Kerry Kreiger, MSW, LSW
Treatment Foster Care Supervisor

Scott Eldredge, ACSW, LSW
Director of Family Services
Appendix B

Volunteers are needed
to participate in a graduate level research study

The purpose of this research is to examine the effect of eight weeks of individual art therapy on the self concept of children in treatment foster care.

Research Study Title: Exploring the Use of Art Therapy with Children in Treatment Foster Care: Addressing Issues of Self Concept

Who is eligible to participate?

- Children currently placed in Treatment Foster Care at Delta Community Supports
- Males or females between the ages of six and twelve of any racial/ethnic background
- Children who have not been hospitalized for and/or diagnosed with a psychotic disorder

Who is not eligible to participate?

- Children who are not currently in Treatment Foster Care at Delta Community Supports
- Children younger than six or older than twelve
- Children who have ever been hospitalized for and/or diagnosed with a psychotic disorder

Participants will receive individual art therapy once a week for eight weeks

If you have children in your case load who meet the above inclusion/exclusion criteria:

Then please contact Meghan Krikorian by phone at (215) 887-6300 ext. 118

Your time and effort are greatly appreciated!

This research is being conducted by a member of Drexel University
Appendix C

Dear Parent/Legal Guardian:

My name is Meghan Krikorian. I am a graduate student in Drexel University’s Creative Arts in Therapy Program. I am currently providing art therapy services at Delta Community Supports, Inc. You are being contacted because your child is eligible to participate in a graduate level research study examining the effect of art therapy on the self concept of children in treatment foster care.

Current research suggests that the complex emotional needs of children in foster care may not be addressed through traditional forms of therapy such as talk therapy. Art therapy differs from talk therapy in that it provides a non-verbal outlet through which children may be more easily able to express their thoughts, feelings and emotions. This study will explore the effect of art therapy on the way your child or the child in your care thinks/feels about himself/herself.

If you are interested in allowing your child or the child in your care to participate in this research study, please contact me by phone at Delta (215) 887-6300 ext. 118. Please feel free to contact me with any questions or concerns. Your time and effort are greatly appreciated!

Sincerely,

Meghan Krikorian
Appendix D

Volunteers are needed

to participate in a graduate level research study

The purpose of this research is to examine the effect of eight weeks of individual art therapy on the self concept of children in treatment foster care.

**Research Study Title:** Exploring the Use of Art Therapy with Children in Treatment Foster Care: Addressing Issues of Self Concept

Who is eligible to participate?

- Children currently placed in Treatment Foster Care at Delta Community Supports
- Males or females between the ages of six and twelve of any racial/ethnic background
- Children who have not been hospitalized for and/or diagnosed with a psychotic disorder

Who is not eligible to participate?

- Children who are not currently in Treatment Foster Care at Delta Community Supports
- Children younger than six or older than twelve
- Children who have ever been hospitalized for and/or diagnosed with a psychotic disorder

Participants will receive individual art therapy once a week for eight weeks
If you would like to grant permission for your child or the child in your care to participate in this research study:

**Then please contact Meghan Krikorian by phone at (215) 887-6300 ext. 118**

Your time and effort are greatly appreciated!

This research is being conducted by a member of Drexel University
Appendix E

Subject’s Initials __________

Drexel University
Permission to take Part in a Research Study

1. SUBJECT NAME: ______________________________________________

2. TITLE OF RESEARCH: Exploring the Use of Art Therapy with Children in Treatment Foster Care: Addressing Issues of Self Concept

3. INVESTIGATOR’S NAME: Betty Hartzell, Ph.D., ATR-BC, LPC, Principal Investigator; Meghan Krikorian, Co-Investigator

4. RESEARCH ENTITY: Drexel University

5. CONSENTING FOR THE RESEARCH STUDY: This is a long and an important document. If you sign it, you will be authorizing Drexel University and its researchers to perform research studies on your child or the child in your care. You should take your time and carefully read it. You can also take a copy of this consent form to discuss it with your family member, attorney or any one else you would like before you sign it. Do not sign it unless you are comfortable in allowing your child or the child in your care to participate in this study.

6. PURPOSE OF RESEARCH: Your child or the child in your care is being asked to participate in a research study. The purpose of this study is to examine the effect of art therapy on the self concept of children in treatment foster care. Self concept refers to the way a person views him/herself in relation to the world in which they live. Children with a negative self concept are at risk of developing low self esteem, behavior and conduct problems, interpersonal relationship difficulties and low self worth. This study will take place in partial fulfillment of a master’s degree in the Creative Arts in Therapy Program at Drexel University’s Hahnemann Center City Campus. Four participants will be referred by their case workers to participate in this study. Participants will be selected in the order they are referred and based on qualification for the study. In order to qualify for this study your child or the child in your care must be between the ages of six and twelve years old and currently placed in treatment foster care at Delta Community Supports. Participation in this study is voluntary and you may withdraw consent for your child or the child in your care to participate in the research study at any time.

7. PROCEDURES AND DURATION: You understand that all of the following things that will be done to your child or the child in your care are experimental:
a. The total time commitment for this study is 8 weekly sessions lasting for approximately 45 to 60 minutes each. The total time period is allotted for the following:
   i. Approximately 15 minutes for informed assent. During this time your child or the child in your care will sign an assent form outlining the purpose and procedures of this study. A copy is attached for your reference.
   ii. In the first session your child or the child in your care will spend 10-15 minutes completing the Piers-Harris Children’s Self-Concept Scale questionnaire. This is a 60 item form designed to assess how children think and feel about themselves.
   iii. In the remaining time your child or the child in your care will complete a 6-Part Art Therapy Assessment in order to determine the course of his/her individual art therapy treatment. This assessment consists of six drawings.
   iv. The following six 45 to 60 minute art therapy sessions will be dedicated creating artwork tailored to the specific therapeutic needs of your child or the child in your care.
   v. The first 45 minutes of the final session will consist of a review with your child or the child in your care of the art work created during the previous seven sessions. In the final 10-15 minutes of this session your child or the child in your care will complete another Piers-Harris Children’s Self-Concept Scale questionnaire.

b. The artwork created by your child or the child in your care during the art therapy sessions will be stored in a locked room at Delta Community Supports, Inc. This artwork will be photographed for inclusion in the co-investigator’s master’s thesis. Neither you nor your child or the child in your care will be identified by name or any other characteristics that might violate your right to confidentiality in any publications. If your child’s or the child’s in your care name appears in any artwork it will be concealed prior to reproduction in order to protect his/her privacy. At the end of the research study the original artwork will be returned to your child or the child in your care.

c. Clinical case notes will be recorded by the co-investigator at the end of each session. These notes will document the happening during the session including: what materials were offered, what artwork was created, what the child said about the artwork and any clinical observations. These case notes will be included in the co-investigator’s master’s thesis.

8. RISKS AND DISCOMFORTS/CONSTRAINTS: The therapeutic art activities may stir up some powerful emotions in your child or the child in your care such as
anger, sadness, fear and grief. If this should happen he/she will be given the
topportunity to talk about their thoughts and feelings. If they are still upset after
this they will be given the opportunity to stop what they are doing and will be
coached in methods of deep breathing in order to reduce stress levels. Your child
or the child in your care will be offered a break to get a cup of water and to talk to
their case worker if need be. In the unlikely event that he/she continues to
experience significant distress they will be removed from the study and an
alternative therapeutic intervention will be arranged for them by their case
worker.

9. UNFORESEEN RISKS: Participation in this study may involve unforeseen risks.
If any unforeseen risks are seen, they will be reported to the Office of Research
Compliance at (215) 762-3453.

10. BENEFITS: There may be no direct benefits from participation in this study.
However, your child or the child in your care may benefit from the opportunity to
express his/her thoughts, feelings and emotions non-verbally through the creative
process.

11. ALTERNATIVE PROCEDURES: The alternative is not to participate in this
study.

12. REASONS FOR REMOVAL FROM THE STUDY: Your child or the child in
your care may be required to stop the study before the end for any of the
following reasons;
   a. If all or part of the study is discontinued for any reason by the investigator,
or university authorities.
   b. If your child or the child in your care is a student, and participation in the
      study is adversely affecting his/her academic performance.
   c. If your child or the child in your care fails to adhere to requirements for
      participation established by the researcher.

13. VOLUNTARY PARTICIPATION:
   Volunteers: Participation in this study is voluntary, and your child or the child in
   your care can refuse to be in the study or stop at any time. There will be no
   negative consequences if your child or the child in your care decides not to
   participate or to stop.

14. STIPEND OR REIMBURSEMENT: There is no stipend or reimbursement for
   participation in this study.

15. RESPONSIBILITY FOR COST: The researcher will provide any materials used
during this study. Neither you nor your child or the child in your care will be
   responsible for any costs relating to this study.
16. IN CASE OF INJURY: If you have any questions or believe your child or the child in your care has been injured in any way by being in this research study, you should contact Dr. Betty Hartzell at telephone (215) 762-3767. If your child or the child in your care is injured by the research activity that is outlined in section 7 above, you will be reimbursed for the reasonable costs of medically necessary treatment that is not covered by your health insurance plan. This agreement to reimburse you does not include treatment for any injury that is not a result of the research activity. No other payments will be made. If your child or the child in your care is injured or has an adverse reaction, you should also contact the Office of Research Compliance at (215) 762-3453.

17. CONFIDENTIALITY: In any publication or presentation of research results, your identity and the identity of your child or the child in your care will be kept confidential, but there is a possibility that records which identify you or your child or the child in your care may be inspected by authorized individuals such as representatives of the institutional review boards (IRBs), or employees conducting peer review activities. You consent to such inspections and to the copying of your records, if required by any of these representatives. Confidentiality will be broken for the following reasons: If your child or the child in your care tells us things that might worry us about their mental health (for example that they see/hear things that others do not, or they want to hurt/kill themselves or another person), or that they are or have been a victim of child abuse. These incidents will be reported to the appropriate authorities. The artwork that is created during the sessions will be photocopied and included in the final thesis, however no reference to your or your child’s/the identity of the child in your care will be made. Any artwork created during the study will be destroyed or returned to your child or the child in your care at the end of the study.

18. OTHER CONSIDERATIONS: If new information becomes known that will affect your child or the child in your care or might change your decision to grant permission to be in this study, you will be informed by the investigator. If you have any questions about this study, you may contact Dr. Betty Hartzell at (215) 762-3767. If you wish further information regarding your child’s rights or the rights of the child in your care as a research participant or if your child or the child in your care has problems with a research-related injury, for medical problems please contact the Institution’s Office of Research Compliance by telephoning (215) 762-3453.
19. CONSENT:
   a. I have been informed of the reason for this study.
   b. I have had the study explained to me.
   c. I have had all of my questions answered.
   d. I have carefully read this permission form, have initialed each page, and have received a signed copy.
   e. I give permission voluntarily

Parent/Legal Guardian Signature ___________________________ Date ______________

Case/Social Worker Signature ___________________________ Date ______________

Investigator or Individual Obtaining Permission Signature ___________________________ Date ______________

List of Individuals Authorized to Obtain Permission:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Day Phone #</th>
<th>24 Hr Phone #</th>
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<tbody>
<tr>
<td>Betty Hartzell, Ph.D., ATR-BC, LPC</td>
<td>Principal Investigator</td>
<td>(215) 762-3767</td>
<td>(215) 762-3767</td>
</tr>
<tr>
<td>Meghan Krikorian, BS</td>
<td>Co-Investigator</td>
<td>(215) 887-6300 ex.118</td>
<td>(215) 887-6300 ex.118</td>
</tr>
</tbody>
</table>
ASSENT FORM FOR CHILDREN/MINORS IN A RESEARCH STUDY

You are being asked to be in a research study. If you agree to be in this study you will meet with Ms. Meghan once a week for eight weeks. Each meeting will last for about one hour. All of the artwork that you make during these meetings will be kept in a safe place at Delta Community Supports. The first time you and Ms. Meghan meet to make art you will fill out a form which asks questions about how you feel about yourself. You will also make six drawings. In the next six times you and Ms. Meghan meet you will be allowed to make art creations and talk about them. The last time you and Ms. Meghan meet together you will look at all of the artwork you have created and talk about them. You will then again fill out the form which asks you questions about how you feel about yourself. At the end of the last meeting you can take your artwork home if you want.

This study is being done to see if art therapy can help children in foster care feel better about themselves. Your parents/guardians have said it is OK for you to be in this study. They will not see or hear about the artwork you make or the things you say in your meetings with Ms. Meghan unless you say you want to hurt yourself or someone else very seriously or if you say things that make us worry about your health. Your parents/guardians may be given brief updates if they ask, but otherwise anything you make or say will not be shared with them in order to protect your privacy. What happens in your meetings with Ms. Meghan may be discussed with your case worker and his/her supervisor. If we find out during the meetings that someone has hurt you, we must report it to a responsible adult, but not the person who may have hurt you.

Being in this study may bring up some strong feelings for you at times. You may feel upset, angry or sad. If you have strong feelings during this study you will be allowed to: stop what you are doing to talk about how you feel, get a glass of water, do some deep breathing exercises to calm you down or go and talk with your case worker.

Child’s Assent: I have been told about the study and know why it is being done and what to do. I also know that I do not have to do it if I do not want to. If I have questions, I can ask Ms. Meghan or my caseworker. I can stop at any time.

My parents/guardians know that I am being asked to participate in this study.

Child’s Signature ___________________________ Date ____________

Case/Social Worker Signature ___________________________ Date ____________

List of Individuals Authorized to Obtain Permission:

<table>
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### Appendix G

1. My classmates make fun of me.  yes  no
2. I am a happy person.  yes  no
3. It is hard for me to make friends.  yes  no
4. I am often sad.  yes  no
5. I am smart.  yes  no
6. I am shy.  yes  no
7. I get nervous when the teacher calls on me.  yes  no
8. My looks bother me.  yes  no
9. I am a leader in games and sports.  yes  no
10. I get worried when we have tests in school.  yes  no
11. I am unpopular.  yes  no
12. I am well behaved in school.  yes  no
13. It is usually my fault when something goes wrong.  yes  no
14. I cause trouble to my family.  yes  no
15. I am strong.  yes  no
16. I am an important member of my family.  yes  no
17. I give up easily.  yes  no
18. I am good in my schoolwork.  yes  no
19. I do many bad things.  yes  no
20. I behave badly at home.  yes  no
21. I am slow in finishing my schoolwork.  yes  no
22. I am an important member of my class.  yes  no
23. I am nervous.  yes  no
24. I can give a good report in front of the class.  yes  no
25. In school I am a dreamer.  yes  no
26. My friends like my ideas.  yes  no
27. I often get into trouble.  yes  no
28. I am lucky.  yes  no
29. I worry a lot.  yes  no
30. My parents expect too much of me.  yes  no
31. I like being the way I am.  yes  no

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**The Way I Feel About Myself**

**PIERS-HARRIS 2**

**AutoScore™ Form**

*by Ellen Y. Piers, Ph.D., Dale B. Harris, Ph.D., & David S. Horberg, Ph.D.*

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**Client's Name (or ID #):**

**Today's Date:**

**Age:**

**Gender:** Male  Female

**School:**

**Teacher's Name (optional):**

**Race/Ethnicity:**  Asian  Hispanic  White  Black  Native-American  Other

**Directions**

Here are some sentences that tell how some people feel about themselves. Read each sentence and decide whether it tells the way you feel about yourself. If it is *true* or *mostly true* for you, circle the word *yes* next to the statement. If it is *false* or *mostly false* for you, circle the word *no*. Answer every question, even if some are hard to decide. Do not circle both *yes* and *no* for the same sentence. If you want to change your answer, cross it out with an *X* and circle your new answer.

Remember that there are no right or wrong answers. Only you can tell us how you feel about yourself, so we hope you will mark each sentence the way you really feel inside.
Appendix H

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>32.</td>
<td>I feel left out of things.</td>
<td>yes</td>
</tr>
<tr>
<td>33.</td>
<td>I have nice hair.</td>
<td>yes</td>
</tr>
<tr>
<td>34.</td>
<td>I often volunteer in school.</td>
<td>yes</td>
</tr>
<tr>
<td>35.</td>
<td>I wish I were different.</td>
<td>yes</td>
</tr>
<tr>
<td>36.</td>
<td>I hate school.</td>
<td>yes</td>
</tr>
<tr>
<td>37.</td>
<td>I am among the last to be chosen for games and sports.</td>
<td>yes</td>
</tr>
<tr>
<td>38.</td>
<td>I am often mean to other people.</td>
<td>yes</td>
</tr>
<tr>
<td>39.</td>
<td>My classmates in school think I have good ideas.</td>
<td>yes</td>
</tr>
<tr>
<td>40.</td>
<td>I am unhappy.</td>
<td>yes</td>
</tr>
<tr>
<td>41.</td>
<td>I have many friends.</td>
<td>yes</td>
</tr>
<tr>
<td>42.</td>
<td>I am cheerful.</td>
<td>yes</td>
</tr>
<tr>
<td>43.</td>
<td>I am dumb about most things.</td>
<td>yes</td>
</tr>
<tr>
<td>44.</td>
<td>I am good-looking.</td>
<td>yes</td>
</tr>
<tr>
<td>45.</td>
<td>I get into a lot of fights.</td>
<td>yes</td>
</tr>
<tr>
<td>46.</td>
<td>I am popular with boys.</td>
<td>yes</td>
</tr>
<tr>
<td>47.</td>
<td>People pick on me.</td>
<td>yes</td>
</tr>
<tr>
<td>48.</td>
<td>My family is disappointed in me.</td>
<td>yes</td>
</tr>
<tr>
<td>49.</td>
<td>I have a pleasant face.</td>
<td>yes</td>
</tr>
<tr>
<td>50.</td>
<td>When I grow up, I will be an important person.</td>
<td>yes</td>
</tr>
<tr>
<td>51.</td>
<td>In games and sports, I watch instead of play.</td>
<td>yes</td>
</tr>
<tr>
<td>52.</td>
<td>I forget what I learn.</td>
<td>yes</td>
</tr>
<tr>
<td>53.</td>
<td>I am easy to get along with.</td>
<td>yes</td>
</tr>
<tr>
<td>54.</td>
<td>I am popular with girls.</td>
<td>yes</td>
</tr>
<tr>
<td>55.</td>
<td>I am a good reader.</td>
<td>yes</td>
</tr>
<tr>
<td>56.</td>
<td>I am often afraid.</td>
<td>yes</td>
</tr>
<tr>
<td>57.</td>
<td>I am different from other people.</td>
<td>yes</td>
</tr>
<tr>
<td>58.</td>
<td>I think bad thoughts.</td>
<td>yes</td>
</tr>
<tr>
<td>59.</td>
<td>I cry easily.</td>
<td>yes</td>
</tr>
<tr>
<td>60.</td>
<td>I am a good person.</td>
<td>yes</td>
</tr>
</tbody>
</table>