Utilizing Art Therapy to overcome Cumulative Trauma experienced by Adolescents admitted into the Foster Care system

Adela R. Ramos-Saenz
Long Island University, Adela.RamosSaenz@my.liu.edu

Follow this and additional works at: https://digitalcommons.liu.edu/post_honors_theses

Recommended Citation
Ramos-Saenz, Adela R., "Utilizing Art Therapy to overcome Cumulative Trauma experienced by Adolescents admitted into the Foster Care system" (2019). Undergraduate Honors College Theses 2016-. 48.
https://digitalcommons.liu.edu/post_honors_theses/48
Utilizing Art Therapy to overcome Cumulative Trauma experienced by Adolescents admitted into the Foster Care system

An Honors College Thesis

by

Adela R. Ramos Saenz

Spring, 2019

Clinical Art Therapy Department

Long Island University, Post

Faculty Advisor Dina Palma ATR-BC, LCAT

Reader Cristina Lomangino ATR-BC, LCAT

Author’s Note: This thesis paper was written in partial fulfillment of the requirements for the Bachelor of Science degree in Art Therapy, as part of the Honor’s Program, at Long Island University Post in Spring 2019.
Abstract

This research studied the effects of art therapy on a foster care child whom experienced multiple cumulative traumas in her biological household and is struggling to assimilate with her current foster family. This research consists of a qualitative secondary analysis of a previous case study conducted by Meghan J. Krikorian (2008). While Krikorian designed an ABA format study measuring self-concept before and after receiving individual art therapy sessions, this study focuses on maladaptive behavior and the transformation it undergoes with a stable and intimate therapeutic relationship. Two African American children participated in Krikorian’s study, an eight-year-old female and a nine-year-old male, this study analyzed the process and art work of the eight year old child, Tanya. Throughout this treatment, Tanya is working on coping with her worries, anxieties, and frustrations. The results of this study suggest that individual art therapy had some positive effects on Tanya’s ability to cope in treatment foster care, which may increase with a larger number of sessions.
Table of Contents

Title Page ................................................................. 1
Abstract ......................................................................... 2
Table of Contents ......................................................... 3
List of Figures ............................................................... 5
Introduction ................................................................. 6

I. Literature Review
   Foster Care System ................................................ 8
      General Statistical Overview .................................... 8
      Reason for Entering the Foster Care System ................. 8
      Length of Stay and Placement Settings ....................... 9
      Case Plan Goals and Outcomes ................................ 10
   The Adoption Process .............................................. 10
      Eligibility to Adopt .............................................. 11
      Incentives ............................................................ 12
      Care Planning ...................................................... 13
   The Effects of Cumulative Trauma .............................. 15
      Maladjustment ..................................................... 16
      Mental Disorders ................................................ 17
      Distal Cumulative Risk .......................................... 18
   Development of Children in Foster Care ...................... 19
      Emotional development ........................................ 20
      Attachment .......................................................... 20
      Identity Formation .............................................. 22
      Scholastic Achievement ....................................... 22
      School Experience .............................................. 23
      Behavioral Problems .......................................... 24
   Art Therapy with Foster Children ............................. 24
II. Methodology ............................................................................................................. 26
   Data Collection ........................................................................................................ 26

III. Results ...................................................................................................................... 27
   The Present Study .................................................................................................... 27
   Overview .................................................................................................................. 28
   Assessment .............................................................................................................. 29
       Piers-Harris 2 Test Result .................................................................................. 31
       Art Assessment ................................................................................................... 32
       Week 2: Session 2 ............................................................................................... 37
       Week 3: Session 3 ............................................................................................... 42
       Week 4: Session 4 ............................................................................................... 45
       Week 3: Session 3 ............................................................................................... 42
       Week 4: Session 4 ............................................................................................... 45
       Week 7: Session 5 ............................................................................................... 47
       Week 9: Session 7 ............................................................................................... 50

IV. Discussion ................................................................................................................. 54
   Suggestions for Future Research ......................................................................... 55
   Limitations of Research ......................................................................................... 55

V. Conclusion ................................................................................................................. 57

References ..................................................................................................................... 58
List of Figures

Figure 1. Tanya’s Piers-Harris 2 Pre-Test Results ........................................ 31
Figure 2. Piers-Harris 2 Pre and Post-Test Results ..................................... 32
Figure 3. Assessment: Free Drawing ......................................................... 33
Figure 4. Assessment: Draw a Person ....................................................... 34
Figure 5. Assessment: Draw the Opposite Person ...................................... 35
Figure 6. Assessment: Draw a Picture of You and Your Family ................. 36
Figure 7. Session 2: Free Drawing about Tonya’s Week .......................... 38
Figure 8. Session 2: Introduce Yourself using Collage ............................ 40
Figure 9. Session 3: Free Drawing about Tonya’s Week .......................... 44
Figure 10. Session 3: Butterflies and Caterpillars .................................... 45
Figure 11. Session 5: Superheros from Tonya’s Cartoon ......................... 48
Figure 12. Session 5. Free drawing of Tanya’s Week ............................... 49
Figure 13. Tanya’s Drawing of Herself as Freddy Kruger ....................... 51
Figure 14. Tanya’s Tracing of a Hand ..................................................... 52
Figure 15. Krikorian's Tracing of a Hand waving goodbye ...................... 52
Utilizing Art Therapy to overcome Cumulative Trauma experienced by Children admitted into the Foster Care System

**Introduction**

The purpose of this research is to explore the post-traumatic symptoms developed within adolescents prior to being placed into the foster care system. This paper will also explore the impact of re-exposure or unresolved traumas when in foster care. This research will also show that the systemic flaws within the foster care system, only add to the negative experiences of being a foster care child. According to the most recent Adoption and Foster Care Analysis and Reporting System (AFCARS) on September 30, 2016, there were approximately 437,465 children in the foster care system. Foster care is defined as a “24-hour substitute care for children outside their homes” by the Code of Federal Regulations. According to the Child Welfare Information Gateway Numbers and Trends Sheet, some of these substitute living arrangements can be foster family homes, relative foster homes, group homes, emergency shelters, residential facilities and pre-adoptive homes. Many of these children suffer from the instability they underwent while in a broken or dysfunctional home, being removed from these homes, and entering the foster care system. According to the AFCARS report, the top four circumstances related to the child’s removal from home were neglect (61%), parental drug abuse (34%), caretaker inability to cope (14%), and physical abuse (14%). This research will find that these
types of traumatic experiences affect how a child behaves, expresses emotions, copes with stress, and how they will form future relationships. The finding of this study is that art therapy could be a viable way to assist an adolescent cope with continuous emotional, developmental, physical and behavioral struggles. This research also intends to explore how art therapy can integrate effective coping skills into their lives for better emotional management, and resiliency. A single case study will be used, and a qualitative secondary analysis method will be used to introduce the case and its art works.
I. Literature Review

Foster Care System

According to the Code of Federal Regulation, under title 45, foster care is defined as a “24 hour substitute care for children outside their own homes.” It is a child protective service available across the country, within rural and urban cities. This protective service is comprised of billions of dollars and thousands of professionals helping struggling parents and vulnerable children (Meyer, 2008). According to the 2016 Adoption and Foster Care Analysis and Reporting System (AFCARS), some circumstances where a child or adolescent is pulled out of a home and placed into the system include neglect, physical, and sexual abuse. Foster care placements include, non relative foster family homes, group homes, emergency shelters, residential facilities and pre-adoptive homes (45 C.F.R §1355.20, 2000). This system also provides services for the families to work towards reunification as well as adoptions of the children in care (children bureau, 2018).

General Statistical Overview

Reason for entering the foster care system. According to The AFCARS Report (2016), 437,465 children were in foster care during the fiscal year of 2016. Within the fiscal year of 2016 there were approximately 273,539 children entering the system. The ages of these children varied from less than one year to 20 years of age. The circumstances for child's removal are due
to but not limited to neglect \((n=166,679)\), parental drug abuse \((n=92,107)\), caretaker inability to cope \((n=37,857)\); to better clarify, a caretaker’s “inability to cope” is considered a “physical or emotional illness or disabling condition adversely affecting the caretaker's ability to care for the child.” (NDACAN, 2019, p. #58). In addition, physical abuse \((n=33,671)\), child behavioral problem \((n=28,829)\), sexual abuse \((n=9,904)\) parent death \((n=2,212)\). Of those children entering the system, roughly 33% of them were 10 years or older \((n=91,571)\).

**Length in stay and placement settings.** According to the AFCARS (2016), 6% \((n=24,017)\) of children in foster care spent less than one month in out-of-home placements. Twenty-two percent \((n=95,884)\) of children in foster care spent between 1 and 5 months, 20% \((n=83,315)\) stayed in care between 6 and 11 months, 25% \((n=111,016)\) stayed in care between 12 and 23 months, eight percent \((n=32,830)\) stayed between 24 and 29 months, five percent \((n=20,662)\) stay in care between 30 and 35 months, nine percent \((n=37,998)\) spend between 3 and 4 years, and five percent of youth and adolescent time in care was five or more years \((AFCARS, 2016)\). From this data, there is an understanding that more than half percent of the youth \((55\%)\) stayed between one and twenty-three months away from their family. The most recent placement setting included pre adoptive, foster-family (relative and non-relative) group home, institution, supervised independent living, trial home visits, and the AFCARS also considered the runaway population \((AFCARS, 2016)\).

**Case plans goals and outcomes.** Many of the children entering foster care have established goals to meet. More than half \((55\%)\) of the cases’ goal is to reunite with parent(s) or principal caretaker(s), 3% plan to live with other relative(s), 26% plan for adoption, 4% for emancipation, 3% for guardianship, 5% did not have a case plan established and finally, 3% plan
for long term foster care (AFCARS, 2016). Long-term fostering is a plan of choice for children who are certain they do not want to be adopted, children where there is a high level of continuous birth family involvement; situations where children, especially older ones, and their carers want time to get to know each other before perhaps making a final commitment, and also in instances where the child does not seem emotionally able to adjust to a permanent commitment (Triseliotis, 2002).

Meanwhile, the children that existed the fiscal year of 2016 had an outcome of 51% reunification with parents or primary caretakers, 23% percent were adopted, 8% were emancipated 10% went on to live with a guardian, 7% went to live with another relative, and 2% had other outcomes (AFCARS, 2016). In the foster care statistics 2016 sheet, they compared the 2016 outcome results with that of the 2006, finding a trend in the outcomes. It was noted that there was an increase in the amount of children who left the system for adoption and guardianship. It was also noted that there was a decrease in the amount of children who left foster care to return to their parents, or primary caregivers, or live with other relatives.

**The Adoption Process**

“There is no constitutional right to adopt or to be adopted -- adoption is considered a privilege” (Gender, 2018, p. #2). Unlike the intended permanency of adoption, foster care offers temporary placement for children until their biological families can improve living conditions at home. "Although the agency usually obtains legal custody in foster family care, the child still legally 'belongs' to the parent and the parent retains guardianship" (Gender, 2018, p. #3). According to this annual review, the adoption system is organized into two separate types of adoption: agency adoptions and independent adoptions. Under an agency adoption, a licensed
social service agency works with biological parents and adopting parents, and the court finalizes the adoption process. Alternatively, an independent adoption may involve an unlicensed mediator (e.g. a lawyer) who works with both adoptive and biological parents to form a placement, or they may work directly with the biological parents to place a child in an adoptive home. Independent adoptions often result in financial assistance to the biological parents. In both types of adoption, a court must accept the adoptive parents' petition for adoption, and the biological parents must legally terminate their parental rights. The AFCARS report of the 2016 fiscal year found that 65,274 children had parents who had their parental rights terminated.

**Eligibility to adopt.** When adopting, there are two paths: adopt through agency adoptions and independent adoptions (usually with the help an attorney). Both processes require that the court accept the adoptive parents petition to adopt. But even before the court reviews their petition, the adopting parents must meet requirements and they do vary from state to state. To adopt, an individual or couple must meet threshold (income) eligibility requirements. Next, the court determines whether adoption is in the child's best interest, this determination is made by judges and social services personnel. Each state will look at different characteristics of the adopting parents when looking out for the child's best interest. These considering characteristics could include age and length of residency. In regards to marital status, all states allow both unmarried and married men and women to adopt, yet many states require married persons to obtain spousal consent in order to adopt, and few states permit unmarried partners to petition to adopt jointly (Gender, 2018).

These measures are put into place in order to find what is in the best interest of the child. This process is much like a double edged sword, it in theory helps the child but it also creates a
very lengthy and time consuming process. Youth who are served by the Child Welfare System find that the amount of time it may take to achieve permanency is long, and this was specifically a result of the Safe Families Act of 1997 (ASFA-97) and the Fostering Connections to Success and Increasing Adoptions Act of 2008. For example, the study conducted by Bertram (2018) where four youths were reunified with their families of origin or achieved permanency in formal adoption; the length of time to be placed ranged from 2 to 10 years.

Unfortunately, even with all the regulations and precautions that state and federal government can enforce, there are few misfortunate youth who end up in the hands of foster parents that have abusive and neglectful tendencies as well. In 2010, State performance varied considerably with regard to the percentage of child victims experiencing a recurrence of child maltreatment within a 6-month period ranging from 1.2% to 12.3% from each state (USDHHS Children’s Bureau, 2011).

**Incentives.** Foster care offers temporary placement for children, and according to Gender (2018), while the children are with an agency, the agency obtains legal custody of the child, but the child still legally ‘belongs’ to the parents, and the parents retains guardianship. The child welfare service was meant to temporarily house the child until a better living condition could be made, thus Congress enacted the Adoption and Safe Families Act (ASFA) in 1997. The act recognized that foster care was originally intended for temporary housing for the children and adolescents, while the biological families worked to provide a better living standard (Gender, 2018). The act also recognized that the intended temporary nature of the service was not the reality for most cases. Looking back at the AFCARS report of the 2016 fiscal year roughly 72% percent of children spent six months or more within the system. In order to improve situations as
such, the ASFA encouraged states to provide incentives for adoption which encourages resources to be focused more toward the adoption efforts rather than the reunification to biological families. According to Gender (2018), the incentives that states implement would not only lessen the efforts to reunite children with their families, but also impose a time limit on the services to reunite the families. Incentives would also cause foster parents to be more open to housing many children at once, where one study of youth in the system found that 67% of the youth were living in placements with between one and three children in the home and 37% were in placements with four or more children (Fawley-King, et al. 2017)

**Care Planning.** A support team meets regularly in order to discuss case plans and goals. This support team is usually made up of the foster youth, case workers, foster parents and any other adult who is invited to be part of the foster youth (Missouri Revised Statutes, 2013). The group will meet until the child or adolescent exits the system. According to Bertram (2018), psychiatrists, psychologists, therapists and educators do not typically attend meetings. (considering such personnel is the front line to an open interaction with the child, it would make more sense if they did. That way the foster care child’s thoughts, and “best interests” are better addressed). While CWLA standards suggest a caseload ratio of 12 to 15 per caseworker, the actual average caseload for a child protective service worker is 24. Workers tend to spend 60 to 70 percent of their work time on case-related activities, with approximately 20 to 35 percent on direct client contact. The U.S. Department of Health and Human Services, Children’s Bureau (2017) found that in other studies asking caseworkers, supervisors, or administrators about why caseworkers leave their jobs, high caseloads are frequently cited. In other words, caseworkers may personally express high caseloads as a reason for leaving, but the quantitative data found
tends to show that departing caseworkers did not have higher-than-average caseloads. It may be that the workers in the latter studies perceive their caseloads as being too high or causing additional stress, which contributes to poor organizational commitment and decisions to leave. Manageable workloads may help agencies retain workers who would otherwise opt to leave as a result of feeling overloaded and could result in better outcomes for the children's placements.

Both the Safe Families Act of 1997 (ASFA-97) and the Fostering Connections to Success and Increasing Adoptions Act of 2008 both have been viewed as legislation that have affected case planning. Specifically it has affected meeting structure by “widening the family circle of support via kinship care, increasing reimbursement for kinship care, promoting sibling relationships, insisting on youth transition planning toward adulthood and increasing accountability to provide coordinated healthcare” (Bertram, 2018).

On the contrary, the increase in accountability has helped increase the standards of the child welfare system. The encouragement of greater accountability was a step closer to better providing to the child's needs. As noted in Bertram’s (2018) study, during an interview; a participant shared her action plan template that she used to monitor youth who were enrolled in her program. On the sheet, it identified target goals, deadlines and who was responsible for each outcome criterion listed. She said these sheets were completed weekly for youth who were in a specialized program to keep the team on track. Within this study it was evident in some meetings that support teams were looking to the future, in other teams the focus seemed to be on more immediate needs.

The Effects of Cumulative Trauma
Today, despite the existence of state and federal laws and regulations that emphasize the importance of child protection, thousands of children continue to be affected by neglect, abuse, traumatic events, and neighborhood violence. Researchers indicated that children and adolescents in foster care require more direct services and treatment interventions from mental health care providers because they often present a higher risk for mental health problems than their counterparts (Shawn, 2017). Rather than focusing on a single factor, much of the research included in this paper will be focused on cumulative risk, where researchers examine the additional effects of multiple factors that place children at risk for a host of negative outcomes during adolescence, such as violence, drug abuse, delinquency, suicide. Children in foster care are at a higher risk for mental health issues because of the circumstances that led them to foster care, such as child abuse (physical, sexual, emotional), neglect, and separation from their caregivers (i.e. parents and family) (McCrystal and McAloney, 2010).

According to Little et. al. (2010), children and adolescents placed within residential treatment settings have been identified as some of the most complex, severely emotionally disturbed and troubled youth within the child welfare system. Recent literature also suggests that support is critical to stable mental health at any stage of life (Cheung et al., 2017). When children are pulled out of their home due to some sort of abuse and/or neglect they are experiencing trauma that could affect their emotional, social, and cognitive development. The overall conclusion drawn from most studies was that there is no specific risk factor or combination of risk factors that place children at unique risk for the negative outcomes; rather a combination of prolonged or recurrent traumas, the youth needs more attention and care due to psychological needs and behavioral concerns. For individuals who face multiple and cumulative
stressors for a prolonged period of time, bodily systems associated with stress response become overactive, are unable to shut down when stressors are no longer present, and result to long-term irregularities in responses to both stress and resting states (McEwen, 1998).

**Maladjustment.** The Child Abuse Prevention and Treatment Act (CAPTA) defines neglect, a form of child abuse as, “Any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse, or exploitation, or an act or failure to act which presents an imminent risk of serious harm” (42 U.S.C.A. § 5106g). It is important to note that 12% of the children entering the foster care system in the fiscal year of 2016 (n=33,671) were removed from their home due to physical abuse, and 4% were removed from their homes due to sexual abuse (n=9,904). The effects of such abuse according to research vary due to the variables of the child's environment; that is to say that along with the abuse they also kept in mind the context in which the children lived in, such as neighborhood discord, and family problems with relationships and substance abuse, (Horan & Widom, 2015; Sá, Bordin, Martin, & Paula, 2010; Culotta, 2014; Evan & Burton, 2013). Most of the research finds that abuse as a part of child and adolescent development affects emotional regulation, formation of relationship, and proneness of risky behavior. Child maltreatment, including physical abuse, is one of the most detrimental proximal cumulative risk variables in terms of its impact on child well-being and overall adjustment. They conceptualize proximal cumulative risk variables as those that are related to the child’s immediate family context and the overall socioemotional functioning of the family unit (e.g., family mental illness, family stress).
Studies that have examined child maltreatment as a separate factor from the cumulative risk model have also found child maltreatment to be a significant predictor of maladjustment. This means that children are unable to cope with their ever changing environment and stimuli.

**Mental Disorders.** Research findings that span several decades reveal that physical abuse during childhood has pervasive, harmful effects on human development, including increased risk for various psychopathological disorders, suicide, chronic illness, drug abuse, and other risky behaviors (Norman et al., 2002). Sá, Bordin, Martin, & Paula, proposed that child physical abuse may impair a child’s adaptation to emotional stimuli, this would cause extreme responses of fear and aggression toward the next stressful situation (2010). According to McEwen, the reasoning behind these radical responses could be due to the inability to come back to a state of homeostasis. Results indicated that emotional abuse and neglect, physical abuse and neglect, and a low level of warmth in the parent-child relationship are important risk factors for common mental health disorders in adolescence (Moraes et al, 2018).

The central hypothesis of Mores et al. was that the cumulative effect of child abuse and neglect and a low level of warmth and affection is larger than their isolated effects on the likelihood of common mental health disorders in adolescents. According to Moraes et al. “in the absence of perceived positive parenting practices, the effects of violence are greatly exacerbated” (2018). In other words, the results suggest that family environments that combine situations of violence with expressions of affection and love, have less potential to bring negative consequences to the mental health of the adolescents, rather than when violence is the exclusive form of interaction and communication. The study conducted by Horan & Widom (2015)
corroborated the hypothesis that the intertwined effects of different types of child abuse and a low level of emotional warmth in the parent-child relationship increase the probability of common mental disorders. The high prevalence of child abuse and neglect also reveals the naturalization of these behaviors, which are often justified as ways of educating and correcting children's perceived undesirable behaviors concomitance of violent and positive responses in the process of raising children. This seems to be quite common and requires some thought regarding strategies to promote health and prevent violence and mental disorders in childhood and adolescence.

**Distal cumulative risk.** Studies that focus on adverse childhood experiences highlight not only the effects of cumulative adversity, but also how stressors like child abuse, neighborhood discord, and family problems with relationships, substance abuse affect development (Sousa, 2018). Sousa et al. found that although both environmental stress and physical abuse independently predicted depressive symptoms, environmental stress was a stronger predictor of later depressive symptoms than cumulative severe physical child abuse. Studies that focus on adverse childhood experiences highlight not only the effects of cumulative adversity, but also how stressors like child abuse, neighborhood discord, and family problems with relationships, substance abuse, or police tend to co-occur (Felitti et al., 1998; Horan & Widom, 2015). Results from Sousa et al. demonstrate the lasting impacts of physical child abuse and environmental stress over the life course. Results supported the research hypothesis; both cumulative environmental stress and cumulative physical child abuse predicted more mental disorders in adulthood.

**Development of Children in the Foster Care System**
Morton conducted a study on a sub group of 11 foster care alumni, those of whom were abused at least in one foster care placement. Of the eleven participants in this study, seven were abused physically, sexually, or both while in foster care. This abuse happened in the homes of relatives approved for care, nonrelative foster care, residential treatment centers, and secure lock-down facilities. For three participants, the abuse was not limited to one foster care home, but occurred in multiple placements. In each case, the participant struggled to understand why they were victims of this abuse, and expressed frustration that the abuse occurred and no one knew until the abuse escalated.

The abuse also triggered changes in placement, schools, communities, and left deep psychological scars. They have lived with physical, sexual, and emotional abuse at home, and upon entering the foster care system they encounter similar situations. So how does this come to happen when the purpose of the foster care system is to provide temporary care in order to achieve better living conditions? The following analyzes several perspectives of the foster care system that contribute to positive and negative outcomes for child care placement or even the child development.

**Emotional development.** Basic emotions are automatic and unlearned because infants display these basic emotions, which is understood to have a biological basis, such as happiness, anger, sadness and disgust. But other more complex emotions depend on environment, culture, temperament and personality. These distal factors are determining ones for a more complex emotional development because, according to Laura E. Levin and Joyce Munsch (2018), one way that we begin to understand our emotions is by looking at how others react when we are uncertain. Through a nurturing, safe and stable environment, children will also learn emotional
display rules, the cultural norms for when, how and to whom emotions should or should not be shown. As children continue to grow and mature, there is a need for emotional intelligence that will help them successfully interact with the world. Emotional intelligence involves understanding and controlling one's own emotions, understanding the emotions of others and being able to use all of one's knowledge to interact with well.

**Attachment.** A secure attachment involves a positive, enduring, emotional bond between two people, it will benefit the child/adolescent’s exploration of the environment and further development if they acquire a secure attachment (Santrock, 2018). Sadly, many of the children within the foster care system find it difficult to create such attachments when they are consistently being moved around. Reported placement instability which is defined as three or more out-of-home placements during a 12-month period hinder a child’s ability to develop emotional attachments, it could also increases the likelihood of changing schools, and disrupt educational instruction and social relationships. According to the literature of Buffaloe (2017), physical health concerns played a significant role in placement stability, for example 60% of children with major health problems are more likely to experience multiple placements while children with minor health issues were 4.5 times more likely to experience three or more placements. These issues coupled with behavioral and mental health problems doubled the likelihood of children in foster care experiencing three or more placements.

Research conducted by Fawley-king in 2017 used the NASCAW II study of 5872 youth within the system. The final sample of children in this study consisted of 152 children, those of whom were old enough to participate in the assessment and were in non-relative care. Most youth (72%) moved to new neighborhoods and entered a new school (68%). The youth also
frequently experienced changes in their relationships as well. The majority of the youth (66%) were placed apart from at least one sibling, and 47% did not see their old friends after the move. Additionally, nearly 45% of the youth had infrequent contact with their biological mothers (less than once a month).

Much like the Still Face Experiment, designed by Dr. Edward Tronick, a caregiver’s connection and responsiveness to the child is very important in helping the child feel comfortable in his or her environment. Such comfort from caregivers is the foundation to a dyadic system where both the caregiver and child share intentions in the world and the child will continue on to feel assured in interacting in the environment (Tronick, 2007). These transitions and changes cause the youth in foster care to develop insecure attachments as they have not acquired such security from their caregivers; this includes dismissing/avoidant attachment, preoccupied/ambivalent attachment and, unresolved/disorganized attachment.

**Identity Formation.** When children experience a lack of commitment from caregivers, they are more likely to see themselves negatively and may develop behavioral problems. Adolescents are undergoing many cognitive changes, one being their ability to think about the self in an abstract manner. According to Laura E. Levin and Joyce Munsch (2018), with the right support, guidance, and communication, they are able to accept that they can have contradictory characteristics, depending on the circumstance. For example, being more free with children or youth compared to being more reserved with adults. This concept of self is one of the few that flourishes in the right environment. For children in foster care, they go into the system with anxiety of living with a family that don’t know, possibly needing to change schools and losing contact with friends, and having unanswered questions about when or whether they will have to
move again. They may return to their own family just to be moved to another foster home or even be adopted (Laura E. L., & Joyce M., 2018). In a study done with adolescents, where there was abuse and no action taken to help the child, there was a sense of worthlessness and disempowerment felt. Andrew, who was a participant in the study by Morton (2015), was being abused by his mother, entered the system at the age of 10 and by the time he was 17, he was placed in 65 homes. He struggled with anger management and making connections with others, including with his foster care parents. Andrew expressed in his interview feeling powerless, without a voice in the decision making of his life. He felt that all he was made up of was anger, and disappointment.

**Scholastic achievement.** Horan and Widom highlighted a significant decrease in educational attainment, which then levels off with exposure to more risks and remains at this lower level even as risk exposure increases (2015). Furthermore, it was found that the decrease in years of education from 13.5 to 11.9 years between zero and two risks suggests that with exposure to two or more risk factors, an individual is less likely to obtain a high school degree. These results suggest that unless interventions can reduce childhood risk to fewer than two risk factors, traditional methods of intervention may not be effective in improving academic attainment. Given that many adolescents in care do not have adult support outside of school, having support in school is vital and can serve a much needed protective role (Graham, Schellinger, & Vaughn, 2015; Martin & Jackson, 2002). Compared to their same-aged peers, youth in care have lower (self-reported) academic achievements and experiences that are more negative in school compared with their peers.
School Experience. School moves can negatively impact foster children by causing them to miss or repeat lessons, lose credits, postpone assessments, and experience gaps in their receipt of special education services. These outcomes are especially likely to occur if there is a delay in the transfer of their academic records to their new school. Additionally, the stress of adjusting to a new set of teachers and classmates may provoke anxiety in some foster children. (Fawley-king et al., 2017). Adolescents in foster care report feeling less safe at school, lower levels of belongingness, lower participation, and less adult support in school and higher sentiment of victimization. Victimization examples include the following: been pushed, shoved, slapped, hit or kicked by someone who was not just kidding around at school; been afraid of being beaten up at school; been in a physical fight at school; and had mean rumors or lies spread about them at school, and via the Internet. Culotta’s (2014) research found that peer ratings of physically abused children have “fewer reciprocal friendships, exhibit more antisocial behavior, and are less prosocial towards their classmates than their demographically-matched, non-abused counterparts.” In addition to less intimacy, more conflict was observed among physical abuse partners, particularly in game-playing tasks that were competitive. The author suggest that physically abused children may have social-information-processing impairments, such as hostile attribution bias, that make cordial competition difficult to achieve. Exposure to a greater number of childhood risk factors was significantly related to fewer years of education, more anxiety and depression symptomatology, and more criminal arrests in adulthood.

Behavioral Problems. It is interesting that Evan and Burton (2013) found that physical neglect led to more violent behavior than to partaking in physical abuse. The researchers believe that this could be due to a reflection process undertaken by the victims that does not allow them
to inflict the same pain onto others. It is also plausible that betrayal trauma theory (BTT; Freyd, Klest, & Deprince, 2010) might explain why physical abuse does not lead to victims practicing physical abuse with other. According to BTT, when a victim is perpetrated by someone he/she depends upon (such as a child who is abused by his/her caretaker) the victim is often conflicted about whether to recognize the trauma/betrayal and avoid the perpetrator, or ignore the betrayal (and trauma-related reminders) in order to maintain close to the perpetrator because, again, that is their “the only attachment the child knows and desperately wants to keep”. Neglect is considered in more than one research a significant predictor of violent and nonviolent crime, property offending, and status offending, common mental health disorders, lower scholastic achievement (Moraes et al, 2018, Culotta, 2014, Evan & Burton 2013)

Art Therapy with Children in Foster Care

Art therapy with children in foster care can be beneficial for several reasons. Many of these children are often in need of attention, and nurturance, however as previously discussed without proper parenting and/or multiple placements within the foster care system they never learned appropriate ways of connecting (Levin & Munsch 2016). 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 (Bauchanan, 2016). The art acts as a platform allowing the child to safely express issues, concerns and emotions, while at the same time providing a secure amount of distance from these issues. The issues do not necessarily come up spontaneously but rather in details of elements, line quality and content (Malchiodi, 1998). Malchiodi (1998) also touches upon art therapy with children from violent homes or witness to societal violence. Although these are not children in foster care, many have experienced similar
adversities such as, physical abuse, economic hardship and parental substance abuse. Malchiodi (1998) found that, because these children often could not or would not verbalize their experiences, the art became a powerful outlet for their complex 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.

II. Methodology

The children within the foster care system experience hardships, this in turn is detrimental to their self-image and self-worth. Through the qualitative secondary analysis of previous research, it will be shown how art therapy is a modality that can aid in increasing self-esteem and self-confidence. By examining a pre-existing case, the patient’s documented trends will be analyzed, as well as how it produces more acceptable behavior and social
interactions. This method allows for analysis of participants in their therapeutic environment to understand the goals, challenges and the effectiveness of the treatment.

Data Collection

The thesis *Exploring the Use of Art Therapy with Children in Treatment Foster Care: Addressing Issues of Self Concept*, written by Meghan J. Krikorian, is a mixed study that consisted of quantitative and qualitative data. The goal of this research was created to examine the effects of art therapy on the effects of disturbed attachment and psychological trauma contributing to the development of a negative self-concept. The data will be organized in such a format where Krikorian’s research analysis will be predominantly in the assessment of the case study and the directive and process of each session. The analysis section of each session is my formal research and analysis unless formally cited otherwise.

III. Results

The Present Study

Foster care is a substitute care for children outside of the home, with the goal to reunify children with their family after social service intervention or to find a new home altogether where the child’s needs will be met. Although there are a few routes that can be taken in order to
acquire such a goal, they all do require a lengthy amount of time between finalizing the process between biological and adoptive parents through an agency or whether it is a case taken care of by a judge. That is why more than 50% of 437,465 children in the foster care system proof the 2016 fiscal year spent anywhere from 6 months to 2 ½ years in the foster care system (AFCARS, 2016).

It has been confirmed that youth within the foster care system are at a higher risk for mental health disorder and comorbidity due to the circumstances that they endured that made them a candidate for the foster care system (emotional, physical, mental abuse and/or neglect). Traumatic events endured by the kids in the foster care system causes and inability to cope or create adaptive coping mechanisms. Along with the experience of separating from your caregiver. A secure attachment to caregivers is very important, it will provide the security and increase the intrinsic motivation to explore their environment. When the kids in the foster care system are displaced from an unstable home, or spend months in the system, or are even being placed in multiple homes, it becomes difficult to create those bonds needed in order to have firm foundation for proper development. As found previously, there can be an increase in behavioral problems, and even a decrease in scholastic attainment, social insecurities. Youth within the foster care system also experience traumatic events that only add to the risk of comorbidity. No or slow response to such traumatic events could be due to several reasons; the children not knowing how, or feeling safe enough to communicate what going on and case workers ability responde and still adhere to agency, state and federal regulations since it is also all a process.

After considering all of the findings, it is believed that the youth within the foster care system would greatly benefit from a tailored treatment to improve behavior, and increase self
esteem. This treatment would provide a nurturing and wholesome environment that would encourage better attachment styles. With a new ability to express their concerns through art therapy and begin to feel they can confide in someone would help to better emotional management, and increase the chances of resiliency in order to increase self esteem.

Overview

The study was conducted for 8 weeks, meeting once a week for approximately 45 to 60 minutes, in a private organization commissioned by the state of Pennsylvania to provide foster care services. This study is in ABA format, where there was test measure in the beginning of treatment, followed by treatment that is also evaluated, and finally there is another test administered post intervention in order to compare values. Both tests will measure the same aspects. Information such as, case files, sessions notes, art work and test comparisons were presented in the study.

The study was designed to analyze four children who were in treatment foster care system, and refer to individual art therapy sessions by their case manager. Of the four children, only two were allowed (consented) to participate in the study. The participants were eight and nine years old, one male and one female, both of African American racial background. this study was open to an ethnic/racial background, but required that the child be in treatment foster care, between the ages of six and twelve and has never been diagnosed with or hospitalized for a psychotic disorder.

Assessment

The Piers Harris Children Self-Concept Scale is a psychological survey used as a measurement tool designed to aid on the assessment of the self-concept of youths ages seven to
twelve. In the first session, this survey was used to assess the children’s concept of self, along with a 6-part art directive assessment. “The assessment measures self-concept in seven domains: Behavioral adjustment, intellectual and school status, physical appearance and attributes, freedom from anxiety, popularity happiness and satisfaction. This survey contains about 60 question and all at second level reading.” (Krikorian, 2008, pg. )The 6 part drawing assessment consisted of:

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

The researcher specifically designed the drawing assessment in this order, so that anxiety, if any, increases until it peaks at about the fourth drawing, becoming more invasive until the fourth one. The intended purpose of these chosen drawing directives was to assess “developmental level, defense mechanisms and other barriers to treatment, capacity for abstract thought, unconscious material and familial relationships” (Krikorian, 2008, p. 46).

**Subject one: Case History.** Tanya was an eight-year-old African American female, who at the time, had already been in the foster care system for four years. According to her intake paperwork, Tanya was brought into the agency by her paternal grandmother of her infant half sibling. The grandmother had been taking care of her for the past few months and was no longer able to handle her behavior. Having many tantrums and displaying aggression towards her siblings, it was also claimed that Tanya set a pile of her clothes on fire and exhibited sexually provocative behaviors that may have suggested she had been sexually abused (but this was not
yet certain). Tanya had experienced physical abuse, neglect, domestic violence, parental
substance abuse. Her mother suffered from untreated mental health issues and substance abuse
and it was claimed that Tanya suffered verbal and physical abuse by her father.

Tanya and her sibling were fortunate enough to be transferred very few times once in the
welfare system, and lived with the same foster family for about two years prior to being placed
into the current foster care agency at the time of the study. It was reported that she was adjusting
well to the agency within a supportive foster home, with a treatment trained foster parent who
was beginning the process of filing for permanent legal custodianship. Tanya was also in a
partial hospitalization school program for children with behavioral and learning disabilities.
Tanya was diagnosed with Bipolar Disorder and AD/HD and taking medication to
pharmacologically treat her symptoms. Upon consentual participation to the study, Tanya was
currently struggling with issues such as: sexually suggestive behaviors, pulling out her hair when
agitated or anxious, poor self-esteem and compulsive stealing and lying.

**Piers-Harris 2 Test Result.** When the Piers-Harris 2 survey of self-concept was
administered, it was noted that Tanya had difficulty reading, and so the art therapist had to sit
next to her and read from the same sheet Tanya was using, to answer her questions; this deviates
from the administering instructions of the test measurement. The following domains were
measured in the concept of self: 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).
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>

Figure 1. Tanya’s Piers-Harris 2 Pre-Test Results

According to the tests results of the assessment test, her total score was considered High, in the 84-97 percentile range, meaning that 84-97% of individuals scored less than her. Aside from the average popularity interpretive level, Tanya scored above average in the remaining domains. The researcher stated that the high scores could be Tanya positively exaggerating her questionnaire response. The format in which the survey was administered, with the art therapist sitting right beside Tanya while filling out the survey, could also be a factor to Tanya’s above average response. This was the first meeting together in an individual session, and Tanya could have been more guarded to disclose self-concept thoughts and values, especially with the art therapist at a closer proximity.
As designed, the art therapist administered the final Piers-Harris 2 Test, and the modified administration was used again, reading each question to Tanya but from a separate form. According to the test results, there was a decrease in her overall total score. The score was considered average, with lower scores in her behavioral adjustment, and freedom from anxiety. The difference in scores is attributed to “expressing a accurate portrayal of the way she thought and felt about her-self”.

**Art Assessment.** For the first of six assessment drawings, Tanya was directed to free draw, and provided with a 9”x12” paper and markers. Tanya rendered herself (*Figure 3*). Krikorian, the researcher, suggested that there might be a lack of connection with reality, one’s body or the people with whom she has a relationship with, as Tanya depicted a non-grounded figure. Tanya was described as a child with an athletic figure, yet Tanya rendered herself in a very curvaceous manner, giving herself an hourglass figure. After considering Tanya’s history, a

*Figure 2. Piers-Harris 2 Pre and Post-Test Results*
rendering of such a curvaceous figure from an eight-year-old girl reinforces her sexually provocative behaviors.

![Figure 3. Assessment: Free Drawing.](image)

Without any instruction to do so, Tanya continued on to draw a rainbow (Figure 4) within the same directive time frame, but on a separate piece of paper, with a broad-tipped marker. This could be indicative of Tanya’s impulsivity. Since the second assessment was “Draw a Person” and she already had done so in her free drawing, Tanya was allowed to continue without any redirection. Once Tanya was done, she was asked to provide emotional associations to the colors she had chosen. The researcher states that Tanya only associated three emotions to all the colors used in her image: sadness, disappointment, and surprise.
Krikorian does not expand further. After analyzing, it was noted that Tanya chose specific colors to render her rainbow, that are outside of typical color usage. It seems as if she also created lines to divide each color; while she colors in each section, she has a disregard for the lines, coloring in and out of the lines. From her other drawings, Tanya displays an ability to contain her coloring within the lines, so could this also be a factor of her impulsivity.

When asked to draw a picture of the opposite person, she initially stated she would draw a picture of her father. But after adding eyelashes and earrings, she laughed and stated that she had accidently drawn a picture of her mother (Figure 5). Again, this figure was also rendered in a very curvaceous manner. Her mother’s image is also a predominantly red palette of color. According to Malchiodi, (1998) when a child uses a limited amount of color, it could be indicative of some sort of trauma. This limited use of color was pretty common for Tonya. The mother lacks hands and feet, which could be indicative of her mother's inability to interact with or effectively move within the world. There also seems to be no pupils in the eyes, which could suggest that there is a negligence to want to see reality, and that could possibly be one of Tanya’s concerns.
The art therapist in Krikorian’s research noted that Tanya’s demeanor changed when it came to drawing herself and her family picture, both times feeling relieved after scribbling in both pictures (Figure 6). Looking closely at Tanya’s work, her female human figures appear slightly sexualized with a curvaceous shape, large lips, and earrings. This manifestation of sexualized behavior may have been as a result of her sexual abuse. Additionally, in her human figure drawings, people are depicted without hands. This may perhaps suggest feelings of helplessness or powerlessness to manipulate one’s environment. This idea of disempowerment depicted with a lack of limbs was supported by several artworks done with Malchiodi’s clients (1998). Finally, it was noted that the house had lines and images, but Tanya colored over it, almost as if covering up what could possibly be going on in the house. Her response to the projective drawing assessment 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” (Krikorian, 2008, p. 59).
According to Tanya’s responses on the Piers-Harris 2 form, her total self-concept score was “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. Through her art work, the same symptoms were displayed through color choice, intense scribbling, and layering of images. Her art work also suggests a sexualized history. Post-assessment, the art therapist created treatment goals which included:

- 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 and Process.** Upon entry to the second session, Tanya seemed uninterested in the session and sluggish. As the researcher in the study described, “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.” The art therapist did not mention anything else afterwards, as Tanya continued to draw her directive. It was discovered after the session, by the social worker, that Tanya had stolen something from her foster sister and was punished for doing so by her foster parents.

Tanya rendered her sister leaving the house for a sleepover over the weekend (*Figure 7*). She depicted her house on the upper left side of the paper, and her sister was shown closer to the house that she was leaving from, while Tanya depicted herself more isolated on the upper right hand corner. Tanya expressed having a bad weekend because she was lonely in her room by herself. Although Tanya did not speak about her lying and stealing, the therapist’s thoughts were that Tanya’s acting out was due to her loneliness and sad mood. Tanya was directed to create a collage that best described herself. The art therapist noticed that she started to layer pictures, covering up images that dealt with body image and family.

**Analysis.** Tanya also depicted herself smaller in size. It is unclear if she did so in order to depict depth, meaning she is farther away from her sister, or if this was indicative of her self-image in comparison to the other object in the drawing. The distance between her and the other objects in the drawing could also be indicative of a feeling of disconnect from her foster family.
Figure 7. Session 2: Free Drawing about Tonya’s Week

Tanya continued to depict herself, as well as her sister, with a curvaceous body type and no pupils, suggesting that there was lack of awareness. Tanya also left behind a shadow, an open circle above her head, closing herself in her own bubble, which reinforces the idea of voluntarily wanting to ignore a reality. The house was also rendered with two pink windows and a pink door, and a lot of attention to detail. There was attention to detail on the tiling of the house. Typically, an inclusion of specific information on a house such as the tiling, could represent a need for more structure in the environment. The detailing on the house could also be interpreted as bars like those in prisons, which could also be indicative of Tanya’s feelings over her lonely and enclosed weekend. Tanya also depicted her sister walking along the pathway to leave the house, but it looks like a leash or a line that is holding the sister from walking any further. Tanya did express she did not want to be left alone, which would explain why she rendered her sister’s interaction with the environment that way. According to Tanya’s case worker, when punished, a
tantrum was thrown and she expressed feelings of not being loved, and wanted her biological mother and that she was going to take her younger brother and leave.

In the following art protocol, Tonya was directed to create a collage that best describes herself (Figure 8), using magazine images and liquid glue. The therapist in Krikorian’s study noted that the medium was much too fluid for Tonya, who expressed some frustration about how best to manipulate the material. However, with practice and preservation, Tanya demonstrated improvement in mastery of the material. This describes a deal about her character, the plasticity and ability to continue working until she found a balance. Her frustration with such a fluid medium could be indicative of her feelings toward not having control over certain situations (or instances that she’s currently undergoing). In art therapy, media are placed along a continuum from most restrictive and controlled to most fluid and expressive. The way a client interacts with the media can give the art therapist information as to how they respond to boundaries, and their most commonly used coping skills (Buchanan, 2016). Tanya’s frustration could be due to being in a foster home that she was not yet comfortable in, or it could have been frustration because over what occurred that weekend. Tanya did exhibit a lot of frustration when trying to control the movement of the glue; however, she managed to overcome her negative reactions and concentrate on improving her craftsmanship. These responses can reflect an increased ability for frustration tolerance, problem solving, and coping mechanisms. According to Buchanan (2016), a process like this gives information about an individual's resilience in life.
Through Tanya’s art, verbal expressions, and the caseworker’s applicable information, it can be inferred that from the beginning of the therapeutic process, she was expressing instability or insecurities about her foster home placement. From the drawings of the house, the attention to small details begins to overpower the image, which is not typical of a house drawing. Tanya also verbally expressed wanting to be with her biological mother, still expressing an unconditional love, regardless of the lack of safety and stability. As the research indicates, this is common for foster children, as they desire to be with their biological parents because it is the attachment style they are accustomed to. When children form insecure attachments as babies, it makes it difficult to feel comfortable in their environment and form stable relationships (Tronick, 2007). Tanya’s foster parents were attempting to create structure and boundaries that she is not accustomed to, thus creating feelings of frustration for her. Would it have been better for Tanya to accompany her sister to the sleep over to help her feel more involved or for her family to take the extra step
in spending more time with her so that she did not feel as lonely? Or is it possible that she will learn to self regulate through the creative process?

After this therapeutic session, the treatment plan continued to provide support of emotional expression with creative art activities that offered a sense of control through different mediums. These directives allowed Tanya the opportunity to make choices, which could be beneficial in response to her frustration of the medium used in the previous session. It might have also been beneficial if the fluidity of materials was restricted more closely to what she had utilized in the assessment and progressively moved towards more complex and fluid materials. The progression would allow Tanya to become comfortable in the session and feel competent in her realm of creating, while minimizing the possibility of regression. Finally, the art therapist created a new goal after the second session, to address family issues and loneliness because Tanya did not want to speak about it with the therapist at the initiation of the session. Many of Tanya’s insecurities caused Tanya to act out aggressively, and engage in inappropriate behaviors. Being able to express her concerns and emotions in therapy would offer her a healthy outlet to release and potentially sublimate these feelings, and learn to implement better coping skills.

Week 3: Session 3

Directive and Process. In the third session, Krikorian asked Tanya if she would like to draw a picture about her week (Figure 9), which was briefly discussed. In order to address issues
of family, loneliness and ambivalence, the art therapist told Tanya a metaphorical story about a
caterpillar who found herself in a new home after making her cocoon during a wild storm. The
story ended on this note:

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.

(Krikorian, 2008, p. 63)

After the story was told, Krikorian gave Tanya two options. Tanya chose to construct
characters to narrate the story from their point of view. 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 by Krikorian 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 Krikorian to help
her color the butterfly’s friends (Figure 10). Krikorian helped color, asking Tanya what colors to
use, calling her the creative director, 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” (Krikorian, 2008, p. #64). 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.** The Free Drawing image of Tanya’s week, which is described as Tanya outside
playing basketball with her princess crown on. Tanya created a grounded person, drawing hands
on her person and created pupils for herself. These new characteristics could be indicative of her
feeling of increased ability to control her environment, as her eye and hands are senses
interacting with her environment.

*Figure 9. Session 3: Free Drawing about Tanya’s Week*

In regards to her main directive, Tanya appeared to use the metaphor of the butterfly to
problem solve and self soothe making connections to her present state. There seems to be three
butterflies that were created, although Tanya and the art therapist did not speak about who the
butterflies represented except for herself there seems to be a smaller butterfly and two similar ones, possibly representing her foster sister and younger brother. During the creative process she opened up about a traumatic experience, which is a sign that Tanya felt she could freely express her thoughts and emotions. This may suggest that she feels more comfortable and grounded during the art therapy sessions. According to Krikorian, 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 was beginning to show an ability to self regulate.

*Figure 10. Session 3: Butterflies and Caterpillars*

**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. 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. She then added pipe cleaners to the top to represent the tree branches, and added foam animal stickers to represent animals that might be predators to the bugs in her tree, and she finalized it by adding pom poms that represent food (berries), milk and water (Krikorian, 2008).

Analysis. Tanya’s schema for a human figure seems to have changed to include a neck, and short arms which appear fused to the body. According to Krikorian (2008), a human figures lacking necks are occasionally seen in the artwork of impulsive individuals. In their words 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.” Tanya drew another grounded figure and the arms fused to the body may suggest a self-protection or a perceived inability to manipulate one’s environment which is different from the previous week (Malchiodi, 1998).

Tanya seemed to have responded and connected well with the butterfly activity. Not only was this an introspective activity but also an empowering one, she was comfortable to manipulate the environment to her liking and was content that she provided the butterflies and insects with a “nice place to live” (Krikorian, 2008, p. 66). However, her inclusion of animals
that might eat the bugs, Krikorian suggests that this could be an unconscious concern for lack of safety. Which correlates to her inclusion of her traumatic experience with her biological father during her previous creating session. When asked if she had anything she wanted to say to the bugs she told the bugs to be nice and take care of each other and stated that the story had a happily ever after ending. Perhaps this activity allowed her to gain some insight into her own situation, however the happily ever ending could be a product of optimism or a script of a fairytale ending. It is also noticeable that Tanya feels safe in the therapeutic environment, as she is sharing more of her past with her biological parents and is more freely sharing her feelings and thoughts.

**Week 7: Session 5**

**Directive.** There were scheduling issues for the previous two weeks, meaning that Tanya was not able to attend due to lack of transportation, regardless, Tanya would have another two sessions scheduled. 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. 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, the author explains that Tanya seemed jealous as she retold 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. Tanya made a clay figure of Plankton, a villain
from the cartoon *Sponge Bob Square Pants*, who always tries unsuccessfully to steal a secret
recipe. The art therapist suggested Tanya use the clay to make her own cartoon characters
(*Figure 11*), and to tell a story about them. 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 and kidnaps 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.” (Krikorian, 2008, p. 68)
Analysis. 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. Perhaps the half evil, half good Superwoman represents herself, and the evil she portrays in Lord Liquid, which could be a symbol for her abandonment and previous experiences, is what caused her to set a fire and become self-destructive. 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, which is pretty common for Tanya to display some sort of sexual reference. 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.

![Image](image.png)

*Figure 12. Session 5. Free drawing of Tanya’s Week*

This gives her figure a haloed or self-protected appearance which is something we have seen previously in her session 2 free drawing (*Figure 7*). The colored in space and lines between Tanya and her jump rope also resembles a vulva; it is draw as if Tanya was within one. Both Tanya's introductory project and directive have phallic aspects, which again, can be indicative of some sort of sexual abuse. It is important to note that Tanya had not been to therapy in two weeks and had come back with less energy and in need of physical reassurance through proximity; her artwork was indicative of those insecurities. Tanya had regressed to drawing ungrounded figures and marking/shading over bodies and had omitted the figure’s neck.
Additionally, she had also returned to a similar use of color as depicted in her previous drawings about her family: pink, brown and black (*Figure 12*).

**Week 9: Session 7**

**Directive.** The art therapist, Krikorian, asked Tanya if she would like to draw a picture about her week, which she decided not to. The art therapist encouraged her to write a letter or draw a picture to put inside the box she made in her previous session. 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, Krikorian, 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 14*).

*Figure 13. Tanya’s Drawing of Herself as Freddy Kruger*

She said it was her “dressed up like Freddy Kruger”. She said she had trouble sleeping sometimes at night because every little noise made her jump and she thought she heard gunshots. Tanya explained that she was oftentimes scared when she saw a man wearing a hood on the
streets because she thought it was her dad. In Tanya's image, she rendered herself scared and running thinking her dad was chasing her, but when she looked again it was just a stranger. As she spoke she drew blood on the face of the figure and around the perimeter of the drawing paper and added the words, “I will get you someday”. Although Tanya explained that the border of the drawing was blood drippings, the composition created a parameter of what looks like penises. Tanya’s image of hyper vigilance, anxiousness, and fear demonstrated commons themes for those with a sexual trauma (Malchiodi, 1998). Tanya was repeatedly creating phallic images. According to Malchiodi (1998), a child who experienced sexual abuse is impacted so profoundly that they do not typically discuss it but rather include it in their art’s content. When Tanya finished talking about her drawing, she took a deep breath and closed 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 15 and Figure 16). Tanya and the art therapist took turns copying what the other hand drawn. This seemed to be a gratifying and mirroring activity. Tanya requested 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 (Figure 14) 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 crosshair. Perhaps she felt like a target for her father’s abuse. Many of the marks she made on the page were pressured and she seemed to be expressing anger along with anxiety and fear. Tanya typically works up 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 penises. According to Krikorian (2008), Tanya appeared to experience anxiety during the first half of the session, when she was drawing herself dressed up as Freddy Krueger. Although there was a display of anxiousness she appeared able to channel the anxiety and
discomfort into the artwork and be resilient enough to roll it up and put it away in her box. 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.

The activity of tracing her hand waving goodbye (Figures 15 and 16) 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. 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.

IV. Discussion

One of the major findings of the research was the result of Tanya’s Piers-Harris 2 pre-test and how it seem to contradict the results of her art therapy assessment. The results of her Piers test showed that she had a high concept of herself, placing herself in the 84-97% percentile within the sample. While her art of syrupy drawings demonstrated a lower sense of self, if not
even lower than average sense of self, filled with fear, anxiety, sense of incompetence, confusion, anger which better aligned with Tanya’s behavioral history. Throughout her assessment, Tanya consistently colored in with a limited number of colors and showed moments of anxiety that were relieved through manic coloring and layering. And when asked about her color choice, she would usually use the terms sadness, disappointment, and surprise in association with the colors.

Within the supportive environment of the art therapy session, Tanya seemed to develop a trusting therapeutic relationship with the researcher. 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. When Tanya was dealt with a very difficult or complex emotion while rendering her art, which made her feel anxious or uncomfortable, she would either erase, cover, or manically scribble over the image in order to self soothe. This was most dominantly practiced in the beginning of the therapeutic process; for example, it was used in the family house drawing in the art therapy assessment. 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 had space to talk about her former family because the art therapist provided a safe, patient, and accepting environment.
Suggestions for Future Research

Throughout the process of gathering information, a few other points arose that would be beneficial to practicing art therapy with children in foster care, which are:

- Research of art therapy with children after multiple placements.
- Research of art therapy with foster children who are discovering their sexuality.
- Research with children who are confirmed sexual abuse victims.
- Research examining the effects of expressive therapies over a consistent longitudinal study.
- Research comparing the effect of similar or different ethnic/cultural background between foster or adoption family and children in foster care.

Limitations of Research

Limitations of this research include using a case study that was aimed to specifically measure the level of self-concept. Meaning that the information derived for this research is limited to Krikorian’s statistical findings and any significant finding within Tanya’s history chart. The subject in Krikorian’s research did have difficulty reading the Piers-Harris 2 assessment, which could be reason for the higher score in the beginning and finding a different conclusion to the study. Another limitation of this study is the small number of participants and the small number of treatment sessions. Krikorian’s research was designed to examine 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 foster care. Finally, while in the process of gathering sources and information, it was found that there was a limited amount of research done with children
who are within the foster care system and not in treatment care. Meaning they are not formally diagnosed with a mental disorder and because of that, there is less attention paid to their mental health. Many of the sources of this research are derived from research done in treatment centers and cannot necessarily be applied to the general foster care population.

V. Conclusion

This study examined the impact of an upbringing from an unstable home, and the intervention of Child Protective Services. Children who find themselves within the foster care system experience various types of trauma that impact how they view themselves and their willingness and ability to interact with the world around them. The subject in the case study, exhibited maladaptive behaviors in response to complex and strong emotions. Although it was
not confirmed, there were assumption of sexual abuse in the former household, and she was a victim of neglect from the mother's inability to cope.

The findings suggest that the individual art therapy sessions had a unique set of therapeutic treatment needs, which appeared to be addressed in different ways through creative expression and art making. Tanya, 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 fury 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.

References


Retrieved from

&sid=AONE&xid=506244c3


http://dx.doi.org/10.1017/S095457941400090X


https://doi.org/10.1037/trm0000036


https://doi.org/10.1037/ort0000090


https://doi.org/10.1016/j.chiabu.2018.07.008


