Art Therapy with High-risk Youth in a Partial Hospitalization Program

By

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A Thesis Submitted in Partial Fulfillment of The Requirements for the Degree of Master of Arts in Art Therapy & Counseling

Ursuline College Graduate Studies

May, 2008
Ursuline College
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May, 2008
Acknowledgments

I would like to acknowledge Phyllis, a staff facilitator at my internship site. Her guidance and example were invaluable to my experience at the site. Her style exemplifies the type of counselor I would hope to be. I would also like to acknowledge my son Dan, who without his spirit and patience I could not have gone so far.
Abstract

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The use of art therapy was investigated as a means of determining the effectiveness as a counseling modality with pre-adolescent girls in a partial hospitalization, summer day camp program. Effectiveness was determined through a variety of methods including direct interviews with the clients, interviews with various staff members, a comparison of behaviors exhibited on art therapy days with days where art therapy was not utilized, and an examination of verbal responses for introspective reflection as a result of completing the art task. On every level, the use of art therapy produced a positive effect on the participants.

The program was designed to provide therapeutic interventions to girls, ages 9 through 12, who have been referred to the program for assistance with behavioral problems, socialization skills, and self-awareness/self-esteem. Art therapy had not been previously utilized in this program.
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Chapter I.

Introduction

Statement of the Problem

Over the last decade, there has been an increase in youth crime, with an increase in more serious crimes among younger juveniles (Dembo & Walters, 2003). Therefore, the necessity to counsel identified, high-risk youth at a younger age is increasing, and quality programs must exist to aid these children.

Children, ages six through twelve, who have been referred to partial hospitalization programs with poor behavior management skills and poor socialization skills, are at risk for criminal behaviors as they become teen-agers (Dembo & Walters, 2003). Foster & Jones (2005) researched youths in four poor communities in the United States and discovered that youths diagnosed with conduct disorder cost the public $70,000 per child over 7 years indicating the necessity of early treatment for conduct disorder.

Many different approaches to implement effective interventions have been explored. Early interventions involving children and their families have demonstrated effectiveness (Dembo & Walters, 2003). Some programs involve parenting skills training and behavioral therapy for the child and the entire family (Kelsberg & St. Anna, 2006). Community-based programs exist to help high-risk youth (Sambrano, Springer, Sale, Kasim, & Hermann, 2005). Some programs
also include teacher training for a complete network of knowledgeable assistants for the high-risk youth (Webster-Stratton, Reid, & Hammond, 2004).

Many times complicating factors with high-risk children and adolescents include health issues, mental health issues, abusive environments and neglect. Trained specialists and consistent programming is necessary to help these pre-adolescent girls through this period in their lives.

Purpose of the Study

The purpose of this case study is to describe the effects of art therapy on the behavior of pre-adolescent girls who have been diagnosed with oppositional defiant disorder, (ODD) and/or attention deficit hyperactive disorder, (ADHD), and have been referred to a partial hospitalization program.

Research Questions

How does an art therapy program help pre-adolescent girls, ages 9 through 12, in a partial hospitalization program, improve behavior management and socialization skills? If art therapy improves socialization skills, then is there a noticeable difference in interactions between the group members as evidenced through observation and interviewing of staff members?

Definition of Terms

**Attention Deficit Hyperactive Disorder (ADHD)** is a disorder that can be diagnosed in early childhood and is distinguished by inattention, hyperactivity, and impulsive behavior (Sondeijker et al, 2005).
**Art therapy** will be generally defined as the use of art as a healing modality.

**Conduct Disorder (CD)** is a disorder that is characterized by persistent behaviors that violate the basic rights of others or societal norms or rules (Sondeijker et al, 2005).

**High-risk Children or Adolescents** can be defined as youth who are exhibiting certain patterns of behaviors that may predispose them to drug and alcohol use, hospitalization, and/or contact with the juvenile justice system (Dembo & Walters, 2003).

**Oppositional Defiant Disorder (ODD)** is a disorder that includes behavioral patterns involving non-compliance, temper tantrums, arguing, and mild aggression (Farley, Adams, Lutton, & Scoville, 2005).

**Partial Hospitalization Program (PHP)** is a program where children and adolescents are referred by counselors, teachers, or principals, for daily after-school group therapy, and day treatment during school vacations, based on behavioral and conduct issues demonstrated at school or home.

**Delimitations and Limitations**

A delimitation of this study is that it will be focused on pre-adolescent girls, ages 9 through 12, who are specifically involved in the PHP at a comprehensive mental health agency dedicated to children.

Limitations in this study are the setting and the population. The study only examines one example of a PHP and may be influenced by the specific rules and
guidelines of the particular program. The population is a limitation because this PHP has referrals from the inner city and the participants are 98% African American, so all populations are not represented. Another limitation with the population is the organization of groups during the summer program. Participation is not consistent, so it will be difficult to build upon ideas with a consistent client base.
Chapter II.

Procedures

Characteristics of Qualitative Research

Qualitative studies began gaining recognition in the 1970’s as a viable option for research procedure (Qualitative method, 2007). This exploratory model of research examines human behavior and the reasons for human behavior. The qualitative research is set in a natural environment for the subjects. It can take place in the home, workplace, school, and/or therapeutic setting.

The research does not follow a strict formula. Questions are asked and the study unfolds as the subjects are studied. The questions may even evolve as research continues (Creswell, 2003).

The researcher analyzes the information gathered, searches for patterns of behavior, and interprets the information (Creswell, 2003). Sometimes the researcher interprets data based upon a personal bias that must be considered when completing the research. Therefore, the researcher must take certain precautions to present the information as objectively as possible. When the researcher determines that a bias or value may affect the results, he/she must be personally aware and include information about the bias in the research, or ask professionals to authenticate the results of the research.
The researcher also utilizes one or more strategies of inquiry to guide the research (Creswell, 2003). The strategy of inquiry will dictate the procedures used to gather data and complete the research.

**Qualitative Research Strategy**

This study was a group case study. A case study explores a program, an event, an activity, a process, of one or more individuals (Creswell, 2003). A researcher may use a variety of different methods to collect data for the study.

This study examined the effect that art therapy had on a group of individuals who had never been exposed to art therapy. As I closely observed the effects of art therapy on the group and monitored human behavior, it became clear that a case study was the appropriate strategy for this research. The focus of the questions, therefore, was based upon the effects of the process of art therapy with a group. Questions examining the effect of art therapy on socialization and classroom management within the group were developed based upon observation of the group before, during and after art therapy sessions. Data has been collected with regard to group reactions to the process of art therapy. This data was analyzed subjectively and objectively based on observation, interviews, and art interpretation.

**Role of the Researcher**

After one week of extensive training at the agency, I was considered a member of the team. In this environment, I was considered a co-facilitator within the
As I was the only member of the treatment team to have knowledge about art therapy, I facilitated the group with staff assistance during the art therapy interventions and processing.

Before entering the mental health field, I had extensive experience in elementary education. As a substitute teacher for a local school district for seven years, I became familiar with many types of children, many types of programs, many styles of teaching, and many theories on best practices. Over the years, I developed strategies that worked for me most of the time to insure a successful school day for me and my class. I also developed classroom management theories and strategies that enabled me to manage the classroom effectively and efficiently to maximize learning and minimize behavioral issues.

Some strategies for effectively reducing behavioral issues were necessary. These included flexibility, respect for each student, early establishment of rules, and the necessity of providing constant and hopefully engaging work for the students. There were rarely behavior issues with these guidelines in place.

The PHP where this study takes place did not employ all of these strategies. Therefore, I felt a certain negative bias against the program. Because a certain protocol had been established between the facilitators and the children, I did not feel that I could change the structure of the group during my brief involvement with the group.
Although I have worked with children quite extensively, I never worked with a group of children who all have been diagnosed with mental health issues and behavioral issues. This presented a challenge to me because they required a therapeutic approach in this program more than an educational one. Theoretically, I adapted to this role change, but it required me to slightly alter my focus and strategies.

*Data Collection Procedures*

*Setting.*

This agency provided one of the most extensive programs for high-risk youth in the area. This agency was situated on a large campus with several cottages, a large administration building, a school for the treatment of autism, a building for foster and adoption services, cottages for residential treatment, a small school, a chapel utilized for classrooms and meetings, and the PHP building. The services provided by this agency extended to children ages 6 to 18 years old. The level of care provided by this agency included the partial hospitalization program, in-school counseling, one-on-one therapeutic counseling, foster care, adoption services, services for autistic children, and residential treatment. This agency attempted to address many facets of need for the children and adolescents within the community.

This research took place in a partial hospitalization program designed to address the needs and issues of high-risk youth ages 6 through 12. There were
approximately 60 children involved in the program at the time of the research. The specific unit was the after-school program; during the summer, the program altered based on the needs of the children and their families and became a summer day camp.

The physical environment included a locked building and locked rooms. Every facilitator was required to wear an ID badge. The rooms were generally small and the seating was not conducive to group communication. There were many empty rooms that could be used for individual counseling. There was a full-service kitchen where a warm breakfast and lunch were provided everyday. There were few supplies available in the group room including paper, extra pencils, markers, scissors and glue. There was also a small art supply room that contained some supplies including paint, paintbrushes, and miscellaneous media. All supplies were given to students on the basis of need and according to the project for the day.

Participants.

The participants in the PHP were 6 to 12 years old and referred to the program by counselors, principals, teachers, courts, and parents for a mandatory after-school therapeutic program that took place from Monday through Friday. When there was a noticeable improvement in behavior, and noticeable progress toward their goals according to their individual service plan, their involvement in the program was reduced a day at a time until the child graduated from the program.
Periodic case meetings that involved the child’s counselor, parents, teachers, and program facilitators, assessed the progress of the child to determine the effectiveness of the program.

The specific group I worked with had been diagnosed with ADHD and ODD. There were 15 girls, ages 9 to 12 involved in this study. There were 14 African American girls and one Caucasian. Some individual goals included: developing healthy interpersonal skills, developing healthy coping skills, developing healthy ways to express emotions, developing healthy anger management skills, and increasing mastery over feelings to decrease disruptive, oppositional behavior. The average length of involvement was two years.

Methods of Gathering Data

During this research, data was collected in a variety of ways. Data was collected from May, 2007 until August, 2007 and was based upon the observations of the group art therapy process. Because I developed interventions based upon established group goals, and because I implemented the art therapy interventions, I was involved in the activity as well as observing the process. Observational protocols have been developed (see Appendix A, Appendix B, and Appendix C) to coordinate observations from the student’s point of view, the facilitator’s point of view, and the parent’s point of view.

Interviews with the participants and staff members were included in this study. The research protocol was brief and simple (see Appendix D). Interviews helped
to determine the effectiveness of the interventions. Interviews were a direct way to communicate with the subjects about their preferences and feelings about the intervention.

I also utilized a personal journal to record my reactions to the experiences; detailed observations that helped define the session, and my personal thoughts that occurred as a result of the interventions used during the session. It was descriptive, while protecting the privacy of the subjects.

Because this was a study examining the effects of art therapy, a primary method of gathering data was a collection of the artwork. The art was examined and processed with subjects. Although the process of art therapy was the primary focus, the product of art therapy was an important aspect of this study.

Data Analysis Procedures

All notes, organizational protocols, interview protocols and artwork were examined and organized by themes and issues. The organized data was categorized and coded for easier examination. The categorized data was compiled into a functional outline. A sensitive analysis of the major and minor themes was necessary. I also requested assistance from my supervisor to interpret the children’s artwork. Finally, a detailed interpretation of the information provided an answer to the research question.
Strategies for Validating Findings

Many strategies were implemented to validate the findings of the research. A thorough examination of current literature found in academic journals was an important strategy to validate the findings in this study. Articles written by professionals and scholars complemented this study by providing background information, and corroborating the results of this study. Validation was also be provided by triangulation of the data. Data was collected a variety of ways from a variety of different sources.

At different points during the research process, I collaborated with my colleagues to insure proper interpretation. My colleagues were asked to review the results of the study for accuracy. I participated in short weekly meetings with my colleagues and/or supervisor to insure that my interpretation of the progress of the research was similar to their interpretation.

I also utilized an external auditor to examine the project. A thesis reader not involved in the research was able to question themes that were unclear, clarified ambiguous language, and checked the accuracy of the findings.

I coordinated the analysis of the artwork with an art therapist. As I made my interpretation of various themes within the artwork, I validated all findings with the art therapist to insure accuracy.
Narrative Structure

This study was an examination of children and adolescents who were in a sensitive, difficult situation. This study was a detailed, richly descriptive account of the group activities, growth, and emotional reactions to the use of art within a therapeutic environment. The reactions and comments of the subjects were extremely important within this research project and included within the text of the study.

For each session, the goal of the session was clearly defined. Next, a descriptive presentation of the artwork was provided, followed by the subject’s comments about the experience, including any personal reactions from the interview protocol, followed by my assessment of the experience. Next, an examination of the observation protocol was included. Finally, the results of the research were presented.

Anticipated Ethical Issues

Whenever human subjects are used in research, the potential for violating the rights, needs, values and privacy of the individual should be considered (Creswell, 2003). Every ethical consideration should be given to protect the rights and privacy of the subjects. Although I did not anticipate any situations that may violate the rights of my subjects, certain precautions had been taken.

I spoke to my on-site supervisor regarding the possibility of this study. This particular agency did not allow extensive studies regarding the participants of
their groups to protect the privacy of the children being served at this agency. However, a case study was allowed by the agency.

A detailed consent form (see Appendix E) had been signed by parent or official guardian and each participant. This consent form included detailed information about the study, data collection methods, how the anonymity of the subjects would be protected, and a description of the participation of the subjects (Creswell, 2003). Each subject was verbally informed about the study and expectations of the study. This enabled the subject to choose to be involved in the study, or to participate in activities without involvement. Each subject was informed of their right to refuse to be included in this study.

Significance of the Study

Juvenile centers throughout the United States are overcrowded. As I examined news reports, the youth in the county where the program was conducted were committing serious crimes almost weekly. Recently, a shooting occurred because a juvenile was placed on house arrest due to an overcrowded facility. Parents, caregivers, and teachers were ill-equipped to deal with the growing problem of crime in our area and the growing issue of behavioral issues within the environment. As officials in our area scrambled to find answers to this situation, very little consideration had been given to prevention.

The PHP where this study was conducted was designed to therapeutically address the many issues that these referred children may have, in the hope that
behaviors can be altered, and the path of crime will be averted. The program primarily used cognitive-behavioral techniques to help children first become aware of their behavior, then make different choices about their behavior. These children arrived everyday, yet improvement was slow and poor choices continued. Perhaps different modalities of treatment could have been utilized to fully treat the children in their care.

The children in this program had been identified as behavioral problems and were at high-risk for criminal and/or drug and alcohol involvement as they grew older. They could potentially contribute to the growing crime in this area. Because art therapy was a modality that was not utilized within the PHP, the implications for a more effective treatment program were examined.

**Expected Outcomes**

The results of this study may provide an alternative therapeutic consideration that will increase the success rate of the program. Art therapy that is utilized in conjunction with the current program may help the children reach their goals more quickly. The results may prove that deeper issues can be addressed through this modality so healing can occur while learning new, acceptable classroom appropriate behaviors and socialization skills. Also, the therapeutic aspects of creation may have a more immediate positive effect on behavior.

It is my desire that the study will prove that art therapy has a profound effect on the behavior of the children. With an improvement in classroom behavior for
individuals within the group, hopefully, it will be easier to work with anger issues, social skills, respect for authority, and following directions through cognitive-behavioral processing as well as through the art.
Chapter III.

Literature Review

The increase in youth crime within the last decade has necessitated the development of new programming and new therapeutic interventions. Researchers have examined characteristics of children and adolescents who are at risk for drug and alcohol abuse and/or criminal behavior. Many of these individuals have been diagnosed with Attention Deficit Hyperactive Disorder (ADHD), Oppositional Defiant Disorder (ODD), and/or Conduct Disorder (CD). Harada, Yamazaki and Saitoh (2002) have found a significant correlation between individuals with ADHD and/or ODD and problems with teachers, friends and their mothers.

Researchers also examined treatments for children and adolescents who are at risk for criminal or drug behavior and needing to manage the symptoms of ADD or ODD. Finally, researchers examined after-school programs designed to provide therapeutic interventions to effectively improve the behavior and choices of at-risk children and adolescents.

Mental Health Disorders

According to the Harvard Mental Health Letter (April, 2005), at-risk children usually exhibit anti-social behavior and also suffer from ADHD and/or ODD. “As they move into adolescence and young adulthood, they risk graduating to
gang membership, drug dealing, robbery, and rape” (“Child and Adolescent Conduct Disorder”, 2005, p. 6).

In a study conducted by Harada, Yamazaki and Sailoh (2002), three groups of children, aged less than 15 years old were studied. One group of children was diagnosed with ADD, one group of children was diagnosed with ODD, and one group of children was diagnosed with both ADHD and ODD (comorbid group). Truancy was identified in 17% of children with ADHD, 42% of the comorbid group and 80% of the ODD group (Harada, Yamazaki & Saitoh, 2002). Problems with teachers were noted in 22% of the ADHD group, 58% of the comorbid group and 60% of the ODD group (Harada et al., 2002). Poor relationships with friends including isolation, impulse behavior, bullying and other harmful behaviors were identified in 78% of children with ADHD, 97% of the comorbid group and 60% of the ODD group (Harada et al., 2002). Finally, the relationship between children and their mothers were examined and problems were noted in 13% of households with children who were identified with ADHD, 68% of the comorbid group and 100% of the ODD group (Harada et al., 2002). The significance of this study supports effective treatment of mental illness as this may be a likely contributing factor to criminal or delinquent behavior.

“The criterion for Conduct Disorder includes a range of behaviors spanning physical aggression, non-aggressive conduct problems such as lying, stealing and destruction of property, and ‘status violations’ or indicators of ‘authority conflict’
such as staying out late, truancy, and running away from home” (Maughan, Rowe, Messer, Goodman & Meltzer, 2004, p. 611). These at-risk tendencies may have the biological component of mental illness. Studies focusing on children who were referred for treatment for disruptive behavior, indicate that they are at increased risk of other psychiatric disorders” (Maughan et al., 2004, p.611).

Many children identified with CD are also diagnosed with ADHD and/or ODD. CD is also linked with emotional disorders including anxiety and depression (Maughan et al., 2004). An accurate assessment of a child must be conducted to completely address all issues.

A study conducted by Dery, Toupin, Pauze and Verlaan (2004), confirms that a large percentage of children receiving special education services for behavior difficulties meet the criteria for ADHD, ODD and CD. In fact, only 2% of students presented without a comorbid disruptive behavior disorder (Dery et al., 2004). “Such findings may underscore the need to develop more collaboration between the mental health and education sectors in rehabilitating these children” (Dery, et al., 2004, p. 769).

Treatments

Early recognition of behavior issues is key to avoiding serious behavior issues as the child enters adolescence. Snyder (2001) consulted a national survey that states that:
the prevalence of aggressive conduct problems in preschool and early school-age children is 10% to 25%. Evidence suggests that without early intervention, behavioral problems such as aggression, oppositional behavior, or conduct problems in young children may become crystallized patterns of behavior by age 8 beginning a trajectory of escalating academic problems, school drop-out, substance abuse, delinquency, and violence. (p. 105)

There are many theories regarding best practices for treating children and adolescents with anti-social behaviors. Some researchers report that inadequate or poor parenting contributes to the problem. Snyder (2001) concluded that “parenting practices associated with the development of conduct problems include inconsistent and harsh discipline and low nurturing” (p. 105). Therefore, parental training is an influential intervention to alleviate the behaviors.

According to research conducted by Dishion, Patterson, Stoolmiller and Skinner (1991), the most effective approach to treating early onset conduct problems has been an educational program to teach parents to be more positive and less harsh in their discipline style. There has been documentation of significant improvement in children’s behaviors at home for at least two thirds of all families who had participated in a program that addresses family issues including interpersonal communication, support, depression, conflict resolution and specific parenting skills. This training is primarily conducted by clinical psychologists (Farley, Lutton & Scoville, 2005). Although this training is
effective, there are limitations. At times, the training can be helpful with behavior at home with parents, but not effective within the school environment (Webster-Stratton, Reid, & Hammond, 2004). Finances may prevent some families from seeking counseling and training (Farley et al., 2005). Also, some parents are resistant to training for a variety of reasons.

Working directly with the child on social skills, problem solving, and emotional management is also an effective strategy for treating behavior problems (Webster-Stratton, et al., 2004). These skills can be taught on an individual basis or in a group setting to reinforce concepts. “Combining child training with parent training resulted in significant reductions in children’s conduct problems both at home with parents and with peers…Nonetheless, one third of these children still had problems at school according to teachers at follow-up assessments” (Webster-Stratton et al., 2004, p. 106). Therefore, teacher training has been shown to be effective in treating the child. “It is important that teachers understand how to prevent social rejection and manage aggression in the class” (Webster-Stratton et al., 2004, p. 106). Without these classroom management techniques, the classroom environment and teacher may contribute to the child’s conduct problems. Also, teachers who have been trained can help the child’s peers respond more appropriately to aggressive behavior (Webster-Stratton et al., 2004).

Although positive results were demonstrated in children’s behavior after parent and teacher training, the only significant change occurred with child training. “It
seems that direct instruction with the children is necessary for learning the skills needed for the replacement of negative behaviors with prosocial interactions with peers” (Webster-Stratton et al, 2004, p. 122).

Child training is vital to the successful treatment of the behavioral issues for the at-risk child. A multi-modal plan in combination with skills training for all professionals involved with the child is the most effective way to increase the chances for rehabilitation. Rothenberg (1990) suggests that “turning to creative work to help solve and crystallize issues of identity is a cardinal feature of the adolescent phase” (p. 81). Through artistic interventions, the troubled adolescent is moved beyond a “state of hopelessness and isolation” (Fleigel, 2000, p. 81). Art therapists can work with individuals or within groups to focus on skill-building activities, self-actualization and self-esteem building activities. “By linking the art world to the clinical setting, and providing clinical support to youth development programs, art therapists solidify an alliance between those committed to adolescent health, and maximize programmatic strength in both circles” (Fliegel, 2000, p.88). According to Lachman-Chapin, Jones, Sweig, Cohen, Semekoski & Fleming (1998), “on a wide spectrum from psychopathology to spiritual growth, art therapists provide a catalyst for awareness through knowledge of the creative process” (p.88).

Art therapy provides a therapeutic opportunity that is less-threatening than traditional therapy (Kahn, 1999). Adolescents can explore themselves and their
problems through the use of art media. “The goals of art as therapy are to support the ego, foster the development of identity, and promote maturation” (Kahn, 1999, p. 17). Therefore, through the art, an adolescent may not only examine anger, but they can examine their relationship to the anger and then discover how the anger works in their life.

Riley (1994) states that art therapy is important to the health of an adolescent because it “aids the adolescents in accomplishing the developmental tasks of individuation and separation from the family via: (a.) providing students control over their expressions, (b.) stimulating creativity through the process, (c.) providing a pleasurable experience, and (d.) using media which depict personal and age/group symbols and metaphors” (p. 24). Through the art, a therapist and child or adolescent can examine behaviors and motivations. This examination can increase self-awareness to encourage the adolescent to make choices that may provide a more satisfactory life.

After-School Programs

Hofferth (1995) states that, “over the past decade politicians and policy makers, the media, child development professionals, and parents have focused increasing attention on the after-school hours of children aged 6 to 14, coming to view this daily time period as one of unusual ‘risk and opportunity’” (p. 178). With many parents employed outside of the home, many children are left alone during the after-school hours. Because of the risks associated with delinquent
behavior, most school districts have implemented after-school programs to deal with this growing trend. For children who are at-risk for criminal behavior, the implication of being unattended for those hours after school is even more critical.

Some cities are utilizing the time after-school to address behavior issues in a therapeutic, partial hospitalization program. The need is rapidly increasing. Out of 2,369,400 juvenile arrests in 2000, 406,000 were substance related (Murray & Belenko, 2005). Factors to be considered for the increased amount of arrests are: unsafe neighborhoods, under-resourced schools, access to drugs and alcohol, living in poverty, and limited resources for positive activities (Murray & Belenko, 2005). Many family environments increase chances for high-risk behaviors, especially when family members have violent tendencies; when they mistreat children, participate in drug activities and criminal behaviors. Genetic factors as well as social learning can play a role in criminal or drug behaviors. Other factors can play include: ineffective supervision, family conflict, poor conflict or anger management, parental drug use, failure to promote positive moral development, poor family communication skills and unrealistic parental expectations (Murray & Belenko, 2005).

“Individual risks also increase the chances of failure: using drugs or alcohol, joining a gang, cutting school regularly, and becoming involved in delinquent or criminal behavior” (Murray & Belenko, 2005, p. 914). Further risk factors are personality characteristics such as hostility and self-centeredness, an indifference
to others, impulse control problems, sensation-seeking behavior, ADHD, antisocial personality disorders, depression and anxiety (Murray & Belenko, 2005).

Peer relations can heavily influence drug or criminal behaviors. Also the school and neighborhood risk factors should be considered. “Substance involved delinquents often have other difficulties such as learning disabilities and behavioral problems which hamper their school performance and decrease the likelihood that they will remain in school” (Murray & Belenko, 2005, p. 916).

Research has shown that certain factors should be included in programs that help adolescents overcome the risks. Cooper, Agocha and Sheldon (2000) and Glantz and Sloboda (1999) agree that activities to teach positive coping skills, intelligence, self-efficacy, problem-solving ability, affect regulation, positive self-esteem, and positive response to authority will strengthen the youth and protect them against the risk factors.

Belenko and Logan (2003) agree that “although it is not realistic that a single intervention can target all potential risk factors, it is important for programs to assess for an array of individual, family, school, and community risks and strengths and match services to meet those needs while simultaneously engaging in the community, school, and family” (p. 917).

A specific program, CASASTART, (National Center on Addiction and Substance Abuse – Striving Together to Achieve Rewarding Tomorrows) was
developed to aid high-risk 8 to 13 year olds, their families, and their communities (Murray & Belenko, 2005). CASASTART has eight service components: social support, family services, educational services, after-school and summer recreational activities, mentoring, incentives, community policing and criminal/juvenile justice interventions (Murray & Belenko, 2005). From 1992 to 1996, this program was evaluated and found to significantly lower the likelihood of: using marijuana and alcohol, engage in drug trafficking, engage in violent crime, and associate with delinquent peers (Murray & Belenko, 2005).

This program is growing nationwide. By 2004, there were 69 CASASTART schools in the country with more than 3400 adolescents and families served (Murray & Belenko, 2005).

Boys and Girls Clubs of America (BGCA) is one of the largest and oldest organizations in the country (Roffman, Pagan & Hirsch, 2001). They provide youth development to low income children and adolescents – they are currently serving 2,800,000 children 71% residing in low income urban areas (Roffman et al, 2001). “The clubs’ intent is to foster a safe environment in which to learn skills, enjoy recreational activities, and form positive bonds with peers and with caring adults” (Roffman, et al, p. 88). This type of program focused less on psychosocial aspects of intervention and focused more on the social interaction and peer relationship development.
Manchester Youth and Development Center (MYDC) is an after-school program that assists young people to “overcome the constraints associated with urban poverty” (Beck, 1999, p. 109). The program is effective – 100% of MYDC participants graduated from high school, while the drop-out rate in the city system was 18.7% (Beck, 1999). Also, there have only been three teenage pregnancies in the 25 years of the program’s operation, yet according to the Allegheny County Health Department, 1997, 17% of all live births in the city are attributed to teenagers (Beck, 1999).

MYDC serves 200 children daily. Participants engage in “academic activities, music, art and recreation; they will feel cared about, supported and safe: (Beck, 1999, p. 110). The activities are highly structured and participants are expected to use good manners at all times. Above all, MYDC provides a safe environment where children fell nurtured. Feeling safe and nurtured contribute to the success of this program.

Summary

Dealing with high-risk youth is an encompassing task. The numbers of crimes that are being committed by adolescents are growing every year. The affect on families, communities, schools and adolescents is devastating. The need for appropriate, helpful interventions is vital to the youth that is being served.

First, an accurate assessment of the adolescent’s strengths and disorders must be made in order for accurate and successful treatment to be made. With a proper
diagnosis, effective treatment can begin. If the assessment indicates a mental
disorder is present such as ADHD or ODD, perhaps medications can be
prescribed to balance the brain chemistry of the individual so that other
interventions may be more effective.

Once an accurate diagnosis has been made, appropriate interventions must be
developed to assist the youth with their needs. The interventions can build upon
strengths and teach the individual the skills necessary to function well in society.
These interventions can include individual therapy, art therapy, group therapy and
enrollment in programs. Treatment should involve the family, teachers, the
community and anyone else who is involved with this youth.

Group programs are more cost-effective than individual therapy and can serve
a purpose. The skills learned in individual therapy have to be practiced with peers
because the issues addressed in therapy are usually socially related. After-school
programs serve two purposes: they provide a safe, social environment to practice
newly learned skills and they provide structure and safety in the high-risk,
unattended hours after school. While each program focuses on a different set of
standards, all programs provide social interaction, safe environment and activities
for the individual participation.

With proper assessment, proper interventions and a caring environment, many
of these at-risk individuals can thrive and become contributing members of
society. Care should be given to protect this portion of our population. When not
protected, there is the danger of community unrest and the perpetuation of crime-ridden neighborhoods. Early intervention is vital to help even one individual from drugs and crime.
Chapter IV.

Setting

This study took place at an agency with a mission to serve the ever-changing wellness needs of children across the United States. This non-profit agency has emerged as one of the nation’s leading providers of wellness, advocacy and behavioral healthcare of children, youth and their families. The services offered were quite extensive including: residential treatment, foster care and adoption services, counseling, school counseling, after school program, in-home services for parents and children together, community-based programs for children involved with juvenile court, domestic violence and substance abuse, an early childhood center, special programming for children diagnosed with autism, and community education. Their mission statement stated, “for excellence, for wellness, for children” (agency brochure). This study was conducted in the daily summer camp program which provided therapeutic group programming for children ages 6 to 12.

Art Therapy Program

Although there were formal art therapy programs within this agency, particularly within the residential area, there was no formal art therapy program within the summer camp program. It was my role to take the initiative for the day and develop an appropriate intervention to complement the daily goal. The materials available for art tasks were few and well-used.
The space was not always conducive to the creation of art because the room was small, and the tables were arranged awkwardly within the space. The children were unable to spread out and take space to create art. The room was approximately 20’ x 24’ and contained three eight-foot tables situated in the shape of a horseshoe. There was enough seating for 12 children, and there were usually 9-12 children in attendance each day. There was a tall shelving unit in a corner that held papers and a small selection of books. There was also a small plastic shelving unit that contained a variety of art materials including scissors, markers, pencils and glue. The wall in the front of the room held a chalkboard. One wall to the side displayed pictures colored by students, and the back wall contained a chart that illustrated weekly job responsibilities. At the beginning of each week, duties were assigned to the group member. The room lacked life and was fairly drab and colorless.

There was a closet down the hall that contained some art supplies. The supplies were available for all the groups in the after-school program. There were tempera paints, paint brushes, some construction paper, glue, scissors, paper on a roll, a small supply of fabric paint. The supplies were well-used and many items were dry. The closet was locked and the materials were only available to group facilitators as needed. There was no water in the room, so water needed to be retrieved from the kitchen.
“Art” previously consisted of a drawing exercise to illustrate a point that was trying to be made on a particular day. None of the facilitators had a background in art, so it was rarely a large part of the plan. An art therapist was assigned to engage the groups once a week for a couple weeks during each quarter. She had supplies that were separated from the after-school supplies. I did not observe any sessions with that art therapist.

In general, the group started with breakfast and quiet time. A small snack was provided and usually consisted of granola bars or pop tarts. As the children ate their snack, they could work on a coloring activity, puzzles, or they could read. After the tables were cleared, the girls were allowed to continue their quiet activity or they could play a quiet game with another girl. Games that were provided were card games, Connect Four, and a couple board games. Group officially began at approximately 9:30 with transition. Transition consisted of eliciting a response from each group member about their day and how they think they will do in group. Every other member was expected to listen quietly while working individually on an activity.

Next, the topic of the day was introduced. The facilitator might focus on goal attainment, conflict resolution, social skills, and anger management. Questions were asked and the children provided the answers. If the children were compliant with the directives and the rules, they would be asked to complete a project. If a student was not compliant, they may have been removed from the group or
separated within the group. If there were many members who were non-compliant, they may have been asked to write the rules or put their heads on the tables until peace was restored. After the projects were completed, the group processed their projects and answered a question related to the topic. All of their responses were documented with comments about their behavior during group and their progress toward their goals. After processing, they prepared for lunch.

Lunch was a hot meal that consisted of such items as tacos, spaghetti, hot dogs, etc. If the meal was not appealing to a group member, they could choose to eat a peanut butter and jelly sandwich. Lunch was generally a relaxing part of the day. After lunch was complete, the girls watched a variety of popular movies such as the “Princess Diaries” and Disney favorites. During this time, the girls were allowed to watch a movie or play a quiet game with another group member. I was never present for the last hour of the day.

Referral for the Summer Day Camp

Once a referral to the program was made, the children’s participation was mandatory. The summer day camp program was a daily extension of the after-school, partial hospitalization program (PHP) and referral came from a variety of sources.

Once a child had been identified as having behavioral issues, either at school or home, the child was recommended for this program by teachers, counselors, school counselors, and principals. Parents could have requested referral, but the
official referral could only come from a licensed, qualified individual. In some cases, participation was required at the request of the courts.

Behavior issues may have included: fighting, defiance, total disregard for authority, hyperactivity, self-harming behaviors, anger issues, and lack of interpersonal social skills. The behaviors had to be persistent, pervasive, and disruptive to be considered as reason for referral into the program. Most of the children had been diagnosed with attention deficit hyperactive disorder (ADHD), depression, and oppositional defiant disorder (ODD).

Once a referral had been made, the child was expected to participate everyday. A child could be expelled from the program if there was a problem with attendance or severe behavior issues within the group. In some cases, this program was the last step before residential treatment was required, so there was the hope that they could be served in this capacity.

As the child made progress with his/her goals and they illustrated that their behaviors have improved, they may have qualified for a day reduction. Day reductions continued until the child’s attendance had been reduced to two days a week. At that time, the child graduated from the program. Many professionals were involved in quarterly team meetings to determine progress toward achieving goals in the program. Teachers, parents, counselors, the child, and group staff were involved to evaluate the progress of each child. A comprehensive examination at the child’s behavior in every setting including school and home
was conducted to determine progress. Unless expelled, most children were involved in the program for a minimum of one year.

Because art therapy was not an established part of the PHP, there were no art therapy goals for the child. Therapeutic goals were established based on the needs of the child and were defined within the Individual Service Plan which was reviewed quarterly at the team meetings. These goals were revised as progress was made or regression occurred. The agency expected that the child would learn better coping skills and social skills that enabled him/her to achieve established goals to everyone’s standards.

Description of Group

Physical Description of Group Members

The group was comprised of 15 girls, although all members were not there at all times. On most days there were 9 to 12 girls in attendance. These girls were ages 9 through 12 and were assigned to their group by age of maturity, not chronological age. All members were African-American except one who was Caucasian, and they were admitted from a number of schools within the county.

Most members of the group were quick to anger, and they lacked skills to manage their anger effectively. There were times when each member was ready to fight another member. Each day time was spent putting out fires within the group. During times of confrontation, coping skills were reinforced. Ideas such
as ignoring negative behavior, taking space to be alone outside of the room and redirecting were common themes to prevent a physical altercation.

If a child had a good evening, they were likely to use coping skills the next day to deal with issues within the group. There would be a better chance that they would be able to follow directions, sit quietly, respect authority, and interact well with their peers. There was a considerable difference in their behavior if they had a bad evening at home. They would anger quickly; they would argue with staff or their peers, they would not be able to follow directions, and many times, they would have to be removed from the room. There were many days when three or four students would be having a bad day, and the room would be chaotic.

Two of the girls had to be monitored for self-injurious behavior. They were not allowed to leave the room alone, especially when upset. If they needed to take space, a staff member had to remain with them. Both girls had a personal goal to develop coping techniques to manage feelings in safe and appropriate ways.

Every child was admitted into the program with a diagnosis. The most common diagnoses were: major depressive disorder, attention deficit hyperactive disorder (ADHD), and oppositional defiant disorder (ODD). There was an individual service plan (ISP) created for each child in the program. As mentioned previously, many professionals took part in the preparation of the ISP.
As suggested earlier, children, ages 6 through 12, who have been referred to partial hospitalization programs with poor behavior management skills and poor socialization skills, are at risk for criminal behaviors as they become teen-agers (Dembo & Walters, 2003). The goal of our program was to stabilize these children and teach them better behavior management skills, socializations skills, conflict resolution skills, and problem-solving skills, so the risk for criminal behavior is minimized. “Partial hospitalization assists in the transition from an acute period of problematic behavior to a more adaptive way of living in the community” (agency literature). This program was specifically designed to teach the appropriate skills to reduce or eliminate the need for a psychiatric hospitalization or placement within a residential setting.

The ISP contained the goals appropriate for each child. Goals for the children in the program included: develop healthy interpersonal skills, develop healthy coping skills, increase the frequency of on-task behaviors, demonstrate improvement in impulse control and hyperactivity, increase coping techniques, develop healthy ways to express emotions, express emotions in a safe and healthy manner, increase socially appropriate behaviors in all environments, develop healthy anger management skills, increase mastery over feelings and decrease disruptive behavior, increase social skill level.

Many children in the group lived with foster families. Most of the remaining children lived in single family homes. There were abuse issues, neglect issues,
and abandonment. Many times their emotions were raw in response to their environment. In 2003, an estimated 906,000 cases of childhood maltreatment was reported according to the National Child Abuse and Neglect Data System (Swahn, Whitaker, Pippen, Leeb, Teplin, Abram, et al., 2006). Many feel that that number may be only one third of the actual number of childhood maltreatment. One result of a study conducted by Swahn et al., (2006) indicated that 16.6% of incarcerated juveniles had been reported as mistreated. Many officials feel that this number does not truly represent the number of juveniles within the criminal system who have been abused. With the hurdles of diagnosis, environment, and lack of positive reinforcement, it is no wonder these children have behavioral issues and coping issues!
Chapter V.

Sessions

The partial hospitalization program provided therapeutic learning opportunities for referred children, ages 6 to 12, from Monday through Friday. Each session lasted from approximately 9:00 to 2:00. Staff retrieved the children from their homes and took the children home in agency vans.

I participated on Tuesdays. Many of the same children participated daily, but some had received a day reduction, so all of the children did not participate everyday.

Agency notes about the session were painstakingly written during each session. The topic of the day was determined quarterly from an agency guideline textbook and focused on general universal goals that apply to the therapeutic treatment of the girls. As often as possible, I tried to coordinate the goal of the art intervention to the topic of the day. What made treatment individualized was the processing after the topic was introduced. Sometimes, the group processed together. Many times, staff would divide the list of children so I could process with some individually while staff could process with the other individuals. Group study generally reflected observations about the group; however, there were individual stories.
Participants

This study took place in a group environment as individual therapy was not permitted by this agency; however, this researcher focused on two group members based on the consistency of their attendance. I had the opportunity to work more closely with these girls and process more individually with them.

Because this agency works with youth and is obligated to provide a safe, secure environment, available information about the children was kept to a minimum. Only necessary information was contained within the building; more detailed information about individuals was contained in another building within the agency, but access was limited. Therefore, detailed background information was not available to me. To protect the identity of the participants, pseudonyms were used.

Tonia was an 11 year old African-American female who was referred to this agency to work on disruptive behaviors. Tonia was adopted and there were many changes within her environment within a short period of time. Her adopted sister was removed from the home and her adoptive parent was experiencing health issues. She had another adopted sister who has threatened her with weapons. As these changes occurred at home, provoking, aggressive behaviors increased at school. When disruptive behaviors occurred at school, phone calls to the adoptive mother caused major disruptions at home. Therefore, Tonia and her adoptive mother participated in school-based counseling three times a week.
Tonia had difficulty coping with taunting behavior from peers at school and often antagonized others in response. She also had difficulty following directions and managing emotions. Staff at the agency noticed that the following interventions helped with behavior issues with Tonia: removing her from the environment for individual support, brief time-outs to gain control of emotions, drawing, and exercise.

Her original diagnosis was Adjustment Disorder with mixed disturbance of emotions and conduct. In May, 2006, her diagnosis was changed to Depressive Disorder and Oppositional Defiant Disorder. Changes in the family structure contributed to the behaviors. She continued to struggle with familial losses including a brother’s suicide three years ago.

Mary was an 11 year old African-American girl who struggled with aggressive behavior and was involved in many fights at home and school. She was admitted to this agency to learn to control her anger and improve interpersonal skills. Mary was treated by a psychiatrist once a month and a therapist once a week.

Mary discussed many relationship issues involving her mother. There seemed to be much fighting within the home and the arguments between Mary and her mother were loud and frequent. Her father was not involved in her life. She did not discuss her father.

Mary was diagnosed with ADHD. She was taking Risperdol to manage symptoms. She experienced many problems at school including fighting with
peers and teachers. Her schoolwork was fairly average and she worked hard to complete her work accurately. She had a goal to become a fashion designer.

Session One

The focus of this session was the impact of making big decisions. There were 12 group members in attendance on this day. The focus was determined by the agency workbook. This workbook was developed for each quarter of the year. Staff members introduced the topic and facilitated discussion. Group members responded to a number of prompts regarding decision-making. All group members have experienced situations in their lives where they needed to make a choice. All members agreed that they did not like to be faced with making large, difficult decisions.

Because this was my first session with this group, I wanted to know a little about each member. My goal was to learn about their interests, dreams, goals and their personality. After some initial processing facilitated by staff, I asked group members to create a composition using the letters of their name. Each member was provided with a piece of white paper, 18” x 24” and markers, crayons and colored pencils. Group members were instructed to draw their name on the paper in any creative way desired. After the name had been drawn, members were asked to choose one or two things of interest, or goals, or aspects of personality represented by each letter of her name. These items could be written or drawn on the paper in any way desired.
Group members quickly began drawing their names on their papers. However, it became difficult for some members to think about aspects of self to represent the various letters of their names. When frustration was evident, members were instructed to skip the letter and create examples with the other letters in their names. For confidentiality purposes, pictures were not taken of this activity.

Upon completion of the task, members were asked for responses to two requests: remember and discuss a difficult decision you had to make, and what decisions might you have to make to achieve one goal represented on your composition. The group was split in half so a staff member could process with some members and I could process with others. Members openly shared their opinions about decision-making.

Mary recalled a time when she decided to disobey her mother because she felt a little girl was in danger. Mary was being punished for an incident that occurred at school and was instructed to remain on the porch. As she was sitting on the porch, she observed a little girl who was preparing to cross the street. Mary decided to risk further punishment from her mom to help the little girl because she felt the girl was in danger. She ran to the girl and helped her cross the street safely. Mary admitted that she was really in trouble because her mother did not believe her story. She was sent to her room for the rest of the night. She disclosed that as she was making her decision, she felt strongly that she would be in greater trouble, but she felt that it was more important to help the girl. She did
not regret her choice, but she wished her mother would have listened and understood her choice.

As she showed her composition, I was struck by her creativity. She used a variety of colors and the composition was well-planned. She drew an image of a woman and when questioned about this image, she stated that the image represented her mother. Mary stated that she had a wish that she and her mother could be closer and “not fight so much.” She revealed that she could make better choices about her attitude to facilitate a better relationship with her mother.

Mary also drew a detailed image of a dress. This dress represented her artistic desire to become a designer. She dreamed of becoming a fashion designer and she realized that she would need to choose to remain in school and become successful in school in order to reach that goal.

Tonia provided two examples about decision-making experiences. She described a time when she had to make a decision about kissing her boyfriend. She did not disclose her choice in that situation, but she stated that it was difficult because she was influenced by peers to kiss her boyfriend when she really was not comfortable with that choice.

She also described a situation when she had to decide to walk away from a fight. Again, she did not disclose her choice and again, she said that the decision was complicated by peer pressure. In her life, Tonia felt that peer pressure complicated most of her large decisions.
Tonia drew an image of a circle with a line cutting diagonally through the circle. She described the meaning of this image as her constant struggle with her attitude. She disclosed that she does not always like her anger and she wished that she could learn more strategies to control her anger. She felt that she is getting better, but she still has a “way to go.”

This activity worked very well with this population because the girls enjoyed revealing information about themselves and were old enough to choose a well-rounded expression of their interests and personality. This task also worked well with the topic of the day because the members had to make choices about what they would reveal about themselves and information they would rather keep private.

During the school-year, I had participated in the after-school program with many of these girls, yet this summer day camp group was more effective, more organized, and much calmer and controlled than the after-school group. I believe there were contributing factors to this much improved group environment.

All of the members were girls, and for this pre-adolescent stage, I believe that this small change had changed the dynamic of the group environment. The competition among the sexes had been alleviated. The girls seemed to feel free to express themselves vocally and through the art. Subjects could be addressed with the girls that would be difficult with boys in the room. The therapeutic interventions were more effective because discussion was more relaxed.
Also, the after-school program was conducted at the end of a long school day. If their day at school was positive, there was a chance that their group experience would be positive. However, the day was long, and emotions were often passionate. In contrast, during summer camp, the day began in the morning and the opportunity for negative experiences before group was minimized. Day camp was a much more effective experience for the group members and held more meaning for me.

Session Two

The focus of this discussion was “doing the right thing.” There were eight girls in attendance on this day. The staff facilitator posed a few scenarios and asked the girls their opinion about right and wrong. For example, the girls were asked to consider a situation involving girls in a store. The question was asked, “What would you do if you were with your friends at a store and they were going to steal an item in the store? If they asked, would you steal an item?” A variety of responses were given, but the girls agreed that they would not steal an item. There was disagreement, however, when asked if they would “rat out their friends.” The group was divided on this – half stating that they would tell a parent or a trusted adult, and half stating that they would not tell.

The girls were also asked to consider whether doing the right thing could help them get where they would like to be in life. Most agreed that they would have a better chance of reaching their goals if they continuously made good choices.
The art task chosen for this day was designed as a therapeutic art task. Although it was my intention to allow the girls to simply experience a different media and explore the process, the processing after the task was coordinated with the topic of the day. This activity took place outside due to the potential danger of bleach and the possibility of property damage. The directions and warnings about the potential harmful effects of bleach were made very clear and coordinated with the topic of the day because they were being asked to “do the right thing to avoid potential danger.” The girls were provided a piece of black cotton cloth and a small cup of bleach. There were bleach pens available. Each girl was provided a plastic apron to protect clothing. There were a variety of paintbrushes and rubber bands available for use. The demonstration illustrated the effects of bleach on the cloth. Safety factors were discussed in detail to protect the girls from accidental inhalation and potential burns. Any breach in the guidelines would result in immediate removal from the activity to protect all involved.

The only other directive was to explore the activity. They could utilize the rubber bands and the paintbrushes for a variety of effects. At first, the bleach had little effect on the cloth. In the beginning, the girls were a little frustrated at the lack of reaction. They learned that with a little patience, some interesting designs could emerge.
Tonia began using the bleach and a paintbrush, but soon became disenchanted with the effect, (Figure 1). She then chose a bleach pen and found it much easier to control.

Figure 1. Tonia’s family.

Although her name and the name of her family members have been erased, she meticulously labeled each person within her composition, even decorating each name. She did not want to talk about her family members; therefore, I did not ascertain who her birth family was and who her adopted family was. She was very pleased with the results. Tonia stated that she “felt family was important to help me get where I want be because they help you.” She also disclosed that she
was not sure what she wanted to be when she is grown, but she hopes that her family will be with her “no matter what.”

Mary enjoyed experimenting with the materials, (Figure 2). She began with a large piece of cloth and tried all of the available supplies including the paintbrushes, the rubber bands and the bleach pens. She began the project very controlled, but then she became more expressive.

When asked to describe the images on her cloth, Mary stated that they really had no meaning; they were simply “things I made up.” The images also had no connection to the topic of the day. As Mary discussed the topic of “doing the right thing,” she felt that “doing the right thing will help you to go through school so you can be what you want.” She described her dream of becoming a
designer and she recognized that she must stay focused on successfully completing school studies in order to successfully achieving her goal.

In conversations with Mary, she consistently focused on two topics: her current tumultuous relationship with her mother and her future goals. Although she was receiving services from a therapist, it was not clear if her mother was involved in therapy. Perhaps Mary’s behavior would have improved more quickly if the family was involved in some type of therapy. Perhaps the relationship would have improved among family members and perhaps the anger would have dissipated.

This activity worked well for most of the girls. It was frustrating at first because the black cloth I purchased must have been color-safe and did not readily react to the bleach. As I worked with the girls who were frustrated, I reminded them to be patient, “paint” the bleach on the material a little more strongly, and watch for the results to begin appearing. Although I had completed this activity using black cotton cloth before, I incorrectly assumed that all black, cotton material would react the same. However, when the bleach began to affect the cloth, the girls enjoyed the activity. The girls were engaged in the activity and I noticed that peers were helping each other and sharing the supplies very well without adult assistance.

This activity complemented the program at the agency because the girls were working on developing self-esteem and “doing the right thing.” This task
reinforced the agency topic of the day because the group members realized that they could experience success with the activity if they followed directions. This activity was designed to increase self-esteem and confidence through the introduction and exploration of a new media and art process. The girls were able to experiment with the media and enjoy the results. Because there was no “right” way to complete the project, the end product was “cool.”

This activity also highlighted the necessity of understanding agency procedures. When I arrived for group, I was informed that bleach was not allowed at the agency due to the danger of intentional inhalation. The staff agreed that we could work outside and they would provide extra supervision to insure the success of the project. This project proceeded due to the flexibility of the staff.

Session Three

The focus of this session was “talking it out.” There were 11 girls in attendance on this day. The question asked by the staff facilitator was, “Did you ever have anything you needed to talk about?”

The girls agreed that sometimes other people have had situations in their life that may be similar to situations the girls may be experiencing. The girls also agreed that when talking about situations with others, one could discover different methods of problem-solving. By hearing and understanding the ways others have dealt with problems, members have gained valuable clues about solving personal issues.
The girls were very revealing about personal issues during this discussion. Issues involving boys, sex, drugs, school suspension, and stealing were all discussed and examined. At times, the girls felt that it was important to talk to others, but in some cases, the issue was either painful or embarrassing to discuss.

The art task chosen for today was a reinforcement of the topic of the day. The goal of the project was to help group members recognize that the most beautiful part of a person may be inside and the dark mask an individual shows the world may only hide the beauty inside.

The girls were provided with poster board in a variety of sizes. Crayons were used to fully color the entire poster board. The girls were instructed to apply color as intensely as possible. When completed, the girls covered the entire poster board with black tempera paint. The paint needed time to completely dry, so the project was completed during the next session.

At first, some of the girls were confused about the project. Many of the girls had been diagnosed with ADHD, so the directions must be explicit. They did not fully understand why they were covering the crayon with black paint. When a finished example was shown, the girls readily completed the activity. The girls who spent the most time applying the crayon to the poster board, were the most reluctant to cover the crayon with paint.

Mary once again described her relationship with her mother. She described the arguing and stated that she also fights with her auntie and her grandma. She
stated that her mother was not at home very often, so she was cared for by her grandma. Mary disclosed that she and her grandma fight constantly and maybe it would be a good idea to talk to her mom about her relationship with her grandma.

Mary also described a difficult discussion she had with her mother regarding boys. She stated that she had “a hard time talking to mom about beginning to like boys.” Her mother was fairly negative about this and Mary did not feel that the conversation was productive. She doesn’t feel bad that she tried.

At first, Mary applied to color to the poster board very lightly. She was very talkative on this day, and did not want to focus on the task. As the girls around her became absorbed in the repetition of applying color, Mary also became more focused and began applying the color more carefully in interesting patterns. Eventually, Mary became absorbed in the task and her talkative behavior disappeared.

Tonia became emotional as she described a very difficult personal event. When Tonia’s brother died, she stated that she could not talk about it with anyone for months. When she was able to talk about the loss, it was with very few people. Tonia admitted that she was able to talk about the loss in group because she felt safe to express herself in group. She still suffered from abandonment and separation issues.

After the emotional disclosure, Tonia worked very quietly on her project. She applied the crayon carefully and meticulously. She was very reluctant to apply
the paint over the crayon because she liked the pattern she created. After seeing
the finished product, she reluctantly agreed to complete the project. The effect of
creating patterns visibly calmed Tonia and as time continued, her sadness lifted
and she began talking with peers again.

Some of the girls seemed agitated by Tonia’s emotional disclosure and it took
time for them to settle into the art task. They applied the crayon intensely from
the beginning of the project. Others appeared to be withdrawn, as if the emotional
disclosure, their own and the disclosure of their peers, exhausted them. They
appeared soothed by the repetition of the art task. Most of the girls in this
category began by applying the crayon lightly, then building the intensity of the
color.

Regardless of the effect of the discussion on each individual, the room was
fairly silent within five minutes of the activity. Perhaps the use of color in the
composition balanced the emotion expressed within the discussion.

This activity complemented the discussion about secrets and seeing people for
who they really are. This project illustrated that there are things that are hidden
from others, and most is very beautiful despite the exterior mask that people show
each other. Painful or embarrassing memories may have temporarily shadowed
the person. Sometimes, the behavior may have encouraged others to see only the
dark outside.
The longer and more deeply we get to know somebody, the more opportunity there is to “scratch away” the dark surface to reveal the beauty under the darkness. The project illustrated the dark behavior that people may see, and the bright, wonderful person on the inside.

Session Four

The focus of this session was, “problem-solving, one step at a time.” There were nine girls in attendance on this day. This topic was delivered by a staff facilitator and was difficult for some group members because they usually reacted to situations without considering a step-by-step process of problem-solving. I related the art task to the discussion, because a step-by-step process had to be utilized in order to complete the project.

The art task was a continuation from the last session. The girls were instructed to engrave or scratch off black paint to reveal the color underneath. A variety of tools were provided including plastic knives, plastic forks, wooden popsicle sticks and wooden skewers.

Tonia spoke again about the grief she experienced at the loss of her brother. She felt many emotions: mad, sad, hurt, lonely and devastated. She described how she originally believed that she would “get over it quickly.” After many months, she realized that she felt better, but it was a process until she finally realized “that he was gone and was not coming back.” Once she realized that, she recognized that she could feel happy without feeling bad.
Tonia worked quietly and carefully on her engraving, (Figure 3). Again, she depicted her family (as she had done with the black cloth and the bleach). The family members appeared happy in this picture.

As she was engraving, she made a mistake over the head of one of the characters. She became very angry and slashed out the area over the characters’ heads. After she slashed out the area, she did not want to talk about the picture. She did not want to keep the picture and was going to throw it away. She gave it to me saying, “I don’t like it.”
Because she would not discuss her picture, I could not identify the characters in the picture. Although most of the characters appeared to be happy, there was some evidence of other emotions. I can only speculate on the ridges of the grass, but the motion of that line could indicate anger.

It was also interesting to note that there were no males in this picture. Tonia was adopted, but I have not heard her speak about an adopted father.

Tonia would not discuss her mistake, but the correction scratches appear angry and her frustrated was evident. She definitely expressed many angry emotions about her mistake. I tried to talk to her about different ways she could turn those lines into a positive addition to the composition, but she did not want to try saying, “the picture is ruined and there is no way to fix it.” She simply wanted to put her head down and she wanted to be left alone. I wonder if this picture and the release of frustration and anger was simply an extension of the feelings that she experienced at the loss of her brother. Although Tonia would not talk about anything further, I wonder if she felt angry at the forced exclusion of her brother in the family portrait.

Mary was more literal with her description of taking things one step at a time. She explained that division was difficult for her. She had worked with her teacher and a tutor and discovered that she needed to complete a division problem one step at a time. Once she learned the appropriate steps, she had an easier time completing division problems.
Mary was talkative today and was not very focused on the engraving project. She enjoyed experimenting with a variety of tools and actually utilized all of the tools that were available, (Figure 4). She chose a subject matter that was typical for her age and her budding interest in boys was expressed within the composition. She also chose her nickname to identify characteristics about herself that she wanted to express. She was fascinated with the way the color manifested from the black paint and enjoyed this project.

*Figure 4. Mary’s engraving.*

During this activity, the girls were talkative, but their behavior was not inappropriate. They were interested in each person’s composition, and were fascinated to discover how the composition developed. Despite Tonia’s
dissatisfaction with the activity and the result, the other girls enjoyed the project and the final product.

*Session Five*

The discussion today was facilitated by staff and focused upon the idea that problems and decisions can have a ripple effect in a person’s life. A problem may begin as a small issue and grow into a large situation, as well as a decision can carry far-reaching implications in a person’s life. There were nine girls in attendance on this day.

The girls were able to identify a time when a small issue became a large problem. Mary recalled a time when she was grounded, yet she chose to go outside against her mother’s instructions. She recognized that she was already in trouble, and she was mad that she couldn’t go outside with her friends. She knew that she was making the wrong choice, yet she felt that she wanted to be stubborn by not listening to her mother. Mary stated that she “knew she was going to get in trouble, but she didn’t care.”

The effects of that choice were not pleasant and accentuated the lack of judgment about her decision. When her mother caught her playing outside, she pulled Mary inside, which embarrassed Mary in front of her friends, then made her go to clean her room. Looking back, Mary felt that she made a bad choice because the consequences were worse than the fun she had while disobeying.
Tonia also felt that she made a bad choice. While she was in school, she became angry and chose to walk out of the building. She knew that there would be negative consequences, but she made that choice anyway.

Tonia recognized that she has an anger problem. Although she was trying to control her anger and was learning techniques to control anger and make better choices, she simply did not care about the consequences on that day and chose to disobey school rules. She stated that she would try harder the next time to make a different choice such as talking to a teacher, going for a walk to the principal’s office, choose to draw or color a picture to help her focus on something other than the anger.

Although Tonia recognized that there would be consequences, she did not think they would be so far-reaching and severe. She was suspended from school and her mom was notified. She missed class work and spending time with her friends. The consequences that she did not anticipate were discovered at home because her mom became very angry and she was grounded for a long time.

Tonia realized that she could have made different choices and the different choices would have had very different and more positive results. If she would have talked to somebody instead of walking out of school, she would have saved herself much trouble.

The art task today was designed to complement the session by simply increasing self esteem among the girls by providing a task that would allow their
creativity to shine through, yet it provided an opportunity to easily manipulate the materials to make something beautiful. This goal complemented the agency’s belief that increasing self-esteem will enable the members to make healthier choices in their lives.

The girls were asked to create a “stained glass ornament.” Each girl was provided with two pieces, 8 ½” x 11”, of clear contact plastic with adhesive, tissue paper in a variety of colors, and glitter, string and markers. The directions were as follows: cut the plastic into a desired shape, making sure that both pieces are placed with adhesive side together and cut at the same time; then peel off the backing on one piece of plastic and decorate with strips of tissue paper, glitter, and markers; then peel the backing off the second piece of plastic and place on top of the decorated piece. Markers could also be used on the outside of the “stained glass ornament.” A hole was punched in the ornament and string added that provided the ability to hang the ornament in a window. Because many group members were diagnosed with ADHD, I wondered if the complexity of the directions and the amount of steps necessary for completion would interfere with group members’ success. An example was shown to help group members visualize the final product.

Mary had a hard time focusing on the art task this day. She argued with peers and had to be briefly removed from the room. When she returned, she was able to focus a little better and she made the conscious choice to ignore negative
behaviors. During processing, Mary expressed that she started out in group with a negative attitude, but “got myself together.”

Mary seemed to relax while creating her “stained glass ornament.” This was evidenced by her ability to focus on the task and not on the negative behaviors and rude comments around her. She worked carefully and was very excited about the finished product, (Figure 5).

![Mary's ornament.](image)

**Figure 5.** Mary’s ornament.

Tonia also seemed irritated on this day. She was argumentative with peers and reacted to the negative energy within the room. At first, she seemed confused
about the directions to complete her project. This frustrated her, because she liked the appearance of the finished example. After she began to cut the plastic, she realized that she did not follow directions and place the adhesive side together to cut, so she needed new pieces of plastic. This made her angry because she wanted to do well, and she felt that she was already messing up.

After the initial misunderstanding, Tonia was able to begin working quietly on her project. Although she worked carefully and was more compliant with group rules, her agitation was illustrated through the activity of rocking in her chair. However, she became very involved in the creation of her project and she was happy with the results, (Figure 6).

*Figure 6. Tonia’s ornament.*
The other group members seemed to enjoy the task as well. The entire group was agitated on this day, with arguing among peers, but after they began creating, a certain measure of calm and quiet entered within the group. The sample I showed to the group was round, but after a member asked me to cut out the shape of a heart, most of the other members wanted my assistance to cut heart shapes. Did members want my attention or were they conforming or fitting in with their peers? They were also more amicable with each other while waiting their turn to photograph their image. They cleaned their area with little prompting and made the transition to processing easily.

Figure 7. Lana’s ornament.
Lana enjoyed working on this project and she was the first person to decorate the outside of her design with the glitter glue, (Figure 7). After group members saw her design, some girls began to copy the idea and decorate the outside of their sun catcher. Usually, Lana became bored easily with projects, but she carefully ripped and placed her tissue paper on the clear contact paper and spent time with the decoration. Although she did not reveal anything unusual during processing, she seemed more quiet than usual.

Figure 8. Briane’s ornament.

Briane began working quickly on her design, but became frustrated while cutting the plastic into the shape of a heart. I assisted her with cutting a new piece
of plastic, and then she began working. She had a rough morning arguing with her peers, but she seemed to settle into the work. She had completed her design and brought it to be photographed, then noticed Tami’s ornament and the glitter placed on the outside, so she returned to her place and decorated the outside of the heart, (Figure 8). She was satisfied with the results.

Figure 9. Tami’s ornament.

Tami wanted to do something a little different with her project, (Figure 9). She also had a rough morning, arguing with peers and had to be removed from the group for awhile, but visibly settled as she worked on her project. She enjoyed the materials, but she did not want to make a sun catcher. So she utilized the materials to make this composition. She wanted to capture the joy of spending time with someone special. She was very proud of the completed project.
Session Six

The focus of this session was peer pressure. There were nine girls in attendance on this day.

The staff facilitator began the discussion with a review about a current event where a woman was killed in the theater district by teenagers who made the choice to crazily drive a car through an area where there were many people. The discussion focused on the teenage passengers in the car because they chose to ride with the driver and therefore will also suffer consequences from the action of following along with the crowd.

An extensive examination of different types of peer pressure followed. The girls cited the following examples of peer pressure activities: smoking, talking about others, having sex, drinking, stealing, robbing, property-destroying parties, and not listening to parents. Everyone in the group admitted to falling prey to peer pressure at least once in their life and the consequences were unpleasant.

A question was posed to the group, “How can you avoid peer pressure?” A variety of responses were provided.

Tonia felt that the easiest way for her to stay out of trouble and avoid peer pressure was to simply ignore them. She stated that it was not always easy, but she had been in trouble before with her friends, and she did not want to repeat the consequences.
Mary felt that the easiest way to avoid peer pressure was to walk away and she used coping skills. She agreed that it was sometimes very difficult to walk away because she did not want to look bad in someone else’s eyes, but she had also suffered consequences based upon her association with certain peers and certain activities, and she did not want to repeat the punishments.

The art task started on this day was going to be continued during the next session because there was not enough time to create the clay beads, bake them, then use the beads to create jewelry. The goal of this task was designed to spark creativity and enhance self esteem with the creation of something beautiful. The group members were asked to design and create a piece of jewelry that would be made from clay beads. The materials used for this activity were; Sculpy clay in a variety of colors, plastic knives and toothpicks. A brief demonstration illustrated the variety of ways that color could be combined to create exotic and unique beads.

Because of the complexity of this task, the room was fairly silent throughout the activity. The girls shared their clay and complemented each other on the creative design of the individual beads. The girls enjoyed creating different colors, patterns and sizes of beads. When finished, the girls placed their beads in a bag that contained their names because Sculpy clay needed to be baked. Photographs for this project were taken and are included with the description of the next session.
This activity worked well with the group because the clay was easy to manipulate and therefore, success came easy to members. Because there were a wide variety of colors, the girls developed techniques to make beads that were pleasing to them. They were very proud to share their creations with each other.

Session Seven

This session focused on the value and the detriment of holding secrets. There were nine girls in attendance on this day. The girls were also excited to see their clay beads and they examined the effect of baking upon their beads.

A thorough discussion about secrets was led by staff facilitator. All of the girls admitted to holding secrets within. Questions were asked including: When is it appropriate to keep a secret and when is it appropriate to tell someone? What criteria should a person have for keeping a secret? Why should anyone share a secret? How could a relationship be affected by sharing a secret?

The girls offered their opinions and their stories. All of the girls admitted to keeping secrets. It was decided among the group that it was healthy for a relationship to keep secrets if the secret did not cause another person to be physically hurt. Examples were given by group members including a story offered by one of the members involving the rape of her friend. She held the secret for a while because her friend asked her not to tell, but she eventually told a family member because she was afraid for her friend’s safety. She realized as she
recalled the story that telling the secret was appropriate because her friend received help.

Mary revealed that a friend told her that she had sex with another girl. Her friend told Mary because she needed to tell someone, but she didn’t want the secret to get around because she did not want to be labeled gay. Mary never revealed the secret because she didn’t think it was anyone’s business. She also felt strongly about being loyal to her friend who asked her to keep the secret.

Later, Mary also revealed that another friend told her that she was raped by her father. She told her mother about that secret. She stated that, “this secret needed to be told because when a person is in danger, an adult has to be told to be able to help.” She knew there was a risk that she may lose her friendship with this girl, but she felt the need to protect her friend was greater than the risk. She’s not sure if her mother ever told anyone else because this was a recent event.

Tonia revealed that a friend told her that a “boy saw her privates.” Her friend was only 11 years old and Tonia felt that it was inappropriate. Tonia told her mama, but the secret never went further than her mother.

This revealing discussion highlighted important information. Although no names were disclosed within the group, the members felt safe to share some very intimate secrets. The members agreed to share their secrets with an adult they could trust when there was an issue of safety involved. The members also agreed
that friendships could be lost over sharing personal secrets with others, but the risk was worth the loss of a friendship if there was a threat of danger.

The art task this week was a continuation of last week’s group. This week, the girls assembled their jewelry using the clay beads they created last week. The materials needed to complete the project were the clay beads from last week, string in a variety of colors, and a variety of plastic beads. The girls were excited to begin assembly and enthusiastically retrieved the necessary materials.

As the process of creation continued, I noticed something wonderful occurring. The girls were working together, sharing their beads and ideas. They were communicating with each other as they were stringing their beads. For a few moments, this group reminded me of the groups that used to create beautiful quilts together in fellowship and friendship. As the hands moved, there was a level of intimacy rarely achieved by this group. As they were worked together on a common project, perhaps they were also tying together common bonds with each other.

Tonia was excited to see her clay beads, (Figure 10). She liked the way the colors turned out. In the beginning, she wasn’t sure whether to make a bracelet or a necklace, but after perusing the variety of plastic beads, she felt she could create both. She took awhile to arrange her beads before placing them on the string. She rearranged the beads many times until she was happy with the results. She was very happy with the finished products.
Mary was also pleased with her clay beads, (Figure 11). She began working immediately to arrange the beads in a pleasing way. She placed her beads directly on the string and when she needed to rearrange the beads, she simply took them off the string and rearranged. She was getting frustrated because she wanted to place a cross on her necklace, but she wanted it to look a little different. When she created things in the past, she tried to be original and she sometimes frustrated herself in her quest for originality. She tried many things with the cross and settled for the final look. She wasn’t extremely happy with it because it wasn’t quite what she had in mind, but she was happy with the overall look of the piece.
This was a project that the girls enjoyed because they were able to create something new and original from clay. They were happy with the final results because they could combine their original works of art with machine-made products for something that could reflect their individuality.
Asia was not thrilled with the clay and did not seem to enjoy manipulating colors to create patterns or interesting designs in her beads. She worked quietly without interaction with others which was typical for her. She finished with the clay before others and did not want to experiment with different colors. Because she was usually so quiet, it is difficult to know if she was having a bad day, did not like the materials, or did not enjoy the activity.

After she saw the variety of additional beads that she could use to create jewelry, she became excited to create and made two pieces, (Figure 12). She seemed a little happier on this day and interacted with peers a little more.

*Figure 12. Asia’s jewels.*
Lana thoroughly enjoyed working with the clay. She enjoyed experimenting with colors. While she was somewhat talkative and at times argumentative with peers, she became very involved with this project and enjoyed manipulating the clay. During the second session, she enjoyed combining the plastic beads with her clay beads to create interesting pieces of jewelry, (Figure 13). She enjoyed making many pieces and was satisfied with the results.
Tami enjoyed manipulating the clay, but became bored with the project. She utilized three colors and when she used the clay, she did not want to try different colors or designs. Tami had a short attention span and became easily bored with projects. She was not disruptive when bored, she simply sat quietly or slept. Tami had previously described that she was not able to sleep well at night, but did not offer an explanation.

She took more time with the second session because she carefully made choices about which beads to use in her jewelry, (Figure 14). When complete, she enjoyed the final pieces.
Briane enjoyed experimenting with different colors and designs. She borrowed scraps of clay from group members so she would not waste clay. Although she was argumentative and loud on this morning, she became calm and was very focused for this task. She put a great deal of thought into the beaded jewelry that she created, (Figure 15).

This activity produced results that were pleasing to each member of the group. There was a wide variety of supplies to choose from, and the group was given ample time to experiment with the supplies to create items that were pleasing to them. Jewelry creation was a task that worked well with this group in particular.

*Figure 15. Briane’s jewels.*
because the members were pre-adolescent girls. For the girls who were not interested in jewelry, they could have created an item for a friend or family member. Materials were available to create a key chain or an item to hang from their book bag. These alternative suggestions were presented with the instructions at the beginning of the session. Each member created an item they were proud to display.

Session Eight

This session was the last session of the summer camp program. There were ten girls in attendance.

As we discussed the summer, the group was split in their opinions. Half of the girls were happy that summer was over and school was beginning because they said that they were having a boring summer and they looked forward to returning to school. These girls missed their friends and they missed having something structured during the day.

The other half of the group was sad that summer was ending. Some of the girls said that they would miss the daily group activities. Other group members did not like school, so they were not looking forward to returning to school. They enjoyed the unstructured days and bedtimes and did not want to return to scheduled days and evenings.
Perhaps because of the stress of the final day, the group was argumentative and loud. They were on the verge of fighting many times during the transition period and a few members had to be temporarily removed from the group to calm down.

After the task had begun, however, the most dramatic effect of art could be seen. The group immediately began to settle into the task. The energy in the room calmed and quieted. The girls began talking to each other about school and friends. They began to share colors and space. The effect was so dramatic that the group facilitators commented on the powerful effect of art.

The group was asked to work together to complete three posters highlighting a summer memory, a summer experience, or a memorable learning experience from the summer camp. The materials used were 8’ x 3’ pieces of white butcher paper, markers, color pencils and crayons.

Because the three groups personalized their areas on the paper, no pictures could be taken to protect the identity of the girls within the group. Most of the girls included something they learned within the group experience. The girls expressed themselves through words and symbols.

Mary drew stars for a flag to symbolize her love for family. She also drew an angel around her name to symbolize her growth. She drew a heart that symbolized everything that she learned this summer in the group and expressed her hope for continued learning so she would be able to graduate from the program and be successful at life. Mary utilized many subdued and dull colors
within her composition and she stated that she was going to miss the summer camp. She was a member who was not looking forward to returning to school. Could Mary’s use of dull, depressing colors imitate the sadness she was feeling about ending the summer camp? Did she usually have a difficult time with endings?

Tonia did not utilize symbols in her composition. She listed the names of her friends and family and stated that she was glad that she was able to enjoy her family and friends this summer. She was also sad to be returning to school and schedules and wished that summer could last longer.

The group shared their images and memories with each other and compared experiences. This project was a good project for termination because it provided a way to process and review the summer program and the learning that took place over the summer. The girls enjoyed sharing their shared experiences and some looked forward to the future. Most of the girls would return together for the after-school program at this agency.
Chapter VI

Conclusion and Recommendations

Conclusion

The focus of this study was to gauge the effect of art therapy on the behavior of pre-adolescent girls in a partial hospitalization program designed to therapeutically treat behavior issues. Based upon the data gathered through observation, interviews with staff facilitators and interviews with the subjects, there was a direct correlation between the positive effects of art therapy and positive behavior within the group.

The members of the group were admitted into the program with a variety of behavior issues. The girls had been observed as defiant with adults and authority figures, argumentative and aggressively physical with peers, and at-risk for criminal activity and/or substance abuse as young adults. Within the group environment, these girls had argued and physically attacked peers, and argued with staff. Some of the girls had admitted to stealing and smoking.

The purpose of the partial hospitalization program was to address these behavioral issues and to provide skills and tools to change the negative behaviors into positive behaviors within a therapeutic environment. By utilizing discussion and peer interaction, it was the goal of the program to eliminate the negative behaviors and facilitate the group member’s graduation out of the program.
During the summer day camp, the girls experienced insights as they examined the events of their lives within the focused discussion of the group. The staff facilitator was experienced with girls this age and provided excellent examples to stimulate thought-provoking discussions. There were times when the girls needed more prompting and examples to understand the topic of the day. There were also times when the most profound discussion still resulted in chaos and negativity within the group. Processing was uncomfortable for some group members and at times the discussion tumbled into arguing and discord.

During the most chaotic mornings, however, the art task brought peace to the group. There were times when girls had to be removed from the group as the tempers escalated, but returned for the art task and worked quietly and cooperated with other group members. The group never failed to support each other in the art and cooperate with each other to share supplies and clean up when finished. Socialization skills were reinforced through the process of art as the girls shared supplies, patiently waited their turn in a variety of ways, and helped each other with their projects, shared insights about the art and listened to each other share insights. Because this time of the day always proved to be the calmest, most cooperative time of the day, according to the information gathered from the surveys from staff and group members, I believe that the process of art soothed even the most troubled soul, even if just for a short time.
The art also stimulated interesting discussion. It was almost as if the art depersonalized the event and created an invitation to discuss something that was not quite as meaningful or painful. Also, as the art seemed to calm and soothe the girls, this environment also facilitated a more profound discussion. The processing that occurred after the art task was often more profound than the processing that occurred before.

The boost to self-esteem was evident as the girls beamed their pride in their artwork. They were happy to display their work and proud to have their work photographed. Many girls enjoyed taking risks with the artwork, and were pleased with the results. There were times, however, when girls were not happy with the finished product. They usually explored ways they could improve next time.

After each intervention was completed, the girls processed their feelings about the art task and were invited to further elaborate upon the topic of the day. The girls were honest within the surveys and they indicated very clearly their feelings about the art task and their general emotional state (see Appendix A and Appendix D). Most of the time, all of the girls stated they enjoyed the task and enjoyed experimenting with the media. There were times when some of the girls were dissatisfied with their final product, but did not mind the task. There were also a couple times when a girl did not enjoy the task at all, but worked carefully
to complete the art. In every session, most of the girls commented that the task improved their attitude and helped in some way.

After each session, the staff facilitators commented on the positive effect of art on the behavior and attitude of the girls and the environment of the group. They noticed a distinct difference in the attitude of the girls and the positive interaction between the girls while they were creating an artistic piece. They were surprised about the effect of the art on individuals who had been struggling all morning. There was a noticeable difference in the mood of the most distraught girls as they began to create. Many times, the staff commented on the positive effect of art and its ability to calm nerves and facilitate discussion. The checklist was used only as a guide to facilitate discussion with the staff members about each session (see Appendix C). For each session, staff rated the member’s behavior at least 8 out of 10. In most sessions, members were rated a 10 for their behavior during art creation and processing.

The evidence of the positive effect of art therapy in a therapeutic environment designed to treat at-risk youth was overwhelmingly conclusive. Through observation of behaviors and interviews among professionals and subjects, the positive effects of art therapy illustrated the necessity of its inclusion in programs with this population.
Recommendations

It is my recommendation that art therapy is a beneficial complement to a therapeutic program with pre-adolescent girls. Within the creation of art, the girls discovered something positive about themselves. The insights gained through the creation of art and the finished product aided in the processing and discussion of the therapeutic topic. Negative behaviors were diminished during the creation of art and the processing. The girls were kinder to each other and more cooperative. They were also very proud of their creations and that was a boost to their self-esteem.

An art therapist should oversee the original creation of art therapy goals and/or the implementation of art therapy with the current goals of the program. An art therapist could develop a program that includes appropriate tasks for the developmental level of the girls and coordinate the tasks with the therapeutic goals of the group.

The evidence supporting the positive effects of art therapy lends credibility to the necessity of incorporating art therapy partial hospitalization programs. Daily art tasks could lower the negative behaviors that are evident within the group environment and increase the positive behavior between peers.

An art therapist should conduct the interventions or oversee the training of the current staff. The goals of each task should be directly related to the goals of the program and the individual goals as registered on each ISP. A trained art
therapist would have the ability to direct the girls to complete the task as planned and appropriately conduct processing to maximize possible insights that could be gained by the completion of the task.

The implementation of art therapy within a partial hospitalization program would benefit the children that the program serves. With the assistance of an art therapist, this modality could improve the success of the program. As the program improves, the chance for success for each group member increases. Success for the children is the ultimate goal of any therapeutic program.
References


Appendix A

Checklist for Children

Please circle the number that represents. 1=Great, 2=Good, 3=OK, 4=Not So

Good

1. How did you feel before the art task? 1 2 3 4

2. How did you feel after the art task? 1 2 3 4

Please circle Yes or No

3. Did the art help you today? Yes No

4. Did you like the project? Yes No
Appendix B

Checklist for Parents

Please circle Yes or No. Add comments if you think they are appropriate.

1. How did your child do at home today?

2. Do you feel there was any improvement in your child’s attitude today?
   Yes  No

3. Does your child show you his/her artwork or talk about his/her artwork?
   Yes  No
Appendix C

Checklist for facilitators

Please circle the appropriate answer. Offer specific examples when appropriate.

1. Did the children seem to enjoy the task? (Were they on-task and did they seem enthusiastic to complete the task?)   Yes  No

2. Did the children remain appropriately in their seats?   Yes  No

3. How many times did you observe inappropriate behavior during the task?

4. How many times did you observe inappropriate behavior after the task?

5. Was there any misuse of materials?   Yes  No

6. Were the children kinder to each other?   Yes  No

7. Could they process appropriately about the topic and the art?   Yes  No

8. Overall, please rate their behavior today on a scale of 1-10 (10 is the best).
Appendix D

What do you think?

Did you like the activity?

What did you like about the activity?

Did you like working with_________? (medium used)

What would you like to say about today?
Appendix E

Informed Consent Form

I freely and voluntarily and without element of force or coercion, consent to have my child participate in the research project entitled “Art therapy with high-risk youth in a partial hospitalization program.”

This research is being conducted by Karla Oriani, B.A., who is a master’s degree student at Ursuline College. I understand the purpose of her research project is to show that art therapy can help improve the behavior of high-risk youth. Through the modality of art, we will also address anger issues, social skills, and respect for all others. In addition to improving behavioral issues, self-esteem issues can be addressed through art therapy experiences.

I understand that the participants for this study will be children who have been referred to the partial hospitalization program at Bellefaire, JCB. This case study will be conducted during summer camp.

I understand that nothing will be required of my child outside of the time that they are participating in the Bellefaire program. I understand that my child’s participation is totally voluntary and that she may stop participation at anytime. All artwork will be kept confidential. My child’s name will not appear on any of the results. Individual responses may be recorded, but the child will not be identified by their response.

I understand there is very minimal risk of any harmful effects because my child has been asked to complete art tasks and process these tasks in the past. All art tasks will be coordinated with Bellefaire staff to insure that the task is appropriate with the goals of the program and my child’s individual goals. My child is able to stop participation at anytime she wishes as staff will be able to provide alternate activities to facilitate learning.

I understand there are benefits for participating in this research project. My child will learn creative and artistic ways to ease anxiety, handle anger, and relax through the healing use of art in daily life. Also, any self-esteem issues she may be experiencing can be addressed in a non-threatening art therapy environment.

I understand that this consent may be withdrawn at anytime without prejudice, penalty or loss of benefits to which my child is otherwise entitled.

I understand that I may contact Karla Oriani, Ursuline College at koriani@ursuline.edu for answers to questions about this research or my rights. I have read and understand this consent form.

(Parent/Guardian)                                                                                               (Date)

(Child’s name)