Art Therapy with an Adoptive Family:
A Case Study of Adoptee Children with Reactive Attachment Disorder

By
Amanda Therese Knapp Melkowits, MS

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

Graduate Studies

We hereby approve the thesis of

AMANDA THERESE KNAPP MELKOWITS, MS

candidate for the

Master of Arts in Art Therapy & Counseling Degree

Approved by:

___________________________________________________
Dean of Graduate Studies

___________________________________________________
Director of Master of Arts in Art Therapy & Counseling Program

Reading Committee:

________________________________________
Cecile Brennan, Ph.D., LPCC-S

________________________________________
Heidi Larew, NCC, PCCs, ATR-BC

May, 2008
Acknowledgments

I would like to thank the faculty, staff and fellow students of the Department of Art Therapy and Counseling at Ursuline College for being a mirror to my soul. Without you, this project would not have been as rich.

Thank you to my thesis reading committee members, Cecile Brennan, Gail Rule-Hoffman, and Heidi Larew, for your guidance, support, inspiration, and resources. CeCe, your great writing guidance and academic support are equaled to your inspirational, emotional support. I so appreciate your direct honesty as a viable motivator. Gail, you consistently, steadily hold up your students to be as high as they can possibly reach. Heidi, your clinical experience and personal input from day one in working with this family has been priceless.

Thank you to the adoption agency through which this family was found. I have learned from you what I could never have gotten in a classroom. A great, huge thank you to the case family. Your bravery, strength, and openness to experience are a model for all families, especially those with a hurt child.

Thank you to my friends (who are adoptive family to me) and family for their love, support and consistent pushing to finish school in general. Thank you to my parents most simply for adopting me! Thank you to my husband, Brian Knapp Melkowits, for being patient through this long academic process and hopeful for our future as a family.
Abstract

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The transition into adoption can be exciting and stressful for children. This transition, overlooked by the literature, may predict post-finalization success within adoptive families. Older child adoptees face unique challenges in developing complete selves, managing emotions, and attaching to new families. This can be particularly difficult when children suffer behavioral and emotional issues from attachment disorders and maintain expectations about being disrupted from these families due to personal experience. Art therapy can provide adoptees opportunities for self expression, behavioral management, and rapport/trust development while demonstrating to the family the adoptees’ willingness to participate. This case study follows 16 art therapy sessions with a set of four children. Each adoptee was brought over from Russian orphanages by adoptive families. These children were disrupted by at least one adoptive family, were chosen to be adopted by the same family within two years, and were all diagnosed with reactive attachment disorder (RAD).
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Chapter I

Statement of the Problem

Introduction

Family is defined as a group of people connected by birth, marriage, adoption, or other legal means, who are committed to maintaining that group (Cooper, 1999; Goldenberg and Goldenberg, 2004). Adoption pertains to the legally created family bond between an adult and a child. Commonly, adoptions occur with families, couples (either husband and wife or same sex couple), single parents, grandparents and other biological family members who adopt an infant or minor aged child (Lifton, 1994). The combinations of newly created family types are very diverse, including step families, multiracial families, families with biological and adopted children, etc. All families have issues specific to them, but the adopted family has unique concerns that seem to define them (Lifton, 1994).

Adoption ideally is a wonderful process of joining together a child with a wanting, loving family. Although the goal of adoption can be seen ideally, the actual process of adopting a child can be very stressful on the child, the adoptive parents and the family to be. Adoptive families, in general, differ from biological families due to issues of attachment and bonding (Bowlby, 1962; Henley, 2005), emotions around abandonment and adoption (Lifton, 1994), acceptance by extended family including the birth parents, infertility issues (Lifton, 1994), and cultural differences between family members (Hocoy,
All individuals entering an adoption bring into the family their perceptions, fears, and emotions about themselves, the adoption and family definition.

Late adopted children also relate differently to the adoption process than do children adopted as infants; children understand differences between birth and adoptive families by age 7 (Black & Kaczmarek, 1992). Late adopted children remember their birth family and may have had experiences in foster care, both of which may have impacted the child traumatically. Early traumatic experiences have been found to affect brain structure (Klorer, 2005). In addition, the concept of parental figure impacts the child’s internalization of personal self definition (Milne, Greenway, & Best, 2005). Therapy with a family in the adoption process may differ from therapy with a biological family. It is possible that adoptive family therapy may appear more like group therapy with a set of unrelated individuals, in that those entering into adoption often know very little about the other individuals.

Art therapy can be effective with adoptive families. This study will be an attempt to demonstrate this. A major benefit of art therapy is the non-verbal quality of the art process and product (AATA, 2007; Oaklander, 1988). The art process taps into a pre-verbal level of consciousness that is maintained by the senses, which makes it especially effective when working with children (Oaklander, 1988). It has been shown that adoptees with limited emotional expression have, through art therapy, been able to organize their thoughts more effectively, practice decision making and adaptability, utilize verbal skills, and tackle behavioral issues (Robb, 2002). Robb (2002) also demonstrated how the safe, supportive
environment, creative interaction and art making process aid adoptees suffering Post-traumatic Stress Disorder to establish trusting relationships. Adoptees with attachment issues may have trust issues as well (Lifton, 1994). Art therapy can help the adoptee build a sense of self, fill in the holes in their history, learn to self parent, and to bond with their adoptive families more effectively (Robertson, 2001). Henley (2005) showed how the stimulation of the art making along with the product and the consistency of rules, allowed adoptees to decrease incidents of hyperactivity and impulsivity associated with attachment issues. For the adoptive family, art therapy may allow for organization, rule and limit setting, behavioral modification, emotional expression and building of family cohesion (Goldenberg & Goldenberg, 2004). Robertson (2001) found that art therapy allowed for exploration of issues of grief and loss and those pertaining to ideal family fantasies, which would benefit all members of the adoptive family.

*Purpose of the Study*

The purpose of this study is to observe art therapy counseling with a family in the process of adopting children. I hope to familiarize myself with the issues and needs of adoptive families in general, and one in specific, to learn how best to create treatment plans and goals for these issues and needs in order to design and implement art therapy tasks to further healthy cohesion within the family.

*Research Questions*

My research questions for the case study include:
(A) What art therapy tasks or interventions will help the adopting family (with such variety of personalities, ages and issues of the family members) create their personal definition of family and family cohesion?

(B) What art therapy tasks are effective with teen aged clients with Reactive Attachment Disorder?

Definition of Terms

Adoptee- a person of any age who was adopted as a child into a family not directly of their origin or birth.

Adoption- a legally binding decision to incorporate a minor aged child into a family to then consider the child as legal part of that family with all of the rights and privileges within.

Adoptive Family- a family or couple that has adopted children. Families who are in the process of adopting children are often also referred to as adoptive families or as adopting families.

Art Therapy Counseling- the combination of creative, non-verbal therapeutic process using artistic media with traditional verbal or talk therapy. This process allows for a rapport or bond built between client and therapist, having therapeutic value in fostering behavioral change on a psychic, creative and/or experiential level than talk therapy alone.
Attachment- a theory developed by Bowlby (1962), the act of infant bonding with a significant caregiver as a necessary process for infant health, future adult-child mental health, and family cohesion.

Attachment issue- difficulty in attaching to a significant caregiver, resulting in behavioral, psychological and emotional issues, may be one of the criteria for Reactive Attachment Disorder.

Birth Family or Biological Family- the family to which a child was born, family of origin. In the case of an adoptee, the birth family is to whom he or she was born but not with whom they live or are legally bound to post finalization.

Creativity- a special phenomenon and a new way of thinking that results in novel products or processes.

Disruption- the legal process through which a family gives an adopted child back into the system to be adopted by another family. “To be disrupted” means that the child was not adopted and was given back up for adoption.

Family- a group of people, usually multigenerational, bound by biological ancestry, marriage, adoption or other legal means that commits to staying together and provides some form of support for each other.

Family Therapy- a therapeutic process including the entire immediate family with family goals and individual goals. Family therapy assumes a systems
approach, understanding that the family is made up of interrelated individuals who are all affected by the issues of one individual.

Finalization- the last step in the process of legally adopting a child. Each American state has different requirements for an adoptive family to complete prior to finalization. Many states require the adoptee to live with the adoptive family for six months, while completing monthly visits by a social worker. A finalization hearing occurs at the end of these six months, in front of a judge specializing in adoption, who then legalizes the adoption of the child.

Late Adopted Child- a minor aged child who is adopted after infancy, age 2 and older.

Reactive Attachment Disorder (RAD)- a DSM-IV-TR (2000) Axis I diagnosis (313.89) characterized by “markedly disturbed or developmentally inappropriate social interactions,” usually beginning before the age of 5 years (DSM-IV-TR, 2000, p. 127). There are two types of RAD: inhibited type, with extreme shyness and social removal, and uninhibited type, with the inability to discriminate inappropriate social interactions. Lack of attachment or bonding with appropriate significant caregivers is involved in both types.

Delimitations and Limitations
The major delimitation of this study is intrinsic to a qualitative case study. This study was be limited to observations and interactions with one specific family and may not be generalizable to all adoptive families’ situations. The family involved with the study volunteered participation. This is a limitation as it may only attract participants who are interested in the activity, and therefore this study will not account for families who are unaware or uninterested in the art therapy process. A case study may also be limited due to researcher error through personal interpretation, as data is filtered through the researcher’s point of view. Participants may not report results accurately, either in an effort to appear helpful or due to some form of therapeutic denial.
Chapter II

Procedures

Characteristics of Qualitative Research

According to Creswell (2003), qualitative research is a legitimate research type that enriches the research base and the field of art therapy counseling. Qualitative research utilizes a variety of methods, is interactive with clients, and is humanistic. Interviews with open-ended questions, observations, images, and other forms of data are collected and analyzed. It takes place in a natural setting, which allows for an enhanced level of detail and understanding of the clients and their experiences. Data emerges gradually through the process and the research questions may change, be further defined, or developed as the research process continues. The researcher is involved in interpretation of the data, including describing, analyzing, drawing conclusions, stating findings, or what is learned, and presenting further questions. Interpretations are arrived at through the researcher’s personal reference, historical and social context and are therefore biased in some way. The researcher works against this bias to present as clear a picture of the phenomenon presented as possible. Through the presentation of the experience, the researcher shows herself, her beliefs and understandings. The researcher attempts to present a whole picture of the client’s experience with much detail in the narrative and description, showing the complexity of human interaction. Complex reasoning is used in qualitative research; it is comprehensive
and simultaneous. Qualitative research is useful in providing the field with a holistic view of the human experience.

*Qualitative Research Strategy*

The strategy for this qualitative research project is a case study. A case study allows the researcher to explore the therapeutic process with a client, in this case, an adoptive family, in a specific time frame, emotional state and life experience. A case study will enhance the researcher’s understanding of the process and will enrich her future understanding of interacting with this type of client.

*Role of the Researcher*

The qualitative researcher is personally involved in the study. Therefore, it is of utmost importance for the researcher to become aware of and to acknowledge personal biases and values that will impact the research and be reflected in the results. Likewise, the researcher’s personal history and motivation towards this study create the lens through with the researcher views the client, the process and the results. The research topic, data collection, and analysis are all intertwined with the researcher’s self, perceptions and experiences so as to not be separated clearly. It is important for the researcher to present the known personal issues prior to the study to limit any biases.

Personally, I am drawn to the field of adoption due to the fact that I am an adoptee. I was adopted at two weeks of age. My adoptive family shared my
adoption status with me from a very early age. I have extremely limited
information about my birth family as birth records are sealed, protected and very
difficult to retrieve without lawyer intervention. I understand the issues that
adoptees face and witness, through my adoptive parents, the issues that adoptive
families face. Adoptive families deal with issues of which biological families can
not conceive. Defining my family includes a set of people, a history and an
ancestry that are shielded in a mystery. Creating a whole self has also been
impacted by the lack of information. I am absorbing a great amount of
information about the adoption process and normal emotions of each participant
in the adopted family, including the birth mother, through my internship at an
adoption agency which provides counseling for all parties. The biases, values and
perceptions from my own adoption story will provide me strengths for relating to
and establishing rapport with an adoptive family, especially one with older
adoptees. This is the reason that I have chosen to study an adoptive family and
not a birth mother, to take advantage of my strengths and not to subject the study
to confusions and illusions from my own past. I am aware of my hopes for a
positive outcome for the participating family and for the success of this study in
general. I have reviewed and continue to explore my own adoption issues with
other therapeutic professionals and supervisors familiar with adoption issues.

Data Collection Procedure
Setting. There were two settings for this case study. The adoption agency was used for early sessions. The agency is located near two large cities in the industrial mid-west. The agency deals with both private and public adoptions of children, aged from birth through to age 18 years. The agency specializes in adoptions of previously disrupted children. Disrupted children were previously adopted by a family who decided they would no longer parent that child, so gave them back up for adoption. The agency, therefore, has several licensed counselors and social workers on staff to provide counseling to adoptees of all ages, adopting families, and birth families.

Although the agency has a therapy room, it is not adequate for group art therapy. Some sessions were held in the conference room, at a large conference table, seating 10. Some sessions were held in the larger office space at a smaller, round table, seating 4-6. Other sessions were held in the play room at a kitchen table, seating 6. Confidentiality was maintained as much as possible in each space. Due to the fact that the spaces used for this study were not designed for therapy sessions, it was often impractical to keep other employees out of the areas. To provide ease for the case family, the family and I decided together to move sessions to the family’s home. The agency provides therapy and case management in client homes and was very supportive of moving session to the family’s home. Sessions at the clients’ home were held in the backyard patio at a
patio table, seating 6, and inside the clients’ home in the dining room table, seating 8.

Participants. The subject group was a Caucasian family, including the mother, father and four adoptee children. All four children were born in Russia, had been given up to Russian orphanages by their parents, and had lived in the orphanages for several years before being adopted by separate American families. All of the four children were given back up for adoption or “disrupted” by the American families that had brought them from Russia. Names have been changed to traditional Russian names to protect client confidentiality and culture.

At the time of this study, the oldest boy, Maxim, age 14, had been adopted by the case family for 6 years. The middle two children, Natasha, a girl, and Ivan, a boy, are 13 year old, fraternal twins. They were in the process of being adopted by the case family. The case family parents were providing foster care for and deciding if they wanted to start the adoption process for the youngest girl, Lidiya, age 11. Towards the end of the case study, at session 14, the family decided not to adopt Lidiya. The family thought it would be more difficult for Lidiya to stay in the family home without an adoption plan and Lidiya moved in with a new adoptive family.

The subjects were recruited through the private adoption agency which is currently supervising the adoption process for the family. The children were chosen for the agency’s clinical counseling program and needed a diagnosis
assigned to them by a licensed clinical counselor or social worker from the agency. All four children were diagnosed with Reactive Attachment Disorder. Maxim and Ivan were also diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). As with many adoptees from Russia, there was previous concern about Fetal Alcohol Syndrome/Effect in each of the children; however, there were no physical anomalies suggesting such diagnosis. No other known health related issues existed prior to selecting a family.

Referral Process: The family was chosen for art therapy through a process. The family needed to be monitored, with monthly visits, by the adoption agency. The family qualified, due to their elevated stress levels, lack of parenting skills, behavioral issues of the children, and mental health diagnoses, for the counseling program offered by the agency. When offered the art therapy counseling, the adoptive parents were excited and supportive, suggesting that the children and me, the art therapy counseling student, meet at least once a week. The adoptive mother attended an introduction to art therapy workshop, sponsored by the agency, presented by the agency owner/counselor and I, and seemed inspired to introduce her children to art therapy. The family’s willingness to participate for many sessions made them ideal candidates for this case study.

Methods of Gathering Data: 16 one-hour family art therapy sessions were conducted. I created goals with the family to work on across the sessions and developed art therapy interventions to further these goals. Each session built on
the previous session. As goals were worked on or met, new goals were introduced. Rapport and trust building with the family was the first goal for the early sessions.

Each session followed a simple format. As the session began, the art therapy task directions and materials were presented to the participants. The family was invited and encouraged, but not required, to participate in the tasks. I interacted with the family when appropriate. Participation and positive interaction between family members was supported. As per the family goals, negative interactions between members were discouraged. After the art making was completed, the family was encouraged to verbally process the art making process and the product. During the art making and the processing times, I asked questions about the art, about the members’ lives and interests and any issues that came from the art therapy.

Data Analysis Procedures

It was planned that the family art products from the art therapy counseling sessions were to be kept together until the sessions were completed and could be processed together as a group. This would have allowed the family to review their therapy as a whole experience and verify its effectiveness. However, after about 6 sessions, it became clear that the clients were suffering anxiety, possibly due to their attachment issues, around their artwork not being in their possession. They said that they believed that their artwork was floating around being seen by
too many people. I began documenting the art work as it was completed with
digital photographs, which then aided me in reviewing art themes and in making
session notes. I attempted to withhold judgment on the art pieces and process as I
was an observer and facilitator. Supervision with clinical supervisors was also
used.

*Strategies for Validating Findings*

Validation for findings included a review of data with board certified art
therapists, peers, the on-site supervisor and licensed clinical counselor, as well as
licensed counselors who were familiar with the adoption system. The participant
family was also involved in validation. After each session, I documented the
observations in session notes. I watched for themes to be seen in the art process
and product. Themes in the art making process included how the individuals
participated in the art making, how they interacted with their family members, if
they were able to follow directions and/or stay focused, if they responded to
redirection, discipline and/or confrontation, and how they responded to the
specific art task, etc. Themes in the art product included looking at the art
products over time as well as individually. The themes were how the art pieces
were created, as in texture, color, shape, etc., how the clients incorporated the
directives and therapeutic questions into the art, and more subtle messages seen in
the art, such as one sibling consistently isolated or berated by the family, that
could point to personal perceptions of self-concept, organization of thought, and
perceptions of relationships in the family, etc. Maintaining a consistent review of the study process allowed for changes and clarification throughout the study. The findings from this study can be compared with experiences and products in the preexisting art therapy counseling literature. This comparison will aid in validation of this study’s findings. Findings that are both in agreement and disagreement with current literature will be presented and discussed in this study.

**Narrative Structure**

Following a review of relevant literature, 16 sessions with clients will be presented. These sessions will be broken into three chapters. The first chapter contains the six sessions that occurred at the agency. The second and third chapters contain five sessions each, all of which occurred at the family’s home.

The 16 sessions will be presented in a simple, consistent format. Each session will begin with a short introduction about how the session began. Then the art therapy task and the goals for the session will be explained. The session content will follow. Lastly, I will reflect briefly about observations about the session.

At the end of each chapter, a short summary of the sessions included in the chapter will be presented. Conclusions and recommendations will be offered in the last chapter.

*Anticipated Ethical Issues*
A case study in qualitative research has a need for anticipated ethical considerations. Creswell (2003) states that the researcher has a responsibility to maintain the rights, needs, values, and wants of the participants by keeping their information confidential. A case study may delve deeply into personal history and issues of all individuals and the developing adoptive family. This could be threatening for a family, who is currently in a state of flux. No additional stresses needed to be placed on the participant family. Their information needed to be safe, as the therapeutic relationship and environment needed to be.

If issues for the family arose during therapeutic sessions that were outside my current scope of ability, the researcher sought supervision from the on-site supervisor, clinical counselor and licensed art therapists. The research tools and methods were explained to the participants prior, during and/or after the sessions. The participant parents signed consent forms and gave permission for their children to participate. A copy of a consent form is included in Appendix A.

All data collection and procedures were explained to the participant family. The family had a choice on what data was reported. The family had the option to decline participation. Confidentiality was maintained. The family was given the option to remain anonymous but chose to have limited information presented provided that names were changed.

Significance of the Study
There is a gap in the art therapy and counseling literature that this study will begin to fill. Adoptive families and the adoption process are not well represented in the literature. Adoptive families have specific challenges that biological families do not, including an extended family with birth parents, emotions related to abandonment and adoption, infertility issues, and the stresses involved in transition into adoption. The family invited to participate in this study was in the process of adopting children so it was possible that the children and parents both had strong feelings and perceptions about the change in their family. This case study will not only inform the researcher as to effective techniques to use with this population but may attempt to fill the gap in the literature and foster future study about adoptive families.

*Expected Outcomes*

I expect that the research will result in my further understanding of the complexity of the adoption system, the process of adoption and the issues arising in adopted families. I also hope to learn more about the diagnosis of Reactive Attachment Disorder and how art therapy counseling can best work with clients with this diagnosis. I expect that I will be able to establish at least a minimal rapport with the family. I provided a variety of art therapy experiences. I expect that the family will participate at a basic level in the art tasks. I will develop goals according to the needs of the client family. I hope that the clients will participate in developing these goals. I hope that they will find the therapeutic process
helpful in terms of their goals or that they will be able to voice concerns. I will give the family the opportunity to give me feedback about their therapeutic experience and how I can better help them.
Chapter III

Review of Related Literature

In this study, the focus is the use of art therapy counseling with four adoptees in the same family. Literature pertaining to attachment, including a definition and unhealthy attachment issues, will be presented. Issues pertaining to adoption will follow. Lastly, treatments, including art therapy and other therapies, used with adoptees with attachment issues will be discussed.

Attachment

Attachment is, according to theorist/researcher Bowlby (1962), a necessary biological function in newborns through at least 7 months of age where the child bonds to, wants to be near, and seeks contact from a specific care giver, especially when the child is frightened. The child seeks comfort, nurturance, emotional and physical support, and safety from the chosen care giver; when these needs are met, the child is more likely to develop healthfully (Bowlby, 1962; Zeanah & Fox, 2004). Between 7 and 9 months of age, the child may experience stranger anxiety or a hesitance of strangers and/or unfamiliar adults; when this happens, attachment has been achieved (Zeanah & Fox, 2004). Attachment can happen anytime after 7 to 9 months, especially if the care givers spend adequate time and care with the child (Zeanah & Fox, 2004).

The bond created between mother and child in the first few weeks determines the physical structure of the brain, what kind of person the child will
become, and what kind of relationships that child will have as an adult (Ainsworth, 1991; Bowlby, 1962; Henley, 2005; Klorer, 2005; Robb, 2002). The psychological state of mind and emotional narratives of the adoptive mother play an important part in building attachments with the maltreated, adoptee child (Steele, Hodges, Kaniuk, Hillman, & Henderson, 2003).

**Attachment Issues.** Not all children create healthy attachments with caregivers. Attachment issues are those pointing to an unstable or ill-formed attachment or bond to a care giver and can include: difficulty in making eye contact, physical and emotional hypersensitivity, difficulty being soothed by care giver, inappropriate sociability (either extremely friendly and charming indiscriminately or extremely shy and removed), symptoms of anger, sadness, fear of abandonment, grief, guilt and shame, manipulation, lying, problematic defiance and other difficult behaviors (Gray, 2002). In extreme intensity and combination, these symptoms and others combine into Reactive Attachment Disorder (RAD); not all children with attachment issues have RAD. Zeanah and Fox (2004) suggest that temperament may determine some children’s inability to successfully attach; infants with difficult temperaments, showing irritability and/or difficulty to soothe, who respond to situations with distress or avoidance, may form unstable or unhealthy attachments.

Children who are not living with biological families are thought to be at risk for similar attachment issues (Zeanah & Fox, 2004; Zeanah, et al., 2005).
Ainsworth’s (1991) attachment theory states that if the needs of an infant are not met, due to insufficient care giving, neglect, maltreatment, or lack of significant care giver, the child may suffer from attachment issues. Early traumatic experiences leading to poor attachments have been found to affect brain structure that can persist through life (Klorer, 2005). If an adoptive mother suffers from psychological issues, has unrealistic expectations or unhealthy emotional narratives, attachment with adoptee children may suffer (Steele, et al., 2003). Although many children adopted as infants do show signs of attachment as biological children do, older adoptees may struggle with attachment, showing behaviors, such as disinhibited or indiscriminant sociability, common with attachment disorders, even 18 months post finalization (Zeanah & Fox, 2004).

Insecure attachment is found to be related to personality disorders, including borderline and narcissistic, in adults (Crawford, Livesley, Jang, Shaver, Cohen, & Ganiban, 2007). In addition, insecure attachments with personality types higher in neuroticism and perhaps extraversion, are more likely to suffer eating disorders (Eggert, Levendosky, & Klump, 2007). Henley (2005) describes the adopted child as one who suffers throughout life with attachment issues and only the very resilient adopted child does not.

Reactive Attachment Disorder

Reactive attachment disorder (RAD), an Axis I diagnosis (313.89), is described in the Diagnostic and Statistical Manual of Mental Disorders (4th Ed.),
Text Revision [DSM-IV-TR] (2000) as a significantly disturbed or developmentally inappropriate sociability, beginning before age 5 years, correlated to maltreatment in care. There are two types of RAD: the inhibited type, where the child is extremely shy and socially removed, and the uninhibited type, which is characterized by the child’s inability to discriminate appropriate social interaction and an inappropriately friendly sociability (DSM-IV-TR, 2000). Both types lack appropriate preference or attachment for a significant care giver (DSM-IV-TR, 2000).

Children with uninhibited type RAD, which is more commonly reported than inhibited type (Zeanah & Fox, 2004), display inappropriate closeness to strangers, lack of connection to the primary caregivers, advanced sexual awareness, lying and manipulation, impulsivity, overactivity or hyperactivity, lack of conscience, inability to be soothed and physical and emotional hypersensitivity (Hall & Geher, 2003). RAD is associated with severely maladaptive, neglectful and/or abusive care giving environments (Zeanah & Fox, 2004). Unfortunately, a significant number of children in Russian orphanages, in the American foster care system, and who are being adopted suffer from RAD (Henley, 2005; Robb, 2002).

Adoption

Family is defined as a group of people connected by birth, marriage, adoption, or other legal means, who are committed to maintaining that group (Cooper, 1999; Goldenberg and Goldenberg, 2004). Adoption pertains to the
legally created family bond between an adult and a child that results in the child gaining all rights as if biologically inherited (DellaCava, Phillips, & Engel, 2004). Commonly, adoptions occur with families, couples (either husband and wife or same sex couple), single parents, and grandparents and other biological family members who adopt an infant or minor aged child (Lifton, 1994). The combinations of newly created family types are very diverse, including step families, multiracial families, families with biological and adopted children, etc.

Adoption ideally is a wonderful process of joining together a child with a wanting, loving family. Although the goal of adoption can be seen ideally, the actual process of adopting a child can be very stressful on the child, the adoptive parents and the family to be. Adoptive families, in general, differ from biological families due to issues of attachment and bonding (Bowlby, 1962; Henley, 2005), emotions around abandonment and difficulties with self acceptance (Robertson, 2001), extended family including the birth parents (Lifton, 1994), infertility issues (Lifton, 1994), issues of grief, loss, and abandonment (Black & Kaczmarek, 1992), cultural differences between family members (DellaCava, Phillips, & Engel, 2004; Hocoy, 2002), etc. All individuals entering an adoption bring into the family their perceptions, fears, and emotions about themselves, the adoption and family definition.

Related History of Adoption. Adoption policy has been documented in Babylonian, Hindu, and Roman law, including the Old and New Testament
(DellaCava, Phillips & Engel, 2004). The history of adoption in the United States is not well documented due to the belief that adoption is a private, family matter; documentation is sealed; secrecy surrounds the adoption field (Kahan, 2006; Lifton, 2004). Adoption trends closely follow trends in poverty, racism, and classism (DellaCava, Phillips & Engel, 2004; Kahan, 2006). The first American legal adoption policy, An Act to Provide for the Adoption of Children in Massachusetts or the Massachusetts Adoption Act, was passed in 1851, setting the precedent for modern adoption policies (Kahan, 2006). This groundbreaking law stated that adoption was to be in the best interest of the child, that the birth parents would sign over all parental rights, and that the adopting family will be scrutinized by a judge to verify that they would provide nurturance and education (DellaCava, Phillips & Engel, 2004; Kahan, 2006). This law was passed due to overcrowded orphanages and slums, and a movement to place neglected children in families rather than in institutions (Kahan, 2006). Farmers in the mid-west took advantage of train-loads of children, who held no legal responsibility towards the farms, sent west by evangelical Charles Loring Brace’s Children’s Aid Society (DellaCava, Phillips & Engel, 2004; Kahan, 2006). In fact, the term “put up” for adoption is in reference to the children being put up on train platforms (Kahan, 2006).

The early 1900’s brought child welfare reforms and regulations on adoption. The 1909 White House Conference on the Care of Dependent Children,
with President Roosevelt, who himself was raised in an orphanage, declared that children were to be kept with natural family as much as possible, to maintain a sense of personal history and the integrity of the American family (Kahan, 2006). Adoption policy continued to follow the women’s right’s movements and the child welfare movement of the early 20th Century (Kahan, 2006; Lifton, 1994). Attention turned to aid and training for birth mothers, including the unwed and the poor, to maintain their children (Kahan, 2006). In 1917, the Children’s Code of Minnesota was passed, guaranteeing the investigation of the adoptive home and required six months of supervised probationary time spent with child living with the adopted family prior to legalizing any adoption (Kahan, 2006). The 1920’s and 30’s saw changes in medicinal contraception, leading to a decrease in unwanted children and unfortunate rises in infertility (Kahan, 2006). However, in the 1940’s and 50’s, with new advances in infertility studies with earlier detection, parenthood was seen as American patriotic duty, inspiring childless couples to adopt in great numbers, with strict secrecy laws in place to protect the adoptive parents from birth parents (Kahan, 2006). Adoptee age decreased sharply to newborn; white infants were the most desirable adoptees (Kahan, 2006). The Child Welfare League of America (CWLA) appealed to American parents to accept a variety of adoptable children to include older, non-white children (Kahan, 2006).
The 1960’s through the 90’s found increased development in birth control options, greater women’s freedoms and rights, changing gender roles, and more openness in adoption (DellaCava, Phillips & Engel, 2004; Kahan, 2006). Adoptive families began disclosing to their children their adopted status, an unusual occurrence (Kahan, 2006; Lifton, 2004). The relationship between birth families and adoptees came into question as adoptee rights were explored; restricting adoptees from birth family history began to be seen as restrictive and harmful to both parties with some adoptee advocates stating that the deceptions from limiting adoptees’ information was demeaning children, placing them as possessions rather than people (Kahan, 2006; Lifton, 2004).

In 1978, following the Black Power Movement (DellaCava, Phillips, & Engel, 2004), the Indian Child Welfare Act established that Native American children were to be placed first in Native American homes in order to preserve Native American culture; this movement fostered regulations in adoptions with all other races, cultures and ethnicities (Kahan, 2006). American families began turning in great numbers to foreign countries to adopt children in the 1970’s. The Adoption Assistance and Child Welfare Act of 1980 ordered successful, long-term child placement as child’s own home, adoption, guardianship, and foster care as an attempt to increase the likelihood that children will find permanency and to limit the number of adoption disruptions (Berry & Barth, 1990). In 1986, the CWLA passed a resolution supporting open adoptions, with consent from all
parties, and found that adoptive parents, adoptees and birth families were better served by open honesty (Kahan, 2006). The 1990’s brought new birth family rights, including the ability to contact their adopted children and searches for biological family increased in both directions (Kahan, 2006).

The Older Adoptee. Late adopted children or older adoptees relate differently to the adoption process than do children adopted as infants; children understand differences between birth and adoptive families by age 7 (Black & Kaczmarek, 1992). Although some children are orphaned from healthy biological families, many older adoptees have been removed from unhealthy, neglectful and/or abusive families and have experienced a degree of trauma (Robb, 2002). Late adopted children may remember their birth family and may have had experiences in foster care, both of which may have impacted the child traumatically. Robb (2002) states that institutionalization of children prior to adoption causes post-traumatic stress disorder.

Adoptees can exhibit other symptoms of psychological effects of adoption. Adoptees represent a significant proportion of adolescent clinical psychiatric population (Robertson, 2001). Juffer, Stams, and IJzendoorn (2004) found that adoptees are at higher risk for behavioral problems and that those who showed fewer behavioral issues had stronger ego strength and control, and greater ego resiliency. The concept of parental figure impacts the internalization of personal self definition in the child (Milne, Greenway, & Best, 2005). Being taken from a
family after some attachment has formed can influence the adoptee’s behavior and sense of self, as the development of the self is theorized to stagnate at the time of separation from family of origin (Black & Kaczmarek, 1992), much like in abused children (Lifton, 1994). The foster care system, with added inconsistency of home and care, can deeply affect a child’s self development and issues of trust (Black & Kaczmarek, 1992). Adoptees are at risk for substance abuse disorders of a lesser degree as in non-heredity substance abuse (Westermeyer, Bennett, Thuras, & Yoon, 2007). However, when background, early evidence of abuse or maltreatment, peer and family relations were held constant, adoption status did not predict antisocial behavior (Grotevant, van Dulmen, Dunbar, Nelson-Christinedaughter, Christensen, Fan, & Miller, 2006).

Adoptees from Russia. In the recent decades, there has been an increase of adoptions from foreign countries, including China, Russia and Romania, due in part to the socio-political structure of those countries, the ease of adopting children labeled as unwanted from those countries, the safety of inaccessibility to biological parents later in life, and the fewer numbers of white infants available for adoption in America (Black & Kaczmarek, 1992; Henley, 2005; Robb, 2002). Ahmed, Feliciano, and Emigh (2007) compared living conditions in Romania, Russia, Bulgaria, and Hungary, finding that these Eastern European countries have similar historical background, political structure, and ethnic population make-up to each other. As many as 60% of children are adopted out to foreign
countries from some Russian orphanages (Groark, Muhamedrahimov, Palmov, Nikiforova, & McCall, 2005). Orphanages in Eastern Europe have a history of overcrowding, insufficient staff number and poor working conditions which have been found to lead to the children simply not being touched or mentally stimulated (Henley, 2005). This sort of treatment, compounded with treatment from birth families, creates an unhealthy developmental environment which does not foster attachment (Henley, 2005). Duration of deprived environment in institutionalization is consistently related to cognitive delays and behavioral difficulties (Meese, 2005). Recently, improvements, including increased attention to touching infants and staff bonding with children in Russian orphanages have produced improvements in physical growth, and in cognitive, social, language, motor and emotional-expressive abilities in adoptee children (Groark, et al., 2005). Unfortunately for children adopted to American families prior to these reforms, these changes could not happen soon enough.

Due to the long wait for paperwork, the adoptees often spend their infancy in orphanages in their home country, categorizing them as late aged adoptees and suggesting attachment issues as well as acculturation and failure to thrive issues (Robb, 2002). Henley (2005) added that adoptees from foreign countries and perhaps impoverished biological families with histories of mental illness and substance abuse, suffer themselves from issues of chemical dependency, especially alcoholism.
Many children from Russia suffer Fetal Alcohol Syndrome or Effect (FAS/E) or Fetal Alcohol Spectrum Disorder, Axis III diagnosis (ICD-9 CM code 760.71), characterized by premature birth, several facial and other physical abnormalities, and behavior issues, such as hyperactivity, rapid mood swings, clumsiness and erratic, wild physical movements, disorganization, poor academic performance and lower IQ (DSM-IV-TR, 2000; Hoyme, et al., 2005). FAS/E can appear to be attachment issues or even RAD, as the symptoms overlap significantly. FAS/E clients are at risk for RAD simply due to their significant caregiver’s substance abuse and possible inconsistency in parenting (Keck & Kulpecky, 2002). Adoptees are at risk for substance abuse issues (Westermeyer, et al., 2007).

Institutionalized children in Romania show significantly higher symptoms of both withdrawn/inhibited and indiscriminately social/disinhibited types of RAD (Zeanah & Fox, 2004). Becket, Maughan, Rutter, Colvert, Groothues, Kreppner, Stevens, O’Connor, and Sonuga-Barke (2006) found that for most children physical and psychological effects after institutionalization in Romania had significant persistence, with only few children able to lessen behavioral incidents, even months after adoption into American families. Unfortunately, the combination of behavioral, social, physical and psychological difficulties in their older adoptee may lead to overload in adoptive parents, who may choose to disrupt the adoption.
**Disrupted Adoptions.** Adoption’s main goal is for healthy, safe longevity (Berry & Barth, 1990). Children who are adopted are more likely to finish high school, attend college, have better family relationships, and develop healthier emotional and physical functioning; on a practical level, officially being part of a family lends to more financial and familial support, and therefore more opportunities (Berry & Barth, 1990). Unfortunately, many adoptions do not finalize or are disrupted. A disrupted or failed adoption is when a child, who has been placed in an adoptive home with the understanding that finalization will occur, is returned into the adoption system as the parents feel that they can not parent that child. Disrupted adoptions are different than foster care in the intrinsic promise, not just hope, of adoption (Berry & Barth, 1990).

Foster children and disrupted adoptees face similar issues in terms of difficulty in development of complete sense of self, finding and maintaining a support network. Children adopted after age 8 years are more likely to be disrupted and/or returned into foster care; as adoptees age, they are less likely to be initially adopted and face even greater chance of disruption (Berry & Barth, 1990). In fact, children adopted under age 12 have a 7-10% chance of disruption (Berry & Barth, 1990). Results for children 12 and older are mixed, as they indicate that from 13.5% to 47% of adoptions failed (Berry & Barth, 1990; Festinger, 1990). In addition, children who have previously experienced disruption have an increased risk of future failed adoptions compared to
permanency and each future disruption increases this risk (Berry & Barth, 1990). Disrupted adoptees seem to suffer from slower-to-warm trust issues and attachment issues; they often seem to not believe that any adoption will be final and therefore feel that they have less reason to behave, to fall in love with or to trust a new adoptive family (Festinger, 1990). Therefore, disrupted adoptees pose specific challenges in family therapy.

Treatments

Therapy with a family in the adoption process may differ from therapy with a biological family. It is possible that adoptive family therapy may appear more like group therapy with a set of unrelated individuals, in that those entering into adoption often know very little about the other individuals. In working with adoptees from Russia, it is important to maintain sensitivity to acculturation issues (Cherry, 2002).

Therapy. Adoptees and their families participate in many types of therapies. Verbal therapy and behavior modification, as in cognitive-behavioral therapy, are effective in searching out both the individual issues of the adoptee and the family issues surrounding the transition to adoption, the grief and loss in all members, and can aid parents in training discipline specific for their child, etc. (Goldenberg & Goldenberg, 2004). Many adoptees benefit from brief solution-focused therapy, entering for specific issues and for a short amount of time, and may return from time to time across the life span (Schaffer & Lindstrom, 1990).
Penny, Borders and Portnoy (2007) suggest cognitive therapeutic phases to help label adoptees in terms of their acceptance of adoption issues. These phases appear much like the phases of grief, including no awareness or denial (phase 1), anger, resentment and sadness about adoption (phase 3), and peace and acceptance with adoption (phase 5). These phases can aid both therapist and adoptee client to create a structure for future therapy. In adoptive family therapy, the family will be made aware of issues adoptees face, the social services available to the family, and parenting styles and discipline techniques that will both create family cohesion and tackle behavior issues that can accompany attachment issues (Ruston, et al., 2006). Marital counseling will be recommended for any adopting parents, who often report that attention to their marriage turns toward the adoptee child (Gray, 2002).

An effective and controversial therapy type, concentrating in attachment and bonding issues, is known as holding therapy. Dr. Gregory Keck of the Attachment and Bonding Center of Ohio [abcofohio] (2007) is an expert in the field, offering holding therapy as part of treatment, also including psychodrama, cognitive restructuring, and sensory integration work of attachment disorders like RAD. The therapy includes a trained therapist cradling a child as she would an infant, encouraging eye contact, physical contact, response to voice, touch, emotional support, as the child fights to release anger, sadness, grief and control associated with RAD (abcofohio, 2007). The parental figure or primary care
giver is brought in to then bond with the more open child, having had a release and return to a more innocent stage (abcofohio, 2007). By processing early trauma and re-experiencing safe, supportive parental nurturance, the child may be able to attach to their parents and reduce RAD symptoms, to live a healthier life (abcofohio, 2007). The holding therapy promotes healing of abandonment, grief and loss, and building trust, bonded relationships, and appropriate behavior (abcofohio, 2007). In response to criticisms of past holding therapy which was dangerous and resulted in some clients being hurt, the Attachment and Bonding Center of Ohio (2007) stresses that current holding therapy is safely conducted, is consistently researched for effectiveness and new techniques, and is effective in positively servicing families suffering from RAD and other attachment issues.

Art Therapy

Art therapy counseling is a combination of human development, counseling and art for mental health. The American Art Therapy Association [AATA] (2007) defines art therapy as:

… an established mental health profession that uses the creative process of art making to improve and enhance the physical, mental and emotional well-being of individuals of all ages. It is based on the belief that the creative process involved in artistic self-expression helps people to resolve conflicts and problems, develop
interpersonal skills, manage behavior, reduce stress, increase self-esteem and self-awareness, and achieve insight.

Art therapy is used alone as a sole method of counseling or in combination with other therapies in an interdisciplinary team to work with all mental health issues, including depression and other mental illnesses, family relations, and self esteem (AATA, 2006). Art therapy counseling refers to the usage of art therapy and verbal counseling therapies together for a holistic approach to therapy. A major benefit to art therapy is the non-verbal quality of the art process and product (Oaklander, 1988). The art process taps into a pre-verbal level of consciousness that is maintained by the senses, which makes it especially effective when working with children (Oaklander, 1988). The product often introduces the client and therapist to a tangible example of issues, that perhaps the client was unaware or unwilling to bring up herself, which can be verbally processed in therapy.

There are two main types of art therapy, including art psychotherapy and art as therapy. Art psychotherapy is thought of as integrating art into the psychotherapeutic process as a tool for personal exploration and psychic healing (Robbins, 2002). Art psychotherapy uses art tasks with specific goals toward emotional exploration. Art as therapy, in contrast, accepts the use of art for art’s sake, focusing more on the art making process (Robbins, 2002). Art as therapy assumes that simply by putting energy into creating, the client will feel relaxation, increased energy, body awareness, and escape from daily routine or problems.
Both art psychotherapy and art as therapy are now accepted viable forms of therapy. Wadeson (1995) assures that art therapy is not solely art separate from therapy, but is the marriage of the two, used in combination and balance. Most art therapists will use a balance of art psychotherapy and art as therapy, due to the strengths of both. For instance, out-patient therapists who concentrate more on art psychotherapy may want to do a relaxing art as therapy technique on a Friday to prevent clients returning home for a weekend stimulated by intense issues brought up in psychotherapy. Likewise, therapists who use art as therapy often introduce emotional themes to their art tasks.

Art therapy is an effective type of therapy in working with adoptees and their families for several reasons. The pre-verbal quality of art therapy is important as the issues surrounding adoption, including attachment, are established before verbal abilities are developed and deal with primitive cognitive processes even if the adoption occurs later in childhood (Case, 2005). Robb (2002) showed how the art process in a safe, supportive environment can allow the adoptees suffering from PTSD to begin to establish trusting relationships in a short amount of time. Black and Kaczmarek (1992) showed the personal growth through greater artistic detail and personal symbols, the development of a trustful relationship with the adoptive mother, and significant positive behavior change of a late adopted child in art therapy. Henley (2005) showed the increased attachment to adoptive parents and the decreased ADHD symptoms, which are
often associated with attachment disorder, in adoptees through use of the art therapy process. The gradual development of the self is not necessarily a verbal process, and can be tapped into and nurtured by the art making process (Robertson, 2001). Robertson (2001) had created a series of art tasks designed to explore the adoptee’s fantasies of birth families and stories of origin, issues of grief and loss, secrecy, the special attention given to feeling as though saved by adoption and the developing a self-parent. For these reasons, art therapy appears to be a viable, successful therapeutic choice for adoptees.

Art therapy aids adoptive families as well. According to systems theory, when one family member, such as the adoptee, participates and grows in therapy, the whole family benefits (Goldenberg & Goldenberg, 2004). In addition, adoptive families would benefit from art therapy in the processing of grief and loss, the damage to the self centered around shame not being able to naturally conceive their own baby and issues that due to the denial and secrecy have been kept strongly quiet (Lifton, 1994). Art therapy counseling would be a catalyst for successful, therapeutic change with all parts of the adoptive family.

Summary

Providing therapy for adoptees could be challenging. When adding issues of attachment and RAD, acculturation from foreign countries, and a history of previous disruptions, planning and implementing therapy can be difficult and exciting. Awareness of the whole client is important with such complicated
histories. Therapy must, therefore, include behavioral modifications, positive reinforcement, discussion of transition and change, definition of the family, emotions such as grief, loss, abandonment, attachment and love, and a consistent, nurturing, supportive therapeutic environment for all members of the adoptive family to participate and explore themselves and each other.
Chapter IV

*Art Therapy and Counseling Sessions 1-6*

**The Clients**

Four adoptee clients, all in the adoption process with one family, agreed to participate in this case study. The adoptive parents, Sabrina and Joe Brown (all client names were changed) said that they felt pulled by a higher power to adopt several children in need. When the Browns read about each of the client children on a website dedicated to matching children with families wanting to adopt, they said that they believed like they knew the children and wanted to give them a great family. Sabrina and Joe are a middle class, Caucasian, Jewish couple, who had been married for about 10 years before deciding to adopt. They live in a suburban community of a major city in the industrial mid-west. The Browns work together out of their home in a family owned business. Due to their children’s diagnoses of RAD, the Browns have learned much about RAD symptoms, treatments and parenting styles. Sabrina is inspired to find a variety of discipline techniques, activities directed toward building attachment, and exploring emotions. The Browns are amazing people, inspired to include troubled children in their family, and are good parents, who simply lacked skills in dealing with children with RAD.

Sabrina is a very friendly woman who seems to not meet strangers. She is active in her community, at church, and with her children’s activities. Sabrina
admitted that she parents differently than Joe, that she is less strict with rules. Sabrina appears to be more emotional in her interactions with her children. She does struggle with consistency in limit setting and in using her voice as an authority figure. Sabrina had heard about an art therapy workshop that I co-facilitated through the adoption agency that the Browns were using to adopt their children. Sabrina participated in the workshop and became inspired to have her children sign up for art therapy sessions with me. Sabrina participated in a few of the art therapy sessions and activities. She admitted that the sessions that she missed where helpful to her in catching up on housework, work needs and simply relaxing. Even after these sessions were completed, Sabrina continues to be motivated to provide a variety of stimulating activities and therapies that would benefit her children.

Joe said he was unaware that Sabrina had signed the children up for art therapy. He usually was not home or available to participate in sessions, nor did he seem to want to. Joe participated in state mandated post-placement visits, including family and individual interviews about the Brown’s transition process in adopting the twins, Natasha and Ivan. Joe is more reserved than Sabrina. He is quiet, professional, has a subtle, funny sense of humor, and seems responsible for maintaining discipline with the children. The children listen to Joe, follow his directions, and fear him as an authority figure. He shows that he cares about the children by including them in activities, giving them praise, hugs, thanks for
participation, and by providing them structure. Joe coaches the children’s track team. Joe’s point of view about the family is included from post-placement visits when appropriate.

Maxim, 14, is the oldest adoptee client. He, the youngest of three biological siblings, was born in Western Russia and was given up by his birth family due to neglect, alcoholism and poverty, when Maxim was 4 years old. He and his biological siblings lived in an orphanage. Maxim was separated from his siblings and brought over to America by a family who wanted to adopt him when he was 8 years old. This family decided not to parent Maxim, due to his behavioral issues and not bonding with this family. The family put Maxim back up for adoption, which is known as “disrupting” Maxim, a few months after his placement in their family. The Browns found Maxim on an internet adoption website and permanently adopted him at around 9 years of age. Now 14 years old, Maxim had lived with the Browns for 6 years. Maxim is a handsome boy, about 5 feet 11 inches tall, of muscular build, with fair skin, dark, wavy hair and dark eyes. Maxim was enrolled in 8th grade in the local school at the time of this study. Maxim enjoys all active sports, including track. Maxim was previously diagnosed with Reactive Attachment Disorder (RAD) and Attention Deficit Hyperactivity Disorder (ADHD). He currently is seeing an expert in RAD for intensive holding therapy several times a month.
Natasha and Ivan are 13 year old fraternal twins. At the time of this study, they were in the process of being adopted by the Browns. I doubled as their art therapy counselor and case manager, completing necessary post-placement visits and paper work for the state and the agency. Natasha and Ivan were born in Western Russia and were given to an orphanage at birth by their birth mother due to her own issues with alcohol and drugs. They were adopted by an American family in Iowa when they were 6 years old. This adoption was disrupted due to, the family said, not bonding to the twins and not being able to deal with their behaviors. Ivan was sent to a mid-western institution dealing with behavioral issues for several months, while Natasha lived in foster care. The Browns found Natasha and Ivan online as children available for adoption. They were placed in foster care with the Browns a year ago. Natasha and Ivan were in the process of being adopted by the Browns; their finalization was to occur in the Fall of this year. Natasha is a Caucasian girl with fair skin, large, beautiful green eyes and shoulder length, wavy brown hair. She stands about 5 feet 3 inches tall and is of thin, curvy, muscular build. Natasha is passionate about horse back riding, and she collects anything pertaining to horses. Ivan stands about 5 feet 5 inches tall, has light brown curly hair and large dark eyes. Ivan is of thin, gangly build and seems out of control physically at times. Both twins wear glasses, Ivan all the time. They both like active sports, including track. At the time of this study, they
are enrolled in 8th grade with Maxim in the local school. Both of the twins had previously been diagnosed with RAD.

Lidiya, age 12, was born in Western Russia, placed in an orphanage at birth due to unknown reasons. Lidiya lived in two different orphanages in Russia before being adopted by a family in America at age 9 years. She, too, was disrupted from this family, due to her destructive behaviors. Sabrina found Lidiya on the website for adoptee children. Lidiya was brought to live in foster care with the Browns a few months after Natasha and Ivan. Joe felt uncomfortable about Lidiya and so there was question about if the family would adopt her. Lidiya is an extremely pretty girl with fair skin, dark, straight hair to the middle of her back, and large dark eyes. She stands about 5 feet 5 inches tall and is of slender, curvy build. She likes sports but prefers crafts and collections. Lidiya, like Natasha, enjoys riding horses.

A total of 16 sessions are presented in this study. When the clients arrived at the agency for their first session, I knew only basic information, including the number of clients, that they were being adopted, and that there were attachment issues. I had never been around children with serious RAD symptoms before. The first sessions were eye-opening for me. Six sessions were held at the agency and then the remaining 10 were held at the clients’ home. The six agency sessions are presented in this chapter.

Session 1
The clients, Sabrina, Maxim, Natasha, Ivan, and Lidiya, arrived at the agency. They had been to placement meetings at the agency before, knew several staff members, and knew the lay-out of the building. It was difficult for me to direct the four children into the conference room, which had been set up for this session. They were distracted by looking for the staff that they knew, by pictures of adopted children on the wall, and by other children in the back room.

The clients sat at the conference table as the doors to the conference room were closed for privacy and to contain the space. I sat at the end of the table. I asked the clients for their names. They refused to answer and instead played in the pivoting office chairs and joked with each other. Above the noise level, Sabrina introduced each client to me. She mentioned that the clients loved to draw and had brought their sketch books with them to show me. Raising my voice to get their attention, I asked the clients if I could look at their sketchbooks while they did their art and they agreed. Then, I presented the art task and art materials.

The Art Task. The art task was a Negative to Positive Collage. The clients were each given a set of 10 markers and 8 ½ by 11 inch white paper. Construction paper of various colors and glue were held off to the side. The directions were to “think of a negative feeling or a time when you did not feel good. Choose a color that you do not like. Scribble on the paper any way you would like. Then fill in the spaces with color. See if you can see any shapes in your scribble. “The idea,” I said as I scribbled an example, “is to fill in as much of
the paper as possible and don’t feel like you can’t be messy.” The clients were given time to work on these directions. Then, the directions continued, “when you have filled up your paper with negative feelings, choose a color of construction paper that makes you feel happy or positive, rip up the scribble, and make a positive collage with your negative rips of paper.” The clients who were ready to move to the collage direction, rolled their eyes and scoffed, asking me the point of this task.

*Session Goals.* There were many goals to this first art task. I set goals for this session in terms of individual goals, group goals and family goals. Individual goals included getting an introduction to each client’s personality and needs, allowing them to get to know me, establishing some trust and building rapport. I also wanted to explore each client’s artistic ability, familiarity with art and simple media, and their willingness to participate in art therapy. A group goal was to introduce art therapy to the clients as a non-threatening, fun, simple activity with some structure to the session, including an art making task and discussion or processing about that task. It became obvious immediately that this group of clients needed set limits and predictable structure to their sessions. As this group of clients was in process of becoming a family, family goals were to support or increase positive communication and family cohesion. I wanted to witness the family interacting together in a simple project. Lastly, I wanted to see if the
clients would participate in setting individual, group and family goals that they wanted to work on in future sessions.

The first session was chaotic and loud. All of the clients, including Sabrina, created finished pieces. The child clients displayed several behaviors related with RAD, including yelling, distractibility, inappropriate closeness to me as a stranger, and lack of eye contact. Sabrina was protective of her children in her answering questions for them, and yet, I sensed that she was open to witnessing how I would structure the sessions to include discipline, as she left that to me. I

Figure 1A. Sabrina’s collage.
believed that we were watching each other to see how we would discipline the children. I was uncomfortable at first with disciplining the children with Sabrina there, but soon realized that I needed to establish structure and rules of behavior, and suspected that Sabrina needed cues as to how to discipline these four children.

Sabrina was conscientious about motivating her children to participate. She got a later start and seemed to want to produce a complete product, seen in Figure 1A. As she fell behind the others, she hurried to catch up. She stated that she planned to create an image of celebration, with spark-like movement up from the bottom edge. Her art piece does have the movement she wanted, although she was not happy with this product. Sabrina was able to process her art process and product, due to, I suspected, her openness to art therapy and her participation in the previous art therapy workshop that I had co-facilitated. She spoke about how this process was freeing and fun for her as she never did art.

Maxim’s collage is shown in Figure 1 B. Maxim complained from the time he sat down to when he left the building. He stated numerous times that he did not want to participate, although he did the art. Maxim walked around the room several times, finding candy in a nearby desk. His focus turned to escaping the activity and causing distractions for the others by degrading their art work, name calling, teasing, and wandering the room. Maxim worked on his art piece as he circled around the table or sat in front of it. I attempted to maintain a level of excitement about the art task, while encouraging Maxim to sit and participate with
the others. Almost in defiance, Maxim ripped his negative scribble into tiny pieces, and showed disappointed when I praised his creative energy. He showed a strong sense of humor and a flippant attitude in his process and his product, a collage of Mickey Mouse. When reviewing the task directive, Maxim did follow directions. He scribbled, ripped up the scribble and created a collage of a positive animated character. This showed me that Maxim could be compliant in art making and does respond to positive reinforcement, despite his verbal complaining and escaping behaviors. He showed inattentiveness, general apathy, and disrespectful, hurtful verbalizations to the family and to me, suggesting attachment issues. Through his behavior, Maxim showed his need for several
goals, including behavior modifications, such as sitting and participating with the group and avoiding negative name calling.

![Image of Natasha's collage]

Figure 1 C. Natasha’s collage.

Natasha sat near me at the table. She had a cast on a broken arm. She acted excited at the beginning of the art task. Natasha expressed herself well at first, proudly saying that she and Ivan were excellent artists that no longer felt the need to use markers. She participated slowly and conscientiously. Natasha made noise constantly throughout the session. She talked loudly to herself, laughed inappropriately, participated in teasing others, and cursed freely. She was inappropriately friendly to me at first. She stood too close to me and put her face
very close to mine when speaking to me. Then, Sabrina mentioned that I am an art therapist. Natasha suddenly screamed loudly as if being hurt, put her face within an inch of mine, and yelled, “You’re not a therapist, are you?” When I responded that I am, Natasha closed off communication with me. She continued to build her collage. She yelled random statements to no one and communicated with the others loudly, peeking at me with scowls. Natasha’s art piece, a colorful flower collage seen in Figure 1 C, shows Natasha’s bright, enthusiastic personality. The size of the flower is small on the paper as she chose not to use all of her scrap pieces. This suggested to me some containment on Natasha’s part, possibly for self-control or control of her life situation. Natasha’s sketchbook from home was filled with drawings of horses, girls, and flowers, personal stereotypes for Natasha. Natasha had followed all directions in the art therapy session, as her positive flower collage fit in with her sketchbook drawings as a positive personal image. She showed me bits of her personality, as bubbly and charismatic. She also showed me wild behavioral issues that needed some therapeutic attention.

Ivan sat on the other side of me from Natasha against the wall. Ivan was initially charming in an awkward, inappropriately intimate way. He had a huge smile and turned his head with minimal eye contact as he maintained extreme physical closeness to me. He said that he loved his mom, “and you too,” many times during the session. Ivan scribbled wildly with minimal thought but lots of
energy, filling in the paper with random color. Figure 1 D shows Ivan’s art product. He closely followed Maxim’s complaining and teasing. There seemed to be a connection between Maxim and Ivan, as not only did they inspire each other to misbehave, but also to finish their art pieces. Ivan bragged about his art, which inspired Maxim to sit to work on his own. The conference room that we were in has two entrances, one from either side, through which employees of the agency were used to walking through, despite the closed doors. Several employees walked through and Ivan yelled loudly, “I know you! I know you!” to each one.

Figure 1 D. Ivan’s collage.
“This is a silly project,” Ivan said. He poured glue all over his paper. I noticed, and taking the glue from him, I calmly said that he had enough as if he were much younger than 13. Ivan slapped collage pieces in a seemingly random way. He laughed and pointed at his art piece. However, when looking at Ivan’s collage compared to Natasha’s flower, there is an obvious resemblance. Ivan appeared to be caught up in the noise of the group, following Maxim’s behavior. He seemed drawn to and energized by the negative directive of the art, tiring before trying the positive collage. Ivan’s sketchbook held many technical drawings of monsters, transformers, cars, and fighting animals. He also had sketched attempts at realistic people, landscapes, and still-life’s. Ivan is a talented draftsman. He, too, displayed several RAD symptoms, including inappropriate familiarity with strangers, avoidance of eye contact, and lack of self-control. I saw Ivan as a follower of Maxim’s behaviors and noted some bond there between the boys.

Lidiya sat between Maxim and Natasha. Lidiya focused on making connections with everyone at the table. She scribbled in a messy way, like the boys did, and then appeared frustrated by not having large spaces to color, like Natasha had. Lidiya followed Natasha closely in behavior. She sang when Natasha sang and teased the same person Natasha teased. Natasha was uninterested in Lidiya’s attention and ignored her. It was obvious from the beginning of the session that Lidiya was being marginalized by the other siblings.
Maxim, Natasha and Ivan were ruthless with demeaning comments and physical aggravation toward Lidiya, who seemed fueled by their negative attention to respond in kind, but in lesser intensity. While Lidiya was cursed out, ridiculed, poked, and laughed at by the group, Sabrina made mild attempts to limit the other children’s behavior, as if watching to see what I would approve of or demonstrate as appropriate. At first, I watched the group interactions and how the adoptive

![Lidiya’s collage](image)

*Figure 1 E. Lidiya’s collage.*

mother responded. Soon, however, I could not simply observe this ill treatment and started to discipline the children, setting the limits for negative talk to others in our sessions. I asked vague questions about respect and what a happy family looked like to get a feel for how the children perceived their actions and their
family. The 3 siblings responded with short, immature answers like “I don’t know,” avoiding the conversation. Lidiya responded with more feeling and explained herself immaturely but appropriately.

Lidiya’s art piece is shown in Figure 1 E. Lidiya used bright colors to fill in large spaces, unrelated to the original scribble. Her positive collage resembles a mandala-like, stained glass window in its brightness and organization. Throughout the session, Lidiya was less interested in the art and more focused on connecting with all other people at the table. Lidiya was the most recent child placed with the family. I understood her behavior to be a desperate attempt for connection with this family. This and her immaturity were the only symptoms of attachment issues that I witnessed at this session. I questioned if Lidiya suffered from attachment issues at all or if she was simply showing her need to be part of any family, even one where the siblings were so unkind to her.

The first session closed after an hour of drawing and getting to know this family. I attempted to process the art task with the clients. Sabrina was the only client to attempt to process. The children were either consumed by negatively responding to each other, the art task or the environment in general, or seemed exhausted by the interactions. These child clients acted as they had no concept of behaving themselves in an unusual professional environment and with a stranger professional. Perhaps their familiarity with the agency prompted them to feel more comfortable. The agency might have represented a place of stress, one
centered on moving between families. It became obvious that behavioral and social goals needed to be defined around this group of individuals. I observed dyads between individuals, such as the connection between the boys. I saw the child clients wrapped up in wild behavior and loosely corralled by a mother with little guidance or control. I wondered if processing would ever be possible with the clients. I felt my own adrenaline failing as Sabrina happily signed up for another session a week later.

*Session 2*

The female clients, Sabrina, Natasha and Lidiya, arrived for the session. Sabrina said that the boys were more interested in participating in an electrician project with their father. I was, honestly, relieved to have the smaller group so as to be able to build more rapport with the girls separately, as the boys seemed less involved with the previous session.

*Art Task.* The art task for the second session was a positive mandala. The clients were brought to the conference room table and were presented with 8 ½ X 11 inch white paper and sets of 10 colors of markers. I showed the clients several different styles of mandalas as examples. Using a circle form, I demonstrated drawing a circle on a paper and instructed the clients “to draw something positive inside the circle.” Each client waited their turn with the circle form and began drawing.
Session Goals. Hinz (2003) presents helpful goals for adolescent clients with attachment issues: (1) helping the client establish trust with the therapist and others, (2) allowing for safe interaction with others, (3) giving the client limited control over her own behavior, (4) allowing for appropriate expression of emotion, (5) increasing self esteem, and (6) exploring problematic defense mechanisms and building new ones. The first two of these were focused on in this early session. I assumed that without practice in building trust or a safe family environment the clients would not be able to work on the other goals. I needed to establish some rules for art therapy sessions to enhance these goals. Some rules, including acting and speaking respectfully to other family members and avoiding negative self talk, were presented to the clients and immediately became family therapy goals. These were to establish appropriate social behavior in sessions and to be used as practice for interactions outside of sessions in their family and to build some family cohesion. I sensed that the siblings had not bonded with their parents or with each other. Each sibling had shown disrespectful tones and interactions with their mother. The extreme hostility towards Lidiya showed that the other siblings held some defenses against this newest member of the family. I established some small, attainable rules as goals. Some rules were more behavioral in nature; they included sitting with the group, marking or drawing only on their own art materials, maintaining a low volume level, and following all directions given by me. I needed to establish control in the sessions. I also
needed to distinguish what behaviors were due to attachment issues and whether the clients could participate on an emotional level. Therefore, this simple mandala art task was presented. I left time for processing at the end of the hour, but found that much of the processing happened along with the art making.

![Figure 2 A- Sabrina's mandala “spring.”](image)

All three clients created positive images within their mandala shape. Sabrina created a collage of spring, inspired by a stained glass window from the mandala examples. Her art piece is shown in Figure 2 A. She used bright colors and attempted a pattern of shapes on opposite sides of the circle. Sabrina expressed some discontent with her end product, saying that she could not get it the way she wanted it to be. She said that she did enjoy the process of coloring
within a large, confined space. The process seemed soothing to her, despite her judgment of the product.

Figure 2 B- Natasha’s Mandala “My Favorite Place… Iowa.”

Natasha participated in the art task but struggled with the new rules of the session. She acted very hyper, bouncing in her chair, jumping up to dance, roll on the ground, crawl under the table, singing Bible songs very loudly, and yelling to herself. Her conversation was random; it seemed as though she was not talking to anyone in particular, but just talking to make noise. Natasha continued to be inappropriately disrespectful of Lidiya, who followed Natasha’s behaviors closely, copying the singing and wild conversation, but Lidiya maintained appropriate interaction with her mother and me. I wondered if Lidiya did not have RAD. Natasha’s art work is shown in Figure 2 B. Natasha began to draw a
symmetrical design, a flower shape in the middle, much like the stain glass window, as her mother did. She became frustrated with the intricacy and drew her favorite place, a memory of her previous adoptive family’s home in rural Iowa. In Natasha’s ranting during the session, I heard grief and anger about leaving the family in Iowa and that she was punishing her current family with harsh statements like, “I like them better,” and “I wish I could go back,” which is expected, according to Keck and Kupecky (2002). Such statements to Sabrina and hurtful comments to Lidiya prompted me to reinforce my new rules for respectful interactions. Natasha was more willing to adapt her behavior towards her mother than to Lidiya, which, to me, showed Natasha’s ability to control herself and willingness to bond with her mother. Natasha tested me throughout the session. In fact, half way through the hour, Natasha remembered the conversation from the previous session letting Natasha know that I am a therapist. She curled up in a fetal position on the floor and refused to talk to me any more. With some prompting followed by a long period of ignoring, Natasha did sit again at the table and continued her loud, wild talk, but would not acknowledge me. She was unwilling to process her drawing further. Sabrina mentioned at the end of the session that Natasha had previously seen at least 6 therapists who Natasha deemed unhelpful, probing into her privacy, and instrumental in removing Natasha from her Iowa home.
Lidiya was focused on Natasha’s behavior throughout the session. Lidiya, however, appeared more in control of her own behavioral responses. She participated in the yelling and singing but did not act out physically like Natasha did. Lidiya also made a conscious attempt to connect to me. She asked me personal questions and engaged me in interesting conversation, which was interrupted by Natasha’s actions. Lidiya participated in Natasha’s behavior from time to time, competing for attention. Lidiya spoke negatively about her art, saying that it was “stupid” or that she could not do art, and about herself, taking cues from or agreeing with Natasha’s banter. I announced that a new rule was that there would be no negative self-talk, including that about personal art work. We brainstormed what negative talk sounded like and how to rephrase it to positive. When Lidiya participated in future negative self-talk, I encouraged both

Figure 2 C. Lidiya’s Mandala “Picture.”
Natasha and Sabrina to tell her that what she said was not true and to say something positive about Lidiya. I encouraged Lidiya to say something positive about her self or her art as well. The group was able to reinforce positive self talk, as they caught each other saying unkind things about themselves. Lidiya often looked to Sabrina for reassurance that Natasha’s behavior was inappropriate. Lidiya worked hard on her mandala, a colorful stripe pattern, seen in Figure 2 C. She explained that she had purposely matched the colors in the stripes. As a younger girl might do, Lidiya pointed to each line and said the color patterns, “pink, blue, orange…” She regressed a bit and left the session soothed by the process.

Overall, the session was successful in continuing to build a rapport with the family, in establishing rules for the session, and in inspiring the clients to participate. Natasha’s testing the limits of the rules, although extreme in behavior, showed that the rules worked. After hearing the rules, her behaviors increased as she stressed the limits. Toward the end of the session, she lessened her volume level and sat with the others, finishing her art work. It was an exhausting session for me personally, prompting me to schedule future sessions after normal business hours to avoid disrupting other agency employees. I could tell that the clients would continue to test my limits. I hoped for the strength to deal with their behaviors and to get more glimpses into client personalities, which I hoped to be separate from their behavior.
Session 3

This session began with the arrival of Sabrina, Ivan and Lidiya. Natasha had last minute plans and Maxim did not want to participate; Sabrina did not force their participation. I had planned this session after normal business hours for continued privacy and to avoid intruding on agency employee work. The conference table was filled with folders and papers for the agency, so I decided to use a smaller, round table in the middle of the large office space. No employees were in the building. It was a beautiful day, so the windows and doors were open to let in a breeze. Sabrina said that she needed to leave for work reasons and asked if I could transport the children to their track practice down the street after the session. This was uncomfortable for me, knowing their behavioral issues and not trusting them, and being unsure about the agency policy. However, I had recently started case management with birth mothers, which entailed me driving one pregnant, dually diagnosed client to the grocery store and doing minimal counseling with another birth mother in a restaurant during lunch. I assumed that the agency culture allowed for me to drive these clients as well. I hoped that my agreeing would help establish trust with the clients and I prefaced the decision with the need for perfect, respectful behavior in my car. The next day, I processed this decision with my site supervisor who laughed, finding my uncertainty amusing, and agreed that the agency approved of transporting the
clients. The culture of the agency was more relaxed, allowing for such interactions with clients.

Art Task. The art task for this session was to create a family-group drawing. The clients were presented with lead pencils, sets of 10 colored markers, and large, white butcher paper that covered the round table completely. The clients were instructed to choose a spot at the table and to start drawing something of their choice. Then they would move to another place at the table and draw at that space, adding to or changing the drawing that was there.

Session Goals. Goals for this session included continuing to build rapport and trust with me, and maintaining the basic behavioral rules. Some of these included sitting together, participating in the art task, and following social rules, such as no negative self talk or negative talk towards others. These behavioral and social goals became the basic goals for all sessions. Specific to this session, goals of assessing and developing family cohesion were to be pursued.

Both Ivan and Lidiya sat at the table and began drawing. They were inspired to show me what they could draw. Lidiya drew a simple drawing of a butterfly, a flower, grass and the sun in the upper corner. Overall, this drawing was immature for a 12 year old girl according to Lowenfeld and Brittain (1964) in her use of simplistic forms, lack of ground line, and stylized symbols that resembled more the art of a 7-9 year old; 12 year olds usually add more detail, show a story or movement in their drawings, and are capable of abstraction and
more complicated themes. Due to this being only the third example of Lidiya’s work, I could only speculate at her maturity level. But Lidiya seemed to enjoy the process and chattered with me in simple conversation. With a blue ink pen pulled from his pocket, Ivan drew several detailed characters, an eagle, a race car, etc. Ivan also engaged me in conversation, focusing on himself, ignoring Lidiya completely. The two siblings would not talk to each other or participate in a group conversation. When it was time to switch positions in the drawing task, both clients refused, saying that they wanted nothing to do with the other client. No amount of persuading worked to continue the planned art task.

I had to adapt my project. I initiated Lidiya, who had finished her drawing, in a scribble game, where I would make a small scribble and she would add to it to create an image. We both chose favorite colored markers; she chose pink and I chose red. Lidiya participated very well with the scribble game, filling up both sides of several pieces of paper. She figured out how to “beat” me, she said, although there was no real winner or loser, as she drew more and more complex scribbles, which I turned into landscapes. Ivan did not want to participate in anything that Lidiya appeared to enjoy, but slowly, I gave Ivan a paper with a scribble on it. He added to it, while I pretended to not look, and he began playing the scribble game with me. Figures 3 A and B show the scribble games. The clients would not play with each other, so I took this opportunity to develop rapport with them individually.
The session lasted for about 40 minutes before the clients were bored of drawing and began to test the session rules. Unfortunately, the pretty day enticed Ivan to leave the table and run for the out doors. Ivan had to be corralled several
times, as I encouraged him to sit at the table again. After Ivan got onto the agency’s trampoline and refused to get off, I had to end the session and start cleaning up, getting ready for the ride to the track field. Lidiya helped clean up and to discipline Ivan. She supported the rules, yelling to Ivan about how, “We are supposed to sit at the table and do art, not jump on the trampoline!” We got into my car, I made sure everyone had their seat belts on, and we headed for the field. Ivan and Lidiya helped give me directions to the field, which seemed to give them a share of responsibility. They behaved themselves very well. After dropping them at the field, I called Sabrina to let her know that they had arrived and that I was worried that they would not go to practice. Sabrina informed me that their father was their track coach on the field. The next day, I processed the session with my site supervisor, who seemed shocked that I would worry about taking the clients in my car, as she had no problem with it.

Session 4

All 4 child clients showed for this session. They were brought to the conference room table and they took similar positions as at previous sessions. The clients saw the art materials and became immediately excited; Natasha and Maxim agreed that paint was more mature than markers.

Art Task. The art task for this session was Feeling Paintings. The clients were presented with stacks of 8 ½ X 11 inch white paper, black ink pens, watercolor sets, a variety of sizes of paintbrushes, and containers for water. A clear, plastic
shower curtain was spread out to protect the table. The clients were instructed to choose a pen and paper, and to write at least five emotions on the paper. When they struggled with thinking of five feelings, we brainstormed a list of feelings as a group. Everyone was able to think of at least four feelings. Then the clients were to choose a feeling, pick up one paper and paint that feeling with shapes and colors.

Session Goals. The goals for this session included continuing the basic behavioral and social goals from previous sessions. A basic goal was family cohesion. Clients, therefore, were encouraged to act respectfully toward each other. A goal specific to the art task was to begin to explore and label emotions.

For this session I tried to use three pieces of candy each to reinforce positive self talk and positive talk to others. With each negative statement, one candy would be removed and could be returned with positive statements. This game worked for the first half hour, but failed when the boys found that they could eat their candy and then act up however they wanted. Needless to say, this technique was retired quickly.

Maxim sat at the end of the table. During this session, he behaved in a calmer or perhaps tired manner. He showed less distractibility, defiance and stubbornness than in the first session. The behaviors that he did show were ignored by the group, which was a significant difference. I wondered if some rapport had been built with the other clients to support them maintaining the rules.
Maxim seemed to follow the other clients in both better behavior and in participation in the art task. Maxim created five paintings, seen in Figure 4 A, showing “lonely, sad, happy, love, and anger.” Only “love” had a recognizable symbol, a heart. “Lonely,” Maxim’s first painting, had by far more color, which made me wonder if Maxim related to this feeling more than the others, if the others were more difficult for him, or if he used most of his energy early in the process, hurrying through the rest of the emotions. Maxim sat longer and participated well. He even held up each painting and told me in front of the group what emotions he had painted.
Natasha sat next to me, as in the previous sessions. She interacted with me well. She was polite and reinforced the rules. She painted “happy, lonely, sorry, heart broken, and loving” as her emotions (see Figure 4 B). Her paintings had some personal stereotypes, including the crying eyes, smiling face, and broken heart. Although Natasha was less engaged in the art during this session, she did interact with me very well. She asked questions and engaged me in conversation. Natasha was not willing to process her paintings with me as a therapist and I did not push the processing as I wanted to support the positive communication with Natasha seen in the session.

*Figure 4 B. Natasha’s Feelings: Happy, Lonely, Sorry, Heart Broken, Loving.*
Ivan, too, participated well this session. He joked a little about the art task, saying that it was “stupid” and “gay.” But he painted “mad, happy, death, happy, foggy, and weird” as his emotions, seen in Figure 4 C. The death image is stereotypical for Ivan and suggests that Ivan is wondering about existential themes, typical for teenagers. I wondered if the death theme was a metaphor for Ivan’s grieving his past adoptive family. Ivan did hold up his paintings, labeling each one, in front of the other clients. Ivan would not comment on the meaning of any of the paintings, except for “foggy.” I commented that “foggy” was the most abstract and that it felt to me as confusion or not being able to see. I could see from his interested expression that I had connected with Ivan. He said that he had
meant to paint “confusion.” I believed that I was seeing Ivan’s personality more in this session. I wondered if the previous session with the scribble games had established a rapport between Ivan and I, so that he felt more comfortable communicating his real self outside of his behaviors. In fact, Ivan displayed far fewer RAD behaviors, like inappropriate closeness and flirting, in this session.

![Figure 4 D. Lidiya’s Feelings: Mean, Sad, Angry, Lonely, Mad.](image)

Lidiya sat near Maxim and, again, received the brunt of the teasing and scapegoating. She participated in the art work quietly, speaking to answer my questions and to lash back at those who teased her. We talked about not being able to control others’ teasing but being able to control our responses. She practiced ignoring the others, participated in avoiding negative talk and in supporting positive talk. In fact, it was with Lidiya that the group became
inspired to reprimand each other for negative self-talk. They then worked hard at finding positive things to say about each other, to win their candy back. However, after the boys had broken the candy system, the clients continued to find positives and redirect negative talk from others. Lidiya created paintings showing “mean, sad, angry, lonely, and mad.” She used many different colors, shapes, and no stereotypical symbols. She showed considerable creativity with these abstract paintings, a distinct difference to her past immature art. I wondered if Lidiya was previously creating immature, stereotypical art to avoid the art tasks. In this session, I encouraged her to think of a positive emotion to paint, but she denied any. Her quiet demeanor during the session made me wonder if she were stuck in a negative feeling like the sadness. Lidiya bravely held up her paintings and labeled each one. Surprisingly, the other clients did not tease Lidiya for sharing.

All of the clients participated well, creating intuitive feeling paintings, which surprised me. Processing of the emotions occurred by each client titling each painting and presenting them in the group. I believed that this was progress. The clients had difficulty simply expressing general information in the presence of their siblings, so labeling their emotion paintings must have been stressful. The clients also listened without voicing judgment as their siblings presented, which was very promising. I believed that this was a great session and that there may be hope for this family.

Session 5
With the obvious behavioral shift during the previous session, I was hopeful that this session would continue to be positive. It was. All four clients participated in session 5 at the conference room table.

_Art Task._ The art task for this session was You as a Superhero. The television show, “Heroes” was very popular and inspired me to see what kind of superheroes the clients would choose for themselves to be. The clients sat at the conference room table and were presented with 8 ½ X 11 inch white paper, lead pencils, packs of 10 colored pencils, and sets of 10 colored markers. We brainstormed about characteristics that superheroes have; the clients came up a long list, including ability to fly, to run fast, to read minds, and to fight well. We filled up several pieces of paper with superhero traits. The clients were directed to pick several traits and draw them into the superhero that they would want to be. Then the clients were encouraged to create a story or a comic strip with their hero as the star using the superhero gifts.

_Session Goals._ The previous basic goals were still maintained. Added to these goals for this session were goals to explore emotions, symbols of personal strength, and how these related to the clients’ selves.

Maxim was quiet this day; he joked a little at first about this art task. He sat back and let his siblings brainstorm superhero traits. He drew something and erased it. Maxim decided to draw a running centaur character, with mace and battle axe (Figure 5 A). The centaur’s face looked like a self portrait.
asked about his superhero, Maxim said that he was strong and could fight well. I mentioned that I remembered that centaurs were also known to be smart and asked Maxim if he related to that. He responded, “no.” I reinforced to Maxim that he was smart and creative, but Maxim seemed to retreat from the conversation. He sat quietly, spun in his office chair, listening, and sometimes smirking, but not wanting to verbally participate with the others. He did not elaborate about the story he created for his hero.

![Figure 5 A. Maxim’s Superhero.](image-url)
Natasha struggled with creating a superhero for herself. She did draw a colorful, stylish girl, looking much like Natasha herself, although with blond hair (Figure 5 B). Her superhero, she described, had a magic wand to do spells, could fly, was very fast, could create weather, stop fire, and read minds. These, especially the ability to read minds, seemed very normal for a 13 year old girl. When processing, she appeared vulnerable talking about the powers, as if she was unsure about her self. She showed, that despite her boisterous behavior, she had a tender inside. She did not process her superhero story. She was more interested in recapping the many gifts she gave her hero. She was unable to relate how the hero was like herself.

*Figure 5 B. Natasha’s Superhero.*
Ivan was verbally and visually expressive this session. He created an eagle-like superhero, seen in Figure 5 C, who struggled with the dark side as well as the heroic part of superhero life. The eagle is a personal stereotype for Ivan, seen in previous sessions and in his sketchbook. Ivan took the comic strip directive and created a series of pictures. He showed his eagle shooting fire and burning down a building to catch a criminal. Then, turning into a man, the hero tried to get cash, ended up robbing the bank, getting arrested, and going to court, where he was found innocent due to incompetent bank staff. Ivan seemed to be struggling with his own concept of right and wrong, while also relating

Figure 5 C. Ivan’s Superhero.

to popular comic superheroes who often struggle with difficult decisions. He explored over-exaggerated responses, like burning down a building to catch one
criminal; I had witnessed over-reactions in some of Ivan’s awkward social interactions. Ivan definitely channeled his energy into several detailed drawings. He was able to quickly explain the sequenced story to the group and left the session tired.

Figures 5 D & E. Lidiya’s Superhero, 2 versions.

Lidiya struggled with the art task in general. She claimed that she was not able to draw people well, a negative self talk that her siblings corrected. She complained about not being able to randomly choose her traits from the list, claiming that she was overwhelmed. She struggled with finding superhero gifts that she would like herself. It made me think that she was so down-trodden with
such low self-esteem that she struggled to see that she had potential. While I encouraged her, Lidiya quickly sketched a female stick figure (Figure 5 D), labeled “She can touch the sky.” Lidiya then appeared to attempt to provoke her siblings into harassing her, by joking with them, poking Maxim’s arm, and saying silly things so she would be laughed at. It appeared as though the group had started to accept her or they had become accustomed to the rules in the art therapy sessions, and were not as focused on teasing her. She seemed to feel the lack of attention. Frustrated with the group and with my encouragement, she drew a more detailed superhero, a male who could fly and shoot fire out of his mouth (Figure 5 E). It was interesting to me that she changed the gender of her character. I wondered if this, like the fire spitting, could have been inspired by Ivan’s eagle spitting fire. Lidiya may have wanted attention from the boys and so drew her hero as a boy, to be like them. Lidiya presented herself as very feminine, unlike Natasha who acted more like a tom-boy. The gender switch may have been Lidiya’s way of questioning her self definition compared to strength and power, which she may have believed that she lacked. She refused to participate in processing. She chose instead to write across the top of the male hero, “This boy is flying and shooting fire while flying.” I asked about the green figure in the lower corner of the male hero picture, as it reminded me of the female hero. Lidiya shrugged and would not comment.
Overall, this session introduced me to my clients more than other previous sessions. Client behavior was manageable, easy to be around, and was self-reinforcing. The clients’ lower self esteem prompted me to plan to further explore symbols of power and personal control. They were able to express themselves and braved some processing in the group. They showed that they understood the session structure and were making progress on their behavioral and social goals.

Session 6

Natasha, Ivan and Lidiya arrived for this session. Maxim had an appointment with a local expert in attachment disorders and could not make our session.

Art Task. The art task for this session was a group painting. The clients were brought into the children’s playroom to the kitchen sized table, which was covered with long, white butcher paper of about 3 X 5 feet in size. The clients were given a choice of colored construction papers, sets of scissors, and glue. A variety of colored tempera paints, a variety of paint brush sizes, and paper plate palettes were kept off to the side.

The clients chose their favorite color construction paper and were instructed to cut out four shapes that represented themselves today. They then rotated around the four sides of the table, gluing one shape per each side of the table. They were encouraged to choose paint colors and to start painting at their first spot at the table. After a few minutes, the clients were encouraged to rotate to the
next spot and to paint there. This continued until each client rotated to his or her original spot at the table.

*Session Goals.* I planned this activity to foster a group multi-sensory experience with several steps, to both lengthen the time spent with the art and to create a richer experience. I also wanted to try a group project with a different media to explore how the clients reacted to the materials, if they would open to a group project, unlike in the previous session with drawing materials, which are more precise and perhaps more personal. Behavioral goals, such as working in the same space together, and social goals, like avoiding negative talk and supporting positive self talk, were maintained for this session. In addition, this session focused more on group interaction. The goals for the group were to maintain appropriate interaction while getting into each other’s space. I hoped that the change in materials would inspire more openness and less territorial feelings about their own art work.

The female clients, Natasha and Lidiya, participated very well throughout the art task. Ivan refused to participate with the group, instead choosing to remove himself from the space and draw on his own. Ivan laid down on the floor just outside of the room, drawing in the sketch pad that he had brought from home. Ivan would yell into the room, occasionally participating in the conversation. I found this distracting to the girls, and I encouraged Ivan to
participate with the group or to stay out of the conversation. He quieted for a while.

Figure 6 shows the group painting product. Natasha and Lidiya chose their construction paper and their self shapes. Natasha chose a red heart shape and Lidiya an orange circle. Lidiya complained that she could not do the shape that she really wanted. The girls rotated around the table, placing their shapes, and gluing them where they liked. Lidiya used far too much glue, creating a puddle wherever she went. Natasha became annoyed and complained that Lidiya put her circles too close to her hearts. Natasha did not move Lidiya’s circles or yell. I sensed some bonding between the girls. The girls gathered paint on their plate palates and each took several sizes of brushes. Lidiya again took gobs of each
color of paint, showing a need for excess of materials. The girls painted pretty, simple images, like flowers, spirals, and hearts, at their spot and rotated twice around the table before Ivan decided he wanted to join the group.

Ivan finally joined the group. At first, he was mischievous, as he swiped paint brushes across the paintings and got his hands into the paint. But then, he chose several colors of paint for himself and rotated against the flow adding his own mark to the painting sides. Natasha and Lidiya accepted Ivan’s involvement. Natasha, inspired by Ivan’s painted hands, added hand prints to the painting. Lidiya got her hands in the paint and started painting up her arms. Ivan added striped “war paint” to his face. The painting became sopped with paint in some places. The clients marked out each other’s painted designs as they went around. Finally, the paper could not hold any more, and as it was taped under the table for stability, the paper ripped in several places. The clients laughed and ripped it more, taking it off of the table and crumpling it into a giant ball. They then continued to paint on the clear table cloth used to protect the table. I encouraged the clients to clean up.

The painting was left in a ball. It had taken a half hour to create. The clients had another half hour until their mother picked them up. Ivan suggested that we have a scavenger hunt around the agency. Although Lidiya did not want to make clues, everyone participated in finding items according to made up clues. Both Ivan and Natasha created imaginative, poetic clues, describing items or
places in the agency building. There was mutual encouragement for all to participate. The scavenger hunt was enjoyable, stimulating, and time consuming. Ivan and Natasha were happy with their clues; Natasha commented that her list was almost a poem.

The group painting session had aspects, for me, of several types of sessions. The initial collage with paper shapes was created with cooperation between the girls. Although Natasha was annoyed by Lidiya, the girls interacted in a more civil, mature way, leading me to assume that they were getting along better. Ivan initially did not want to be part of the group but joined in. I gave him some space, some structure, and observed his response and the response to him. He caused some trouble that could have created a great mess. However, the girls welcomed his input and included him. There was regression in the mixing of colors and body painting. Each client, especially Lidiya, used excess of materials, a sign of attachment issues (Henley, 2005). After the release of the almost primal group painting, the clients acted energized to create poetic, inspirational clues for a scavenger game. The session, to an outsider, may have appeared out of control. I found myself working to maintain acceptance of the process and remembering that messes can be cleaned up. At the end, it was an amazing session, with tentative beginning, catharsis, and enhanced expression.

Summary
In reviewing the six initial sessions, several themes became clear to me. I found that the important goals for the clients were to practice appropriate behavioral and social interactions, and to establish trust and rapport with an adult. I found that the clients behaved immaturity for their age, which is confusing as they are physically mature teen-agers. Each of the clients, in their own way, had been starting to open up to me and to show me his or her personalities. I believed that they would continue to test me, as this is part of the RAD diagnosis. The clients, through the first six sessions, became aware of the structure of art therapy sessions and began, even in simple ways, to process their art and experience. The clients presented me with challenging situations, and at this point, I was not sure that I was responding appropriately. Their struggles for self control were easily internalized by me. In researching RAD, this manipulation and blaming are significant parts of the disorder; it is not unusual for professionals who work with attachment disorders to doubt their own efficacy (Keck & Kupecky, 2002). I believed that change would be slow with these clients, if it were to happen at all. I hoped that positive change would happen and that it would be wonderful.

School for the clients was to let out for summer after this session. It was decided by Sabrina and me that it was more convenient to hold future sessions at the clients’ home. I wondered how the clients’ behavior would change at their home. I hoped that the home sessions would be comfortable and safe. I found
that case management and counseling in other clients’ homes provided me an intimate experience of client life.
The following sessions were held at the clients’ home. Summer had arrived and provided some relief in busy schedules. I hoped that the home setting would provide a more complete picture of client needs and that the clients would feel more comfortable, less distracted, and that there would be more concentrated quality time for sessions. Goals continued through from previous sessions. Behavioral goals were to sit together, to participate as a group, to avoid hitting, poking, and other aggressive acts, and to follow directions. Social goals were to continue to practice positive self talk and positive interactions with others, to avoid cursing and degrading other members of the family group. Across these sessions, family goals were to increase bonding and family cohesion.

Session 7

As I arrived at the clients’ home, Ivan met me in the driveway. He acted excited not only to do art, but to have a visitor. It was a beautiful early summer day and I had messy art supplies so we decided to have the session outside on the backyard patio table under a porch.

Art Task. The art task for this session was a ceramic, family nest bowl. I created this project as a group task, with fluid art materials, to take away preconceived notions of art as stressful and product oriented, to inspire parents to get messy with their children. The parents were given responsibility of directing
the shape, structure and look of the bowl, so they could practice giving simple instruction and correcting mistakes. Rick Rule-Hoffman, MA, ATR-BC, LPC, created an assessment called The Attachment Potential Art Therapy Assessment (APATA) to assess attachment style. This is an assessment using drawing tasks of “Draw a Nest” and “Draw a Bridge.” This art task, the family nest bowl, was inspired by the APATA.

The table was lined with a clear, plastic sheet. The clients were presented with approximately 5 pounds of self-hardening, terracotta clay, a toothbrush, and a large wok, lined with saran wrap. I borrowed a cup of water from the clients. The clients were encouraged to roll out worms or strings of clay and to layer them in the wok to create a nest-like bowl. The clients were to share the toothbrush, creating interesting textures on the worms and mixing water with the clay, creating slip, a “glue” used in ceramic hand-building, when brushed on the under layers. The overlapping worms were to be pressed to under layers to fuse the worms together and provide stability. The goal was to build at least two layers of worms for a solid bowl with lots of wonderful texture.

**Session Goals.** This art task is a group task. The task allows the family to practice cooperation, communication skills, and limit setting, inspiring family cohesion. The metaphor inherent in this task revolves around a family, working together, building a nest, a safe place to raise children and to grow as a family. Unfortunately, Sabrina and Joe were unavailable to participate in this task, so the
parent responsibility goal was not utilized. Instead, the clients were to work together to create a look and structure for the bowl.

Maxim helped in the beginning of the session to cut the clay and bring a cup for water. The clay was unfortunately very hard; it was pliable but required added water and great hand strength to manipulate. Maxim refused to participate further, claiming that he could not get dirty. He was shirtless and his plans for the day were to work in the yard. Maxim sat in a swing chair under the porch near the table or wandered in and out of the house. It appeared that he struggled with wanting to be part of the group and yet to be independent.

![Figure 7- Family Nest Bowl](image)

Natasha participated very well. She followed all directions, making 90% of the nest bowl herself (Figure 7). She worked consistently, talked appropriately, avoided negative talk to herself and others, and related well to me. Natasha
enjoyed making spiral coils, layering the worms, and even, talking to me about things that were going on in her life and her favorite things. She smiled a lot. Natasha became distracted by Ivan’s making his own coil pot. She wanted to make one, too, and stopped working on the family nest.

Ivan participated minimally in the presented art task. He complained, acted frustrated by the hard texture of the clay and lack of hand strength, gave up several times, and appeared upset by the mess. He claimed to put one worm into the nest. Mostly, Ivan was occupied by distracting the others, stealing their worms, and complaining. After running around in the yard, Ivan returned to the table to make a coil pot, which he hid from me. This pot making distracted Natasha from the group project. Ivan helped by turning on the hose for cleanup.

Lidiya participated minimally. She got distracted by the regressive quality of the material, focused on the squishy texture, and making a mess. Lidiya added too much water to her clay, creating a puddle, which she smeared up both of her arms. She gave up several times due to the slippery area and inability, therefore, to make a worm. Lidiya showed persistence and stayed to participate for the entire session. However, she whined quite a bit and struggled with negative self-talk, such as “I can’t do this.” I wondered what she was gaining by staying in this frustrating situation that she complained about so much. I hoped that she found some joy in participating in the conversation and in manipulating the material. Lidiya showed that she was unfamiliar with clay as a medium but did not accept
helpful suggestions from me or from her siblings. At the end of the task, she claimed to have added several short worms to the bowl.

The session ended with my gathering all of the clients around the bowl to process the experience. I praised Natasha for her excellent participation, noting that she created most of the bowl. The others listed their achievements as well, which I also supported. I did, however, re-explain the goals of this task, as working together as a group, staying at the table, and practicing appropriate communication. I calmly told the group that everyone besides Natasha needed to participate more and listen closer to the directions. When the clients argued with me, I calmly and honestly listed their actions, their distractibility and how they could improve their participation in future sessions. The clients quieted and cleaned up the clay puddles.

This session was successful in establishing rules for the sessions to be held at the clients’ home. The clients understood that they were expected to participate and they were aware of the rules throughout the tasks. The clients, although somewhat defensive of their actions, were able to calmly explain themselves and avoided joking with Natasha about her compliance. Due to the fact that the whole group did not participate, one directive for the bowl making was missed: the layering of the worms for stability and structure. Therefore, unfortunately, the bowl broke as it dried, and as seen in Figure 7, the only parts that held together were those along the bottom edge that were more firmly mashed together. The
clients never asked about the bowl, although I did inform them as a group that the bowl had broken. There was no response. Clients with RAD often lack attachment to objects as well as people; this may be especially true when the clients did not make the objects (Robertson, 2001).

Session 8

Maxim and Ivan were outside riding bikes when I arrived. Maxim brought a glass for water for the group and he and Ivan were helpful in setting up the table cloth and the materials on the patio table. Natasha invited a young female friend to participate in the art making. As the friend was not part of the therapy group, I asked the group if they agreed to include the friend, which they did. She was not asked to participate in processing. I realize now that including this friend in the group was in violation of client confidentiality, even though the group agreed to include her. In the future, I would not allow strangers to the group to join. However, this friend did appear to be receptive to the process and even reinforced the group’s goals by participating in positive talk, supporting the positive traits in the totems and in interacting respectfully.

Art Task. The art task for sessions 8 and 9 was ceramic Animal Totems. In session 8, the clients were to create an animal figure that they would like to be and in which they could see a powerful metaphor for their own life. The clay pieces would be painted in session 9. I gave a short introduction to the Native American cultural belief in totems. Two example animals were shown to the
clients. Clients were each given a small handful sized ball of air dry terracotta clay and were instructed to create their animal by pinching and pulling the clay, using it as one piece. I discouraged the clients from making separate body parts and sticking them to the animal body for several reasons. An animal made from one piece of clay is more stable, less likely to break, and these clients deserved to receive a whole clay product after the family bowl had broken. The clients were familiar with piecing together several clay pieces and would be challenged by thinking about clay in a new way. Using the ball of clay as a whole limits the usage of water, resulting in a less messy project, which could appeal to Maxim more and would keep Lidiya from regressing. And, the product would appear to be more rustic, a nod to the primitive nature of this totem task. After the clients created their animal, they found their animal in *Animal Speak: The Spiritual and Magical Powers of Creatures Great and Small* by Andrews (1993). The clients read aloud what their animal strengths were and they were encouraged to think about how their animal related to their own personality and life.

*Session Goals.* This session added a goal of self-exploration. The clients were to search through animal images to find one that provided them a sense of strength, power, and calm. These totems could be used in the future as symbols of self, as power images, and of bolsters to self-esteem. Figure 8 shows the client totems.
Figure 8. Animal Totems, (Top Left corner clockwise) Maxim’s butterfly, Natasha’s snail, Ivan’s turtle, Lidiya’s elk.

Maxim sat in the chair swing just away from the table. Although he was not at the table, he concentrated on the clay work. Even though he was mostly quiet, Maxim participated appropriately in the table conversation. Maxim created a butterfly out of separate pieces of clay, with small wooden sticks for antennae. He did not follow the pinching direction, but did participate well, creating a surprisingly sensitive, perceptive animal theme. When reading about the butterfly, Maxim found that the animal was a powerful image of transformation and creativity. He immediately acted proud of his image, gradually becoming embarrassed as we spoke of how this related to his life. He listened, nodded
receptively to the reading and suggestions about his changing life and creative nature, but did not participate in processing further.

When I originally met Natasha, she went by an American name that she had chosen at her adoption to her previous family. At this session, Natasha insisted in others calling her by her Russian name rather than her American name. She tried to inspire Ivan to take his Russian name as well, but he refused, saying he liked his American name. Natasha sat at the table with her friend, who pinched a beautiful coyote. Natasha brainstormed several animal choices and tried to pinch an animal. She became frustrated with the process, resorting to a more familiar coil process to create her snail. This chosen technique was stereotypical and immature for Natasha, who, in past sessions, had shown more creativity and depth. Natasha appeared proud of her pinched snail face and antennae, sharing her work with the group. Originally, the snail shell was made of a vertical spiral, which was unable to stand. Natasha accepted criticism and adapted her snail to be more 3-dimensional. Unfortunately, the snail was not represented in the Animal Totems book. I encouraged the group to brainstorm about snail symbolism. The group avoided eye contact and refused to participate. I asked Natasha what she thought about while making her snail. She said that she did not know. I suggested some themes around snails, like they carry their house with them, that they can go anywhere, and that they are beautiful. Natasha shrugged and prompted the
conversation to turn to her friend’s coyote. The whole table listened intently and appeared impressed.

Ivan took to this activity with gusto. He carefully inspected the two example animals. First, he pieced together a turkey head. He showed the group his work, but appeared dissatisfied with their lack of response and destroyed the head. He re-examined the example totem animals and started again. He pinched and pulled the clay, manipulating the material confidently, creating a turtle. Ivan said that he chose a turtle because it is the symbol of long life and patience, an astute observation. Ivan showed that he was proud of his turtle as he bragged about it. He pressed dirt and grass to the shell, adding to the elder quality, he said. He relished in the reading the turtle imagery in the book, which echoed his desired theme. Ivan was able to show off his intelligence and his humor in this project.

Lidiya regressed to a more immature state, again, with the clay. She squished and sloshed the material, laughing at the sounds and the texture. She appeared frustrated that she was unable to create any recognizable form from the clay. Inspired by Natasha’s coil, Lidiya chose to create a snake. She spent some time cross hatching texture along a coil, but then balled up the clay showing displeasure. As the other clients read aloud about their animal totems, Lidiya quietly initiated her own involvement. She whispered to Ivan, asking him to create an animal for her. He obliged, creating a nicely sculpted elk head with his
pinching process. Lidiya’s eyes lit up as she read about the elk imagery of strength and nobility.

This project created the most client processing to date. There was more discussion, focused around animal choice and totem imagery. There was more group cooperation and support, far less negative self-talk and negative talk toward others. The group supported each member, listening to the imagery from the book and even agreeing that the animals were “cool” if not appropriate to the creator. A new behavior surfaced as popular for the clients: spitting. The clients spat on the patio and into the yard. The concrete was covered when I left. They fortunately did not spit at each other, but I wondered if that would not happen in some more frustrating session. No spitting, therefore, became a new behavioral goal. Sabrina was pleased to hear this, as she directed the reluctant clients to scrub the patio clean. Quickly, the clients had all disappeared, leaving a filthy patio.

Session 9

Natasha met me in the driveway when I arrived. She was eager to know if in fact we were painting the totem animals as I had said would be the last task. Natasha was also shocked that I called her by her Russian name. “I didn’t have to remind you,” she said. All of the child clients and Sabrina eagerly joined the group at the patio table, although, it became immediately obvious that everyone, including me, woke up in bad moods. It was hot and supposed to rain later in the
day. Sitting outside was miserable to us all. The clients began to tease each other immediately. Everyone, including Maxim and Sabrina, sat around the table.

![Image of animal totems](image)

*Figure 9. Animal Totems painted (Top Left corner clockwise) Maxim’s butterfly, Natasha’s snail, Ivan’s turtle, Lidiya’s elk.*

**Art Task.** In session 9, the clients were to paint their animal totems from session 8. When the animals had dried, I applied a coat of sealant, to help protect the clay pieces and make them more stable. Clients were given a large variety of tempera paints, paint brushes, a cup for water and foil palates. The directive was to “paint your animal however you want to.” Figure 9 shows the painted totems.

**Session Goals.** The goals for this session were to enhance client expression of self, to further a project to completion, and to review the animal totems as symbols of self power.
Maxim painted his butterfly with an orange body and yellow wings. He carefully dabbed green paint on the tips of the antennae. When he wanted to leave the table area, Sabrina instructed him to stay and finish his butterfly. Maxim acted exasperated, huffed, mixed up the extra paint on the palette, and slapped it onto his butterfly, as he stared at his mother for a response. Sabrina quickly asked Maxim a few more times to fix his butterfly and to stay with the group at the table. Maxim withdrew from Sabrina. Maxim harassed Lidiya, teasing her about her clothes and her animal. When I encouraged Maxim to paint a picture with his swirled paint on his palate, Maxim looked at me and smiled, but did not start a painting. His mother suggested that he follow my directions and Maxim left the table in a huff to sit far away along the patio alone.

Natasha participated consistently in the art task. She chose a small brush and lined white and black on her snail. The small lines, she joked, made the snail look like it was in jail. She appeared to like the pattern and maybe the jail theme. Natasha followed directions, did not participate in negative talk, interacted appropriately, and sat politely with the group. When I reinforced Natasha's participating well, Ivan said, "stop treating us like babies." It was unclear if he was talking to me or to his mother, as he did not make eye contact and both Sabrina and I were talking within the group.

Ivan worked diligently, but with great complaints. He complained about the art projects and about me directly. After asking Ivan what I could do to better his
experience, Ivan responded with rude remarks that attacked me personally, like “not be ugly.” I stated plainly that Ivan’s comments were hurtful and disrespectful, just as I would if he had said them to one of the siblings. Sabrina stated that Ivan needed to adjust his attitude, a statement that Ivan ignored nonverbally. I asked Ivan about his bad mood, trying to explore and label emotions with him. Ivan continued to strike out at me throughout the session, and refused to participate in discussing feelings. I told Ivan that his expression of anger and ill mood was appropriate, but how he was striking out toward any specific person was not. Ivan covered his turtle with several layers of greens, reds, black and brown paint. He created a modeling effect that was effective artistically. Natasha and Lidiya teased Ivan about his "rock" colored turtle. Ivan stood up for himself effectively, not yelling or striking back at his sisters. I noticed that Ivan had avoided negative talk to his siblings but instead directed it towards me. I wondered if this was a sign of bonding within the family and if the projection of anger towards me was simply a sign of RAD, also indicating a connection to me.

Lidiya wanted to paint her elk in all of the bright, florescent colors, all mixed up. She appeared frustrated and wanted to quit when Maxim swiped her elk with a green paintbrush, as another attempt to avoid his mom. Lidiya seemed more upset by Maxim's intrusion than by the paint. She finished her elk, swirling it with all of the bright colors.
This session was frustrating because everyone was in bad moods. It was difficult for me to redirect the clients. I found myself being stricter with my tone and enforcing the session rules. Many behaviors that I might have ignored in another session were directly confronted. The art project was short. The clients, except for Natasha, reverted to old patterns of picking on Lidiya. They struck out at Sabrina more today. They began testing me directly. Possibly they were feeling more comfortable with me. I realized that a symptom of RAD is to push liked people away, as if they are getting too close. All of the child clients were negative and complained about the session and the art, but as I got in the car, all of them asked when they could do more art. Again, this is that push and pull of people close to them. I took this as a sign that they were bonding with me.

Session 10

As I left session 9, I spoke to the clients about the possibility of painting in the driveway in the future. The clients all came to the driveway when I arrived for session 10. They remembered the outdoor painting suggestion and were ready for that project. Rain was expected so I had planned for an art activity that could be moved inside. The clients acted disappointed about the task change. I realized how concrete their thinking was. If something was mentioned to them in passing, they believed it and remembered. I became more aware of my own interactions with them.
Art Task. The art task was a complicated technique called Tesslations. For this task, the clients each received a piece of 11 X 14 inch white paper, one 3 X 3 inch Post-It note, a lead pencil, and a pack of 10 colored markers. They watched a demonstration as they thought of their own designs. Instructions included drawing a design along the sticky side of their Post-It note. Then, they were to cut out their design, flip the smaller piece and stuck it to the larger piece of Post-It. The new puzzle like piece was to be traced onto their paper. Then, the puzzle piece would be rotated and fit snug along with the drawn shape to create a pattern. It was explained to the clients that this project created shapes much like a crystal would when forming. The clients were encouraged to fill their paper with puzzle-like shapes that they created and color them in how they liked.

Session Goals. This task was a complicated one that needed trial and error and patience for frustration tolerance. As the clients had been showing more participation in their behavioral goals, I wanted to test the clients’ patience with a frustrating activity that could result in success. The clients had shown, too, that they were intelligent and could process maturely if given the chance and inspiration to find self-control. This task was designed to support these qualities and to enhance self-esteem.

The clients approached the table well. Everyone worked on simple designs and got frustrated with drawing the design on paper. This was a difficult task by design, which resulted in more one-on-one instruction and hands on aid by me.
The clients were uncomfortable in asking for help. I wondered how strongly self-reliant these clients believed that they needed to be to survive the many unstable family situations in their lives.

Maxim started with a heart design (Figure 10 A). He tried to draw it on paper, but got very frustrated. He did not ask for help. He tried a more simple design, a plain box, as an attempt to be funny. When he was encouraged to try again with his heart design, Maxim gave up and went inside the house.

Figure 10 A. Maxim’s Tesslation.
Natasha and Lidiya stayed at the table and finished their drawings. Natasha at first created her own design, got frustrated, and then copied Ivan's design. Natasha traced the design on the paper confidently and colored it in with straight, meticulous marker strokes (Figure 10 B). She complained often, saying "this is gay," the choice phrase of the day. Natasha acted frustrated but she completed the task with little help from me. Despite the complaining about the art, Natasha interacted extremely well with Lidiya and me. We talked about boys, school, music, their favorite activities, and some about their family. Natasha changed the subject when conversation became too personal. She continued to interact with me well throughout the session.

Ivan chose a fairly complicated bubble design, and was able to draw it completely on paper (Figure 10 C). However, he gave up before coloring it in.
suspect that Maxim’s absence from the session had inspired Ivan to leave the table as well. Ivan did not show frustration, and I suspect he had none. Ivan was an intelligent person who enjoyed a challenge. Puzzles would appeal to him, I thought. I believe Ivan was more concerned about his appearance to Maxim than in his not being able to finish the art piece. Ivan disappeared into the backyard forest to return later.

Figure 10 C. Ivan’s Tesslation.

Lidiya started a complicated design, doing well at it. However, she decided it was not like Natasha's and gave up on her first choice design. Lidiya started again with a more simple design and was able to finish it (Figure 10 D). She hurried to finish coloring the design, so it appears to be messier than Natasha’s. Lidiya engaged in some negative self talk, which both Natasha and I addressed.
After several warnings, I stated that it appeared that Lidiya liked us to deny the unkind things that she was saying to herself, almost like fishing for compliments. She denied that she was prompting compliments, so we decided to ignore future negative self-talk from Lidiya. When she slipped and said something negative, she looked up at me with guilty eyes, showing me that she understood when she used negative self-talk. Soon the negative talk subsided and Lidiya participated in the casual table conversation.

While the girls were drawing, Ivan went way back into the woods. He brought back a jar of blackberries and some garlic stalks that he had picked. Ivan first offered them to me. The girls jumped on to the jar, taking the berries. Ivan screamed. Lidiya found an insect in her berries and dumped them on the floor. Obviously, Ivan became very upset, but he maintained composure, yelling at
Lidiya but not fighting or even swearing. I encouraged Lidiya to apologize to Ivan for ruining his berries. She laughed and defiantly squished the berries with her shoe. Ivan called for his mother and ran inside. Sabrina came out from the house and made Lidiya scrub up the berries from the patio floor. This incident could have happened more violently than this and when I saw Ivan again later, I complimented him on his composure.

As the session closed, I encouraged the clients to process the art task. They refused by saying, “It was gay,” or not responding at all. I complimented the clients for their attempt at a very difficult project. Natasha asked when she could get her art work back. She insisted that she did not know who was able to see her art work. The art products from previous sessions were being kept in my possession, waiting for a final session for the clients to process them as a whole experience. However, it became very clear that the clients believed that parts of themselves were floating around unattended. As a sign of trust, I promised to bring the art work to the next session.

Maxim had a pattern of being an instigator of misbehavior. The others paid attention to his teasing and acting out, and followed along in kind. This was especially obvious with teasing Lidiya. Ivan and Natasha usually participated in teasing, building up the tension to a tormenting level. Maxim did not show the language or the will to be appropriate, as if it is so much “cooler” to be unkind. He had shown a sensitive side, as in his butterfly totem, so there was a soft inner
place that Maxim was not yet willing to explore. Maxim was also the least likely to participate in art therapy, suggesting unfamiliarity with session expectations of appropriate behavior.

Ivan often opted against color in his art work. His drawing for this session was interesting without color, but this pattern of avoidance of color pointed to emotional withdrawal. Ivan did attempt to connect with me with the berries. He responded fairly well, obviously restrained, with the berries on the floor. Ivan was appearing calmer, less aggravated by directions and expectations put on him.

The girls participated well throughout. They interacted with me, joking and telling stories. Natasha participated very well, despite the consistent complaining about the art project. She connected to me in conversation, which was an improvement from previous sessions with Natasha cowering from the symbol of therapist. Natasha also avoided teasing Lidiya. I asked her about this. Natasha responded that the girls had been able to do more activities alone and they were getting to know each other better. Despite the berry incident, the complaining, and the poor attitude, Lidiya appeared to be more in control of herself with this art project. She was frustrated with the difficulty, but she asked for help and corrected her design along with me. She did not regress, and I believe the more controlled media helped with this. She was more socially aware and communicative. These small improvements in interaction, self-motivation,
openness for assistance, and a release of need for control showed some gradual, subtle improvement.

Sabrina expressed frustrated in this session. She explained that it was the end of the month and her business picked up at this time. She was distracted by her cell phone. Client spitting continued to be an issue, an opportunity for limit setting. Sabrina tried to maintain control with her children, but whined while directing them. She would benefit from some parenting skills. She needed to show consistency. When Sabrina was present for sessions, I found my role awkward. I would waver between wanting Sabrina to take charge of discipline and yet, wondering if Sabrina had the parenting skills to do so. I decided to maintain consistency myself and structure the sessions with maintained rules, which Sabrina could witness and follow or adapt to suit her own needs, outside of sessions. I was becoming aware that parenting skills training was beyond my scope of practice with this family.

Session 11

Natasha, Lidiya and a family friend met me on the deck above the driveway as I arrived. They acted excited about the art project, especially when they were told that the outdoor painting, that they had heard briefly about in a previous session, was the project.

Art Task. This art task was called En Pleine Aire Paintings, a reference to Impressionist masters who painted outside in natural light. The clients were
shown an art history book with examples of paintings by Monet. The clients were
each given a white poster board, a palate, choice of a variety of tempera paints,
paint brushes, and several large cups for water. They were given view finders,
paper paint chip cards with a square punched out in the middle, from a local paint
supply store. The directions were to “look through the view finder, find
something outside that interests you and paint it.” We were in the clients’
backyard on the driveway. The clients were encouraged to move anywhere within
my sight to paint.

Session Goals. Like the House, Tree, Person Assessment (Hammer, 1980),
this art task used the clients’ real house, trees in the yard, and other family
members as subjects for a non-threatening art project. This task was designed to
inspire the clients to notice details in their home environment, to explore artistic
and creative elements in their work, and to explore client bonding by providing
them with real, intimate subject matter in a non-threatening way.

The clients enjoyed the project and the beautiful summer day outside.
Maxim decided not to participate in this project, saying he did not feel well.
Natasha, Ivan and Lidiya participated and included one of Maxim’s friends, Sam,
who claimed to be Natasha’s boyfriend. Sam was a sweet, sensitive, mannered,
stocky boy, aged 14. Sam told the group that he had been hospitalized for an
accident and had enjoyed art therapy. This helped normalize art therapy and take
pressure off of the clients. At the time of this group, I believed that Sam might
model appropriate interactions. As stated in session 8, I realize that strangers to
the group pose a threat to client confidentiality and must not be included freely.

The clients and Sam gathered together in the parking area of the driveway.
No one decided to move away from the group. The clients all chose different
subject matter and sat in a circle, facing outward. I found the compactness of the
circle inspiring, even as the clients all turned their backs to each other. They
maintained closeness, showing a bond, and were able to communicate while
painting. All of the clients started by looking through the view finder.

Natasha, who appeared both to enjoy and to be embarrassed by Sam’s
presence, participated briefly in the art project and was respectful, friendly and
easy to get along with during most of this session. Natasha’s painting was simple,
showing the tire swing off in the distance at the end of the large yard (Figure 11
A). She insisted that she painted exactly what she saw, like Monet did. When encouraged to add more environment, she refused flatly and kicked her painting away from her. She giggled, as if to minimize her inappropriate response for Sam. She did not add to her painting, but instead concentrated on interacting with everyone for the rest of the session. She was unfocused, but not obstinate or intense. I thought that she wanted to make a good impression for her friend. Her attempts at being friendly and sociable were manifested in inappropriate flirting with everyone. She communicated sensually with her body. She expressed herself physically, more so than other sessions.

As the session ended, I presented the clients with their art work from all other sessions. I informed them that today’s paintings needed photographs taken of them for the thesis in which they had agreed to participate. Natasha grabbed her painting and ran with it, threatening to rip it in tiny pieces. She ran around the yard and driveway, as if provoking me and Sabrina to chase her. I remained calm, trying to avoid facial expressions to Natasha, while maintaining appropriate interactions with her siblings. Sabrina asked Natasha to give up the painting to no avail. I placed the other paintings in my car’s trunk. Finally, Natasha climbed on to a moving van, dangling the painting above our heads. The painting fell out of her hands, before she could catch it, and I was able to pop it into the trunk. I was glad to see that Natasha did not attempt to dive off of the van. Sabrina asked Natasha to come down so as to not break her arm again. Sabrina said that
Natasha had been born with only one fore-arm bone instead of two, a common abnormality in Russian children. Her arms appeared normal, but were more fragile and prone to break, due to the lack of structure. Sabrina stated that Russian doctors had performed several surgeries to divide Natasha’s one arm bone into two thinner ones, a procedure that is now thought to be ineffective. I could tell by Natasha’s facial expression that she was then nervous about falling and carefully climbed down the van, yelling for us to not talk about her.

![Figure 11 B. Ivan’s En Pleine Aire Painting.](image)

Ivan painted the moving van that he was helping his father and uncle fill. He had been working very hard moving furniture. The van had been the center of his focus for several days. After hearing that there were no pencils available, Ivan threw off initial frustration and was able to get detail with large sponge brushes. He painted diligently and quietly, ignoring teasing by Natasha and all other
conversation. When he finished the van, he loudly proclaimed that he was finished, throwing down his brush. I suggested to him to add an environment.

Ivan’s painting shows his sense of humor. In previous attempts to inspire Ivan to draw, I had suggested to him to draw a tree. He poked fun at that by adding a tree in front of the van. He said he also added a sun set to suggest the end of the moving project. Ivan finished his bold painting (Figure 11 B). He was obviously proud of his painting, showing it to Sabrina, who suggested he take a picture of it with her camera so that they could email the uncle. He amused himself by wandering the yard for the rest of the session. He did climb the van, inspiring the other siblings to do so, supporting Ivan’s sense of adventure. Ivan’s behavior and mood at this session appeared different to me. He acted calm, mature, thoughtful, instead of hyperactive and awkward. I asked him how he was feeling. He responded that he was tired but proud of the physical labor that he had done over the past days. He appeared insightful.

Lidiya looked a long time through the view finder. She said that she did not want to paint anything she saw through the window. She chose instead to paint a stylized sun form. She used her favorite colors, she said, red, purple and pink. Although she did not paint what was in front of her, she did participate in observing her surroundings and created a completely unique painting, not borrowing ideas from her siblings. She appeared to relish in her difference, which was important to me, as Lidiya often seemed desperate to join the crowd at any
cost. I often worried about her in this joiner attitude, which put her at risk. I supported her in her individuality in this art task.

After the session ended, I met with Sabrina in the driveway. The clients were running around the yard and driveway. I mentioned that the clients were showing more of their unique personalities outside of their behaviors. Sabrina disclosed that she suspected that Natasha had been raped at the orphanage. She spoke of Natasha’s intense dislike of physical touch, which she acknowledged was a symptom of RAD as well as physical trauma. Sabrina spoke frankly of a conversation with the girls the previous night, in which Sabrina shared that she, too, had been raped as a young girl and how she had dealt with it. Natasha and Lidiya gathered around us as Sabrina talked. They spit several times on the ground around them. I reinforced the no spitting rule and they giggled, but
actually stopped. The girls were focused on Sabrina’s retelling her moving story of survival of her trauma. Sabrina shared healthy insight about how the rape was a painful experience that could not take away or change who she was as a person. She said, “if there was no baby or serious injury, the hurt will subside in time. Now, the goal is to avoid being hurt in the future and to find a real love to relate to.”

I inquired about Sam, the boy who claimed to be Natasha’s boyfriend. I wondered about the addition of Natasha’s sensual movements and flirtations seen in this session. I mentioned to Natasha that she appeared comfortable using her body to show affection. Natasha became agitated by this topic, physically flinched and had a small toddler-like temper tantrum. Sabrina and Natasha spoke briefly about how Natasha and Sam were purposely “dating” in a simple, hand holding, sitting next to each other way. Sabrina said that she trusted Natasha to use healthy judgment about how much physicality to use with Sam. Sabrina was working hard to open communication about relationship issues with both girls. She said that she noticed budding hormones and was supporting the girls in taking care of their “cute, little bodies that boys would pay attention to.” I realized how at risk these girls were to early sexual experiences. I wondered how unprotected they were in previous orphanages and home. And I wondered how the Browns were dealing with four unrelated teenagers in the same household. Sabrina said that they were highly aware of sexual issues in their home and were attempting to
confront them honestly and directly, hoping that the children would feel comfortable coming to them for help and support in these matters.

Summary

The clients were showing me their true personalities under their behavioral issues. They appeared to be starting to relate to me, building bonds with me. I considered this to be successful practice to making healthy attachments in general. Maxim struggled with participating consistently. He acted less inspired to participate in the group, often shrugging off any encouragement to join. I hoped to further encourage his participation in future sessions. Natasha had several sessions in a row with minimal behavioral issues, effective communication with me and her siblings, and had started to bond with Lidiya. Ivan showed a sensitive, expressive side that was usually overshadowed by awkward physical movements and inappropriate, flirty interactions. He no longer flirted with me. Lidiya was self-initiating, expressing herself better, and was practicing ignoring the teasing from her siblings. The result was that they teased her less. Overall, the clients continued to test me and my limits, which I expected to always be an issue. They appeared to be growing in self-control and self-expression. I honestly wondered at times if the clients’ behavior was actually improving or if perhaps I was simply getting used to their behaviors. The goals for future sessions were to increase the emotional and self exploration. The behavioral and social goals
would be maintained, however, they needed not be the sole focus, opening the
door for deeper themes.

I realized that it was not my job to train Sabrina in parenting skills. She
continued to maintain inconsistency in her discipline style. The clients continued
to test her on a regular basis. Sabrina showed consistent love and a great passion
for their well being. She tackled serious issues, like age-appropriate sexuality.
Sabrina said that she appreciated the art therapy for her children and was inspired
to continue.
Chapter VI

Sessions 12-16

Session 12

For this session, Sabrina had purchased a tye dye kit and several tee shirts with the goal that her children would create distinctive shirts to help them stand out in a crowd while on vacation. She asked if we could do the tye dying during art therapy since she did not know the process. The clients all participated in the session. They were helpful in setting up.

Art Task. The clients were provided by Sabrina two tee shirts each, the tye dye kit, including squirt bottles with colored dye, rubber bands, and instructions. I provided a large bucket, two poles, and string.

Session Goals. The behavioral and social goals from previous sessions were to be practiced at this session. Behavioral goals added to this session included not getting dye on anything else besides your own tee shirt, no spitting, and no touching the video camera, as this session was filmed for requirement for internship supervision.

This session was anxiety provoking for me. I worried about the mess, especially when Natasha arrived for the session dressed in a pretty yellow sun dress. I envisioned the clients throwing dye or squirting each other. I also worried that they would break my camera. Part of me worried that the possible chaos would be seen on the video as a lack of session control on my part.
Another part of me hoped to catch some more serious client behaviors on tape so that other professionals could witness, empathize with my process, and brainstorm about how I could better help these clients.

The clients all participated extremely well. They avoided negative talk and did not squirt each other with the dye. I was impressed. They created four extremely saturated tye dyed tee shirts (see Figure 12). Maxim and Natasha did swirl patterns, traditional tye dye technique, made by wrapping the center of the shirt around a fork. Natasha’s tee shirt was not as colorful as she would have liked, she said. She splashed dye on her shirt, which she liked less. Natasha said that she decided to stop before her shirt was even more ruined. Ivan and Lidiya were intrigued by an example shirt on the kit box in the Shibori dye technique, which I

Figure 12. Tye Dyed T-Shirts Drying.
demonstrated. The Shibori dye style is a ribbed pattern, much like a zebra stripe, created by wrapping the fabric around a pole and tightly scrunching the fabric down the pole, as an accordion. The fabric is on the pole while dye is added. Both Ivan’s and Lidiya’s tee shirts did result in Shibori patterns and both clients decided that they disliked their product and continued to add dye. Ivan created a swirl on top of his Shibori pattern. All of the clients complained about their products and agreed as a group that they did not like to tye dye.

The dye was used up very quickly. Henley (2005) stated that clients who feel more needy for attention often over-use materials. I have noticed that the clients overuse paint, smearing extra paint on palettes without much purpose, and hoard balls of clay, complaining later when the clay flakes away. Needless to say, Sabrina noticed the saturated tee shirts and was obviously disappointed that each client only ended up with one shirt each.

The clients had fun and bonded around the process. They bonded by commiserating about disliking their products. The clients interacted with each other and with me appropriately. They performed silly faces in front of the video camera, but avoided touching it. They followed directions, and even avoided spitting, after a reminder or two.

Directly after this session, I completed the state required paperwork for post-finalization services for the twins’ adoption. This included interviewing the parents and the children together and individually. Sabrina and Joe were required
to be present for the visit. They were frank about discussing their children and the adoption process. They had decided to not adopt Lidiya and to find an alternative placement family as soon as possible. Joe stated clearly that he did not feel bonded to Lidiya, wanted to remove himself from her, and that he felt as if his relationship with the other children, especially Natasha, was affected by this. Joe said that he did not feel comfortable hugging Natasha or the boys in front of Lidiya and not hugging Lidiya. Joe had made the decision for the family to give Lidiya up. Sabrina said that she wanted to keep Lidiya. She also expressed fears about Lidiya’s leaving upsetting the family, especially causing instability and affecting the other children’s abandonment issues. Even though the children were especially vocal about wanting Lidiya to leave, Sabrina felt as though they had somewhat bonded to Lidiya. In fact, the clients were responding better to Lidiya lately. Joe and Sabrina had not told Lidiya or the others about their decision to not continue placement with Lidiya. I believe that Sabrina was trying to hold on to Lidiya as long as she could. Sabrina and the four children were to travel to the west coast for three weeks. She wanted everyone to enjoy their trip and hoped that the time alone would provide Joe some inspiration to keep Lidiya. The Browns were under a considerable amount of stress over this decision.

Session 13

When I arrived, Sabrina and Natasha were not in the house. Ivan saw that I arrived and came up to the car to sneak up on me. Ivan let me in the house.
Maxim, Ivan and Lidiya would not tell me if Sabrina and Natasha would return so we started the art project.

Art Task. This art task was about body awareness and emotions. Each client was given a piece of 11 X 15 inch watercolor paper and a selection of markers, colored pencils, craypas, and crayons. They were to share one cardboard silhouette body shape to trace on their paper. The directives were to “take a moment to scan your body, see where you hold stress and where emotions, like happy or sad, live in your body. Then draw your body using colors and shapes to show where you found stress and emotions.” For processing, I brought Louise Hay’s (1987) book *You Can Heal Your Life*. We would read about the underlying psychological conflict suggested by Hay due to holding stress in particular body areas.

Session Goals. Goals added to basic behavioral and social goals for this session included the clients’ organizing their thoughts, exploring the connection between the mind and the body, and exploring and labeling emotion types.

Maxim showed me two pencil drawings of girls in bikinis in naturalistic and only slightly provocative poses that he had made outside of sessions. I complimented him on his drawings. Maxim and Ivan giggled. They looked for my shock and were surprised to see that I accepted Maxim’s drawings as artistic. Maxim filled in the whole body drawing as if it were transparent (see Figure 13
A). Maxim drew crude genitalia, which the boys laughed at together. Maxim would not verbalize the places in his body that he held stress, but I suspected that his focus was on the genitalia, a normal response for 14 year old boys. Maxim scribbled through his drawing, reflecting Maxim’s embarrassment over the genitalia theme. I validated Maxim’s participation, saved Maxim’s drawing from being further destroyed, and suggested that Maxim listen to the other body part readings to see if he related to them. He listened throughout the processing, and at the end, asked if he could flip through the book to search for body parts on his own.
Natasha and Sabrina arrived home after the others had started drawing. Natasha picked up on the directives easily and concentrated on scanning her body. She closed her eyes for a minute and then began drawing (see Figure 13 B). Natasha began by drawing rib shapes, like her brothers had. Then, she concentrated on nerves in the arms and legs. When asked about the nerves, she denied any stress at all. Sabrina supported that Natasha does complain of nerves, creepy-crawlies, and picks at her skin. It was in Natasha’s file, Sabrina said, that Natasha and her previous adoptive father shared skin picking as a common issue, around which they bonded. I quickly read from the Hay book about the nerves.
and the skin. Natasha added facial features and hair as she listened but did not participate further in discussion.

Figure 13 C. Ivan’s Body Image.

Ivan did not wait for the cardboard form. He began drawing a demon/pirate figure completely on his own. As he watched Maxim work on his detailed body, Ivan wanted to show his drawing skill and asked for a second piece of paper. He traced the form and started a detailed transparent body like Maxim's (see Figure 13 C). Maxim said that Ivan was copying. Ivan expressed that he was not sure where he felt stress, showing a lack of self-awareness. His drawing shows similar focus on nerves as his twin sister Natasha did. Due to the obvious resistance to
processing body areas and a possible unfamiliarity of body awareness, I chose several basic body parts, including heart, stomach, ribs, hands, and muscles, to read about from the book for Ivan. These body parts were represented in other client’s work as well, so they related to the group.

Lidiya started immediately, with little attention to directions. Lidiya was first to get the silhouette, traced it, and started randomly coloring it. Maxim asked sarcastically what she was drawing and she stopped. Lidiya discarded her original drawing and chose a second paper to trace the body image.

*Figure 13 D. Lidiya’s Body Image.*
She sat for a long time watching the others, participating in the conversation and tracing the body shape in thick black marker. Figure 13 D shows Lidiya’s work. I wondered if the thick black outline represented Lidiya’s boundaries in life, or if it was simply Lidiya working hard to succeed at the task or to fit in with the group. Lidiya did not fill in her shape until the last moment when she was asked to share what body area she would like to hear about. Although Lidiya did not choose a specific body part, the head area was the most concentrated with color in her drawing. I asked Lidiya if she gets headaches. She agreed and the other clients said that they did too. We read about the head in the Hay book. Although Lidiya retreated physically from the group’s attention on her, she was bolstered by the group’s discussion of the common issue of headaches.

This session was held on a Friday. Sabrina shared with me that Lidiya was leaving to her new family after the weekend. Sabrina said that Joe stood behind his decision for the family that Lidiya would not stay. Sabrina was distraught and mentioned that they had not told any of the children yet. She was carrying family grief on her own. It saddened me to hear her work through this disruption of a child with whom she had clearly bonded. Sabrina wanted the next session to focus on creating art pieces around closure, grief, and family structure for the remaining siblings, as she was worried that Lidiya’s leaving would upset the balance for the other three children. I suspected that the next session would be therapeutic for Sabrina as well.
Session 14

Natasha met me in the driveway when I arrived at this session. It struck me how often one of the twins met me when I arrived. I realized that they did appreciate my consistent attention and the art projects. We gathered the clients to sit at the dining room table. Lidiya was still in the house. She had stayed for a week with her new foster family and had returned to the Brown’s house while the other family was on vacation.

Art Task: The art task for this session was to create a Trouble Tree. After the clients had seated themselves and quieted some, I introduced the well-known story of the Trouble Tree. Briefly, the story is about a man who had a horrible day with many bad things happening to him, but when he arrived home, he took time to symbolically hang his troubles on the tree outside, saying that troubles seem to lessen by the morning. The clients were each given an 11 X 15 inch watercolor paper and a set of 10 craypas. Natasha and Lidiya asked if they could use their own pencils. I agreed and was surprised that Ivan did not want his pencil, as he often had in previous sessions. The clients were instructed to draw a tree from which they would hang their troubles. They were encouraged to label their troubles.

Session Goals. Goals for this session included beginning to explore sense of self and self-perspective, and beginning to explore emotions and personal self-expression.
Maxim drew a maze-like tree and found two troubles to hang from it. Figure 14 A shows Maxim’s tree. Maxim chose Lidiya as one of his troubles. Laughing, he showed his drawing to Ivan and shoved his finger in Lidiya’s face. She whined, “Don’t.” Maxim would not label the other trouble, represented by a crossed out square in the left branches. I suspected it had something to do with girls at school from his conversation with Ivan.

![Figure 14 A. Maxim’s Trouble Tree.](image)

about crushes. As in his body drawing from session 13, Maxim’s tree shows the complexity of thought that he was capable of but often did not show verbally. In both drawings, he shows organization of thought and planning. His social
interactions during this session were regressed to immature, intense interactions. Maxim had finished his drawing fairly quickly and he sat at the table intent on harassing Lidiya. He teased her, poked her in her side, drew on her paper, called her names, and laughed with Ivan. Maxim did look my way from time to time for clarification on the rules. He apologized to me, but refused to apologize to Lidiya, saying a mocking comment about how she did not deserve it. I redirected Maxim to think of troubles in his life outside the family, inspiring him to add “school” as a trouble. Maxim struggled with labeling problems, but focused intently on Lidiya, who he blamed for his family issues.

Natasha attended to the project the longest, drawing the slowest, and using the most color. Figure 14 B shows her tree drawing. Natasha struggled with behavioral goals. She demonstrated many RAD behaviors, including yelling "I
hate you" at me, pushing me away, cursing, being physically out of control with awkward movements, and showing inattentive thought patterns in speech, like jumping from topic to topic without much connection. She was able to draw her tree and hung several troubles. She joked that "little birds (not)" that might visit the tree were a trouble. This was probably a jab at me and my art therapy visits. She chose also to show "parents" as a trouble. I confronted Natasha about her elevated, high intensity, negative behavior patterns, suggesting to Natasha that she struggled with attention today. Natasha laughed and added "attention" to her tree. She was able to admit that her behavior was wilder than usual but was not able to explore why. She appeared confused by my relating her lack of attention to her wild behavior. It struck me that she might have understood attention to mean focus on her from her family and not mental acuity. I began to notice Natasha’s jealousy about Maxim’s attention to Lidiya.

After the session, Sabrina met briefly with me about family plans with Lidiya. She told me that she and Joe had been more watchful about the boys and girls acting appropriately as siblings. She added that Natasha and Lidiya had confided in Sabrina that the four clients had played a truth or dare game, resulting in both Natasha and Lidiya French kissing Maxim. Sabrina and Joe worried about the hormones of unrelated teens who were not yet siblings, having little bond and no fear about incest as they were not related to each other. Sabrina shared that there had been some suspicion in Natasha’s and Ivan’s previous family about
some inappropriate sexual tension between siblings. Sabrina said that she and Joe were instituting stricter rules about group activities, including always involving a parent. I agreed that I would watch for further inappropriate interactions and confront them at the time.

Figure 14 C. Ivan’s Two Trouble Trees.

Ivan drew two trees for this session (see Figure 14 C). He started with a drawing of a tree with many lined limbs, saying it was a weeping willow tree. He chose to show his troubles with small picture labels. One is of a car and one showed frustration with "bite me." Ivan asked for another piece of paper to draw a palm tree. He said that this tree showed his happy side and a wish to see the ocean. He added that this tree was not made for troubles. Comparing the two
trees, the willow was harsher than the softer palm. Ivan was able to visually
categorize emotions. Ivan participated in the art project while minimally
attending to Maxim’s teasing of Lidiya. Overall, Ivan focused on the art making
and not on interacting with his peers.

Lidiya began to draw a tree in pencil on one side of the paper. She
obviously became frustrated with Maxim’s harassment. She was attempting to
ignore his teasing and attended to him little. Instead, she scratched through her
first tree and dramatically flipped the paper over to try another on the back.

*Figure 14 D. Lidiya’s Trouble Tree.*
Figure 14 D shows Lidiya’s second tree attempt. She scribbled through this tree and discarded it. I questioned Lidiya after the boys had left the area about how they teased her. She physically closed in, withdrawing from the topic, and immediately redirected to a folder of magazine clippings of horse pictures that she had been collecting. She showed pride in her horses, taking solace in them.

Lidiya and Natasha bonded around horses. Although I attempted to reinforce Lidiya’s beautiful, sensitive nature, she consistently referred my attention back to the horses. Her self esteem was very low. I suspected that Lidiya was feeling additionally low due to another move to new family. Lidiya’s experience illustrated for me how degrading the disruption process is and how badly bouncing between families affects self-esteem and self-worth.

After the art making, Sabrina and Joe participated in a post-placement report for the twins. The four children struggled with following directions to leave the area and to be quiet. Sabrina and Joe were again questioning keeping Lidiya. Sabrina stressed that she wanted to keep Lidiya. Joe clearly stated that he did not. Sabrina reported that she believed that giving Lidiya up would crush Lidiya’s delicate self esteem and disrupt the fragile feeling of attachment with the other three children. The decision had still not been made.

The clients all participated in the session according to their mood. The boys, especially Maxim, spoke very negatively to Lidiya and often poked at her. Lidiya did not believe that she could participate fully. She did speak negatively about
herself and her art making abilities. Natasha behaved out of control, wild, loud, and unkind in this session. She was definitely pushing me away. When I came to the house, Natasha met me in the drive. She asked how many times we had met and when I said that this was 14, she expressed shock and the negative behavior began. She was testing me, pushing me away. This is a RAD symptom. It was frustrating. I was not sure what to address and what to ignore. When I left the house, I felt lost and lacking skills. I also felt sorry for the parents who were struggling at times with inconsistent parenting and discipline, while maintaining a strong motivation to support this family. I felt deeply for the family decision regarding Lidiya. It was a tragic situation.

Session 15

Sabrina met me at the back door when I arrived for session 15. Lidiya had left for her new foster family. Sabrina was clearly mourning. She spoke of Lidiya’s new home and family with 7 other children. She did not have a clear perspective about how Lidiya’s leaving had affected the other clients or the family as a whole. She did mention that the clients had been acting more appropriately, nicer to each other with less yelling, fighting, and breaking of household objects. She mentioned almost haphazardly that Lidiya had broken all of her furniture and most of the toys or electronics that she had been given. I asked if this had happened all at once or over time, as I had no knowledge of Lidiya’s destructive behavior. Sabrina said that Lidiya had a consistent habit of breaking items,
destroying furniture, and ripping clothes. Lidiya had smashed her dresser so that she had been stacking clothing along the wall of her and Natasha’s room. This news surprised me, as I had not noticed this behavior and thought Lidiya showed lower self esteem, but fewer RAD symptoms than the other clients. During the past few sessions, there was much discussion about the decision whether to adopt Lidiya. I did not have the chance to terminate therapy with Lidiya, which I deeply regretted.

*Art Task.* This task is similar to the Kinetic Family Drawing (KFD) assessment. Sabrina, Maxim, Natasha and Ivan decided to participate. The session was held at the dining room table. Each client was given a pencil and two pieces of 8½ X 11 inch white paper. A set of colored pencils were spread out in the center of the table. The clients were instructed to “draw your whole family doing something.” The clients were encouraged to try to include the whole people, not stick figures. I did not want to officially assess the family but to use the KFD as an art therapy tool for discussion of family relationship issues. Even though there was some griping, everyone participated.

*Session Goals.* The goals specific for this session were to continue to explore sense of self and self-perspective, to explore emotions and personal self-expression, to find perspective of client’s own place in the family, and to organize thoughts and feelings around Lidiya’s leaving the family.
Sabrina drew her family at a fair that they planned to visit soon (See Figure 15 A). She drew Joe, herself, Maxim, Natasha, and Lidiya on their own seats on a Ferris wheel. Ivan was represented by a clown standing large in the foreground on his own. Both Maxim and Ivan helped Sabrina to draw the clown Ivan.

![Figure 15 A. Sabrina’s KFD.](image)

When I commented that the whole family except Ivan was on the Ferris wheel, Ivan obviously was affected. His face looked shocked that he was on his own in Sabrina’s drawing. He also appeared upset that he was a clown and asked Sabrina about it. Sabrina defended her drawing, saying that she liked clowns and that Ivan really was the clown of the family, especially since Lidiya was gone. Ivan was obviously offended, but quickly distracted himself with his CD player. Natasha added her personal symbol, a horse, at the bottom corner of Sabrina’s drawing.
She left her mark on the drawing, showed that she saw herself as removed from the group like Ivan, and that she connected herself somewhat distantly to her twin. Sabrina said that she was pleased with the drawing, due to the fact that the others had helped her with it. She avoided talking about Lidiya while in her children’s presence. Away from the child clients, Sabrina expressed continued grief over Lidiya’s absence and her hope that she still would be able to have Lidiya in the family.

![Figure 15 B. Reproduction of Maxim’s KFD.](image)

Maxim destroyed his drawing, so a reproduction of Maxim’s drawing is seen in Figure 15 B. Maxim began by drawing a frame around the inside of the paper, boxing the family in, suggesting pressure around the group. He drew himself hanging from a noose from the frame, Ivan and Natasha looking
expressionless, Joe, with holes in his clothes, and Sabrina with devil's horns, labeled "Demon." Maxim included detail for each figure. In processing, he said that he had gotten in trouble with Joe earlier in the day and that it had to do with guns. Sabrina explained that Maxim and Ivan had gotten in trouble for shooting birds with a pellet gun in their neighbor's yard. Maxim said that he was angry with Sabrina for his getting in trouble with Joe. Maxim explained that Joe was shot full of holes in his drawing. Maxim was obviously projecting his anger at his father onto his mother, showing a hierarchy of respect in the parents. Maxim ripped up his picture and would not share the pieces with me.

Natasha took a long time to start her drawing (see Figure 15 C). She drew a farm with her family as animals. Maxim was the cat. Ivan was the dog. “Dad” was
an isolated duck. “Mom,” the owl, was encapsulated in the upper barn window. Natasha, a horse, peeked around from the back of the barn. Natasha’s depiction of her family as animals suggested some avoidance of exploring her family’s relationships. She did group the boys together, showing their bonded relationship, and isolated the rest of the family members from each other. Natasha’s self portrait horse, peeking to the rest of the family, especially her father, showed her desire to connect with them. She also separated her parents, suggesting an awareness of some distance between them. Lidiya was absent from Natasha’s drawing. When questioned about Lidiya, Natasha physically withdrew and plainly stated, “She doesn’t live here any more.” Natasha had been showing more openness to Lidiya, which I hoped was a sign of bonding. The girls appeared to be growing closer. Lidiya’s absence in the drawing was a sign of Natasha’s self protection.

Ivan announced that he was drawing everyone, including Lidiya. Maxim chastised Ivan for including Lidiya and Sabrina stated that Lidiya would not be coming back. Ivan drew a comic strip like drawing, sectioning off picture scenes (see Figure 15 D). Only the first and third pictures showed the family doing something. The first picture showed “Dad” lecturing Maxim about reading, Maxim yelling no, and “Mom” saying, "listen to dad." The second picture showed all of the family members' heads lined up. Lidiya was included in the middle of the family, suggesting that Ivan considered Lidiya as still supported by the group.
Most of the heads were well detailed and resembled who they were to be. The third picture showed a stick figure family in a mini van, that the family planned to buy, hitting a dog in the street. I expect this was for shock value. Natasha gasped when she saw the drawing and yelled at Ivan to change it. The forth drawing was of Joe's clean car after the family washed it. The family was not shown, but as Ivan described it, he pretended to have family members around the car. Lastly, the fifth picture was of "Mom having an accident," as Sabrina did have a minor car accident earlier in the week. I wondered if Ivan’s focus on family fighting, car crashes and the family’s attempt to make up for fighting by washing Joe’s car was a fairly accurate portrayal of what family life was presently like. Ivan had been showing more self control over his behaviors and more personal insight.
Often he spoke eloquently and made personal observations about what the other’s art work or behavior suggested about internal feelings. Although I had purposely limited the processing to the clients’ comfort level, Ivan had been picking up on subtle therapeutic cues. I observed him internalizing the therapeutic goals and finding benefits.

Overall, the KFD did spark conversation about family dynamics. There was by far less negative self talk and negative talk to others. The clients behaved themselves much better, staying in their seats, avoiding spitting, yelling, and hitting or poking each other. I believe that each of the clients presented relationship issues in their art pieces. Sabrina, Maxim, and Ivan were able to talk about their drawings’ meanings. Natasha appeared threatened by the family theme, suggesting some anxiety around Lidiya’s leaving and Natasha’s past family experiences. The clients showed through the additional participation in processing an openness to the therapeutic process. Pictures of the three clients were taken in preparation for the next session art task.

Session 16

Sabrina met me in the driveway when I arrived for this session. She informed me that doctors had found a tumor in Maxim’s jaw that needed to be removed quickly. She wanted to see if I could get a reaction about the tumor from Maxim or the other children, none of whom had shown any emotion about the news. Sabrina added that she noticed that Maxim had been behaving very
appropriately and controlled since the news. He followed directions, was pleasant to be around, and maintained respectful interactions with everyone in the family, she said. We went upstairs to the dining room table, joining Maxim, Natasha, and Ivan. Sabrina decided not to participate in this activity.

*Art Task.* Pictures, taken of the three clients in the previous session, were printed as simple, line drawings or cartoons onto 8 ½ X 11 inch white paper. The clients each received a small printed original of the photographs. They were provided 11 X 14 inch pieces of watercolor paper, a selection of tempera paints, variously sized brushes, and a palette each. I showed the clients a number of art history books with the portraits by Andy Warhol. We talked about how portraits do not have to be realistic but could be more emotional in color and theme. The directives were to “fill in the blank printout portraits as Warhol might have with bright, simple color.” The clients were encouraged to use meaningful colors, to label the emotions of these colors and to identify how they pertained to them.

*Session Goals.* The goals for this particular session were to explore the self, to explore feelings and emotions, and to verbalize how an abstract self portrait could represent him or her.

Maxim began his portrait by painting blocks of red, blue and black in sections, much like Warhol paintings. Figure 16 A shows Maxim’s final product. He worked very hard to maintain the integrity of his portrait. He decided to paint his nose orange, appeared to dislike it, smearing the paint all across the portrait.
The basics of his original painting were barely seen. He went back in with the back end of a paintbrush to draw a silly smiling face. Maxim was not able to process his painting as it related to himself. I attempted to direct him through his process as I witnessed it, recalling that he had worked hard following the lines and shapes at first but smeared it in the end. Maxim acknowledged that he had painted that way but said, “This [project] was just stupid.” He attempted to rip up his painting, but I confiscated it, saying that I liked it and needed a picture of it. Maxim’s face softened as he found more pride in his painting. He smiled.
Natasha painted her portrait realistically. To protect client confidentiality, a reproduction of Natasha’s portrait is seen in Figure 16 B. When I handed her the printout cartoon portrait, I mentioned about how beautiful her eyes came out in the picture. She blushed and denied the compliment. I forced the subject, saying that women often deny compliments that they really do deserve, and the result is hurting the complimenting party’s feelings. I suggested that Natasha take compliments in and really feel good about them. Natasha did not paint the entire painting, choosing to leave her skin paper white. She was thrilled to realize that she could mix colors to make brown for her hair. She participated quietly and
consistently. She was excited about figuring out the colors for her portrait. She painted large blocks of color and showed her product to the group. When asked how she felt about painting a self-portrait, Natasha responded that she struggled to stay within the lines. She had wanted it to look like a picture, she said. I reminded her that the Warhol paintings were abstract with block-like color, like her portrait. Natasha said that she did not like modern art.

Figure 16 C. Ivan’s Warhol Portrait.

Ivan needed a bit of pushing in this session. The picture that he liked best was one where he leaned his head on to his shoulder imitating a silly or special needs person. When he received his print out, he was shocked that his was so
different than the others and that I dared to print out that picture. He began painting his portrait by blocking in the colors in a messy, lazy way. He was encouraged to complete the painting and to add details that he wanted to bring out. His artistic talent was encouraged. Ivan added color and line, completing the painting. Afterwards, Ivan stated that his painting looked more like a Picasso than the Warhol paintings. The group laughed and I appreciated the artistic reference.

Processing was very brief as most processing happened while painting. The clients were asked why they chose the colors and how they felt about their portraits. They may have mentioned that they liked the colors or that their portraits were "stupid." This art task was challenging due to the intimacy inherent in self-portraits. The past several art tasks were designed to challenge the clients' maturity and self-image. I was able to confront some more behavior, asking questions about interactions with other people and how they thought they were seen by others. Most of the responses continued to be immature answers like "so," "I don't know," and "This is gay." However, in general, the clients' behavior was more socially acceptable. While making the art and during the short processing time, I questioned the clients about Lidiya’s leaving. The boys replied that they were glad that Lidiya had gone. Natasha was strangely quiet. I asked her about her opinion. She initially replied that she was glad, too, but with some prodding, she mentioned quietly that she missed Lidiya a little bit. When I
searched for reactions to Maxim’s medical news, the clients stared blankly or turned their attention to their art work. They were unable to express their feelings. Maxim seemed the most calm when questioned, but very quickly appeared scared, said that he did not understand what the doctors had said, and he avoided further conversation. I encouraged Maxim to ask his parents and the doctors questions of his own.

Due to the adoption requirements, each client and each parent were met with individually for a post-placement report. I noted that the boys were calmer, more social, organized, and communicative on an individual basis. Natasha still maintained a controlled distance, stating that she hates therapists, referring to her history with many unhelpful therapists.

Summary

The last sessions revealed that progress had occurred. I noticed how far the clients came in their goals. Originally, I was focused mainly on behavioral modification and accepted that exploration of the self or emotions would be a pleasant side-effect of the therapy. As these last sessions progressed, I was able to add more complicated tasks and to insist more on processing. The small achievements were big ones for these clients.

Termination

Over the next few weeks, discussion occurred with the family about termination. Sabrina was extremely interested in future art therapy tasks and
topics that she could do with the child clients after art therapy terminated. I was able to do two art therapy tasks introducing mindfulness, an effective part of Dialectical Behavioral Therapy (DBT), a therapy useful in working with Borderline Personality Disorder. Crawford, et al., (2007) found that children with RAD can grow to be diagnosed with Borderline Personality Disorder as adults. I realized that introducing mindfulness would be helpful to the Brown family in the future. Joe walked in on one mindfulness session and expressed disapproval nonverbally. I feared that he thought mindfulness was religiously based. Then, as he spoke more, it became clear that Joe strongly supported mindfulness training and told several stories about how the boys, in particular, were not mindful in how they interacted with people. He stated that he and Sabrina worked hard to teach the children about morals, right and wrong, and manners, “a tough task with this group,” he said.

Termination occurred across several sessions. I first told the clients that we would have three sessions left and that they would be able to contact me through the agency if they needed me. I was aware that I needed to give the clients plenty of warning about termination as these clients suffer from attachment and abandonment issues. Even though it did not always seem like it, these clients may have began to attach to me, even a bit, which is important for opening their patterns of bonding. The clients reacted in ways that I expected. Maxim struck out at the art process and the requirement of his time; he smirked and said, “No
more art! Yeah!” Natasha avoided; she lowered her head putting all of her attention to her new video game and ignored me for the rest of that session. Ivan felt abandoned; he had a concerned look on his face and said, “What do you mean? Where are you going?” We purposely talked about my leaving at the next session. The clients half joked and yelled out, “So what are you still doing here?” and “Haven’t you left yet?”

I believe that if I had not talked about this transition and simply left, that these clients would have not responded much at all. They have a history of people leaving unexpectedly and without explanation. I wanted them to feel the leaving process and to be supported, as it would be alright. At the last session, I presented the family with a basket of art supplies, including “real” watercolors, pastels, craypas, and drawing pencils, and a card thanking them for their participation. They were interested in the “mature” art supplies and immediately chose their favorites, hiding them from the others. When I stressed that the art supplies were to be shared by the group, the clients half joked about my leaving, saying “Go already!”

The boys were nominated by school staff to test for the gifted program. They were to create a portfolio of art work. They were surprised when I suggested that they choose some work from the art therapy sessions. They responded with, “We don’t do real art here.” When I reflected on pieces which had brought them a sense of pride or were more creative, they suggested some
preferred pieces, too. The boys were excited to use their new art supplies to make their portfolio. Natasha was not enrolled in the classes that would result in an invite to test for the gifted program. She will be in those classes next year, Sabrina said. Natasha appeared disappointed that she would not be making a portfolio. I suggested that she get a start on one for next year.

Sabrina said that the twins would be signing up for intensive holding therapy with the same local expert that Maxim sees monthly. The family participates in the workshops and family parties provided by that expert, so the twins were familiar with the process and the staff. This may be a great benefit for the family.
Chapter VII

Conclusions and Recommendations

The research questions for this thesis pertained to the most effective uses of art therapy with a specific adopting family. I wanted to explore art tasks that would foster family cohesion and to work with a specific diagnosis, Reactive Attachment Disorder (RAD). I hoped to learn about how to work with families transitioning through adoption. I also wanted to more fully understand the RAD diagnosis, its symptoms and treatments. What follows is a discussion of my conclusions and recommendations for myself and others in working with adoptive families and adoptees with RAD.

Family Cohesion

I found that the majority of adopting families are very passionate about developing and maintaining a healthy family. Prospective parents of older adoptees are as excited about learning about child development and parenting skills as parents who are adopting infants. The adoption agency in this research supports open adoptions with consistent communication with birth families and honesty about the adoption status of the adoptee. There is much conversation about strengthening family bonds and enhancing attachment, while allowing open discussion of adoption issues. Therefore, parents search for information and resources about adoption issues so as to predict what their adoptee child will experience, ask, and feel.
Family systems theory assumes a reciprocal relationship between each family member and the family as a whole (Bronfenbrenner, 1993). This means that what affects each individual affects the whole family and vice versa. In adoptive families, there are a variety of personalities and personal histories that combine into a united familial group. It can be theorized that family therapy with adoptive families will appear much like group therapy instead of pure family therapy. Fostering family cohesion would appear like supporting group cohesion in a therapeutic setting. In the case family, Sabrina, Joe, and Maxim had been a family for the longest time, 6 years. They had recently added Natasha, Ivan, and Lidiya. Half of the family was very new. When sessions began, the family was learning about and getting to know each other. The sessions became, for me, less like family therapy than group therapy. Building family bonds began simply in building group bonds. Art therapy tasks and processing within the group provided the individual family members with a mutual group experience, fostering group cohesion, if not family bonding. By participating in activities together, the clients were building bonds, as much as they could with their diagnoses.

Issues arose that made developing family bonds difficult. The parents did not agree to participate consistently. In future family therapy work with adoptive families, I would stress the participation of the whole family group to richly enhance the family bonding. Sabrina participated in some sessions. Those
sessions were therapeutic both to Sabrina and to the child clients, due simply to the basics of art therapy and family counseling. She benefited personally from enjoying the experience and gaining insight. The family benefited from the mutual experience and open communication.

If I were to start over with this family, I would insist on all family members, including Joe, Sabrina, and Maxim, to participate in every family therapy session. Sabrina struggled throughout with maintaining consistency in discipline and being a strong authority figure for her difficult children. In early sessions including Sabrina, I was confused about my role in terms of parenting skills training. As sessions continued, I realized that parent skills training was beyond my scope of practice. This was difficult for me as I have previous experience and a master’s degree in child and family development with a focus on training parents. I realize now how parent skills training is separate from basic group and family therapy. However, I maintain that family therapy, with all family members participating, can be structured to include parent skills training. In fact, by dealing with behaviors, beliefs, and emotions, parents in family therapy will gain parent skills even if they are not specifically trained. Specific training will need to be agreed on before beginning therapy with a family. In the future, I would ask families about their needs and explain about the combination about family therapy and parent training.
In future work with adoptive families, I would strongly confront the harsh, inappropriate treatment and scapegoating of specific individuals, as seen with Lidiya in this family. If I were to start fresh with the Brown family, I would be more aggressive to redirect the harassing behavior toward Lidiya to more respectful interactions. The Brown children suffered a lack of intrapersonal skills. The relationship with Lidiya provided an example of how to appropriately interact with a variety of people. I struggled with confronting these clients in early sessions. The clients appeared to be confident, aggressive, and intimidating. Now, I realize that both Lidiya and the three other siblings needed a more active advocate, supporting and modeling respectful behavior.

Issues also came up that distinguished this family as a group of unrelated individuals. I was surprised by sexuality issues that surfaced between the teenaged clients. I believe that I was surprised more about my not fully predicting sexuality to be an issue between family members, than the sexuality itself. I expect teens, especially with RAD diagnoses, to experiment in sensual expression. I noticed sensual behavior between the clients, but assumed that it was simply part of their diagnosis. I did not connect with the implications that sexuality would have on family cohesion. Perhaps I was grappling with the difference between group therapy and family therapy. I saw early on that this family appeared to be more like a group. When Sabrina told about the sexual issues in the adopting family, it was eye opening to me. I am now aware that
sexual relationships between these newly related individuals could happen. In the future, I would explore this phenomenon more, especially with teen clients. I would center some sessions around sexually appropriate interactions between family members. Although I do not judge older adoptee siblings on their sexual bonding, I would want to provide teen adoptees with the notion of family as a safe place across the life-span, separate from sexual experience.

_Reactive Attachment Disorder_

Reactive Attachment Disorder is a diagnosis in the psychological field for a reason. The symptoms, including wild behavior patterns and lack of trust and bonding, are extremely difficult to address, especially with a group of young clients. I felt immersed in the diagnosis. I learned much about the symptoms and possible treatments for this disorder. I wrestled with self-doubt, a normal experience, I am sure, for an art therapy counseling, graduate student. Clients with RAD manipulate, push others’ buttons, do not take responsibility for their behavior, and blame others for their issues. They are flooded with confusion and mistrust. People working with clients with RAD can begin to believe that they are the problem, questioning their own therapeutic efficacy simply due to the nature of RAD. I realize that experts in attachment and bonding spend years of trial and error experience to become effective. Clinicians working with clients with RAD need to be strong, passionate, aware of the symptoms of RAD, and maintain strong boundaries to protect themselves. This case study shows my first
exposure to RAD and my attempts to deal with it. In the future, I will use this experience to separate the diagnosis symptoms from my own feelings of therapeutic efficacy. I will be more adept at labeling client manipulation and blaming, at maintaining my own sense of safety in working with clients, and at educating parents and other clinicians, normalizing this aspect of RAD. As I am more aware of RAD symptoms, I become stronger and more effective in dealing with this population.

A major symptom of RAD is lack of trust in general and lack of bonding to a significant caregiver. Sabrina said, when signing up for sessions and several times throughout, that any consistent exposure to a trust-worthy adult would be a benefit to this group of clients. I think that this is insightful. The prognosis for effectively treating clients with RAD long term is not high (Crawford et al., 2007). Due to the primal nature of attachment and the integration of symptoms into client ego and personality, child clients with RAD may grow to become adults with a personality disorder (Crawford et al., 2007). I believe that clients can be trained, through behavior modification, to socially interact appropriately. However, building the ability to trust is a more strenuous process. I think that by providing structured, consistent, predictable experiences with an open, accepting, non-judging adult the client with RAD will gradually build a history of safe experiences. The client will be able to trust people in the future more effectively if they have past trusting experiences. I do not know if the Brown clients attached
to me. They showed some signs of accepting me. They allowed me to come into
their home, provide art therapy experiences, showed me RAD behaviors, and
responded with openness to my consistent returning for sessions. They showed
me their personalities under their behaviors. When terminating, they responded
according to their personalities, pushing me away and/or possibly feeling
abandoned. Does that show that they bonded with me? I am not sure. I do
believe that the length of my experience with them, across more than 16 sessions,
allowed for behavior modification, emotional exploration, and support that will
provide an example of arenas in which trust can be established. I want to believe
that my therapeutic experience with this family was successful.

In the future, I would recommend that structure be key to therapy with
clients with RAD. I felt like I was “flying by the seat of my pants” in the early
sessions. I was a novice, bowled over by the intensity of client behavior.
Sessions need to contain rules, specific to the RAD diagnosis, well established at
the first session. I did not establish specific, clear rules in the first session and I
believe that this lengthened the time before I started seeing positive behaviors and
the real personalities of the clients. Sessions need to have obvious, consistent
order. In the future, I might instigate a routine, including rituals, like ringing a
bell, saying a poem, or making everyone take deep breaths, to mark transitions.
Processing encourages clients with RAD to develop their own voice, to organize
their thoughts, and to get feedback from others. In the future, I would insist that
clients attempt to process in each session. Likewise, I would close the sessions to non-family members. I mistakenly allowed friends of the clients to participate in two sessions. I hoped the friends would model appropriate behaviors, which they did. However, I learned that allowing strangers to the group to participate compromised client confidentiality.

I learned goals for clients with RAD may be simple and small. I expected that a most important goal was to work on rapport building and establishing trust. In comparison to the average therapy client, this goal is difficult with a client with RAD, but is imperative according to Hinz (2003). I also assumed that dealing directly with negative, inappropriate, behavior patterns is essential in working with this population. Without structured rules and expectations, these clients will not realize how their behavior affects others. In addition, the behavior will impede client self-control and, therefore, limit how much emotional exploration the client absorbs. Behavior modification from the beginning allows for the client to gain self-control and to begin opening up to alternative, richer experiences, such as exploring adoption issues, allowing for appropriate expression of emotions, increasing self esteem and exploring defense mechanisms (Hinz, 2003). In the future, when working with clients with RAD, I plan to use DBT techniques to explore mindfulness earlier in the therapeutic process. Mindfulness encourages the client to re-evaluate their whole self, mind-body-soul, in all aspects of life.

Summary
There are several recommendations for myself and clinicians in future work with this population. Child, adoptee clients with RAD diagnoses are an important population and should not be overlooked. Clinicians should provide consistent rules and structure from the first session. Client goals should include building trust, rapport, and appropriate behavior skills. All family members should be included in family therapy from the onset. Family therapists working with adopting families should be open to seeing families as groups of unrelated individuals and expect interactions that naturally happen within groups.

I advocate developing a set of art therapy tasks to enhance attachment and bonding, family cohesion, and emotional exploration within adopting families. There is little research about using art with adoptive families and adoptees or clients with RAD. Art therapy would be highly effective with adoptees as the art taps into the pre-verbal, primal nature of attachment, trust, bonding, and abandonment (Lifton, 1994).

I found my experience with this family highly rewarding and educational. I learned much about the diagnosis, family therapy, the adoption process, and issues that adopting families face. I feel confident that my time and effort spent with the family had an effective result, however small, on their overall well-being. I am positive that I am a better clinician after my experience with the Brown family.
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Appendix A

Participating Family Consent Form