Art Therapy for a Child of Trauma in County Custody

By

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May, 2008
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Acknowledgments

This has been a collaborative effort for many years involving many who have somehow touched me in my life.

Abstract
Thesis Title:

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Lisa A. Dorner-Zupancic

The trauma endured by children entering foster care can be horrific. The child often works diligently to recover from the abuse and neglect that he or she has endured. The pain that the child experiences through the healing process may hamper the recovery. The child may resolve or identify issues by using art to lessen the burden and pain he may hold within himself. Art therapy as part of a treatment team approach with a child who has many needs, such as a foster child, is usually welcomed by the child, and can be very effective as part of an overall treatment plan.
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Chapter I.

Introduction

Statement of the Problem

Children of trauma are prevalent in the foster care system (Browne & Lynch, 1999; Sanders & McAllen, 1995). Spring (2004), discusses the concept of working through the trauma with art and emphasizes that art therapy is underutilized at most mental health facilities. The use of play therapy, music therapy, and art therapy has been more commonly accepted in mental health settings (Spring, 2004). The introduction of art therapy to a private institution that is part of a nationwide company can possibly bring about increased insight into the child’s trauma (Pifalo, 2002; Spring, 2004). The insight for the child may bring about the child’s ability to forgive him/her self and begin the bereavement process for the many losses he has endured (Cournos, 2002).

The lack of funding for children who are wards of the county is a possible consideration for not using alternative methods to work with children and adolescents (Pifalo, 2002). The for-profit organization does not have to count on the public understanding or continued funding from private sources to continually operate. The stringent rules for compliance and the decreased funding offered by government-funded insurance programs that are available to these individuals’ plays a major role in their treatment decisions. The funding available might minimize the stability of programs for the client and the ability in a public agency
to implement innovative programs not already widely accepted. The proximity of
programming and the restrictive reimbursement criteria regarding payment for
services provided for these children limit their ability to receive access to care.
The trauma has to be severe enough to have a major impact on or to sever
impairment on the child’s’ functioning to even allow the child to apply to receive
help. As mentioned by Browne and Lynch (1999) the child may suffer several
months with an emotional disability that hampers his learning ability.

The emotional development of a child is typically reduced with each trauma
introduced (Browne & Lynch, 1999). The child begins to bury his emotions and
feelings with the first trauma and continues to bury them deeper with each
additional trauma. He tries not to connect with others, feel hope, or consider
himself having a future. The trauma from both the biological family and from the
system that is designed to protect the child may also be hurting the child (Browne
& Lynch, 1999). The complication of movements from school systems and
households may further reduce the child or adolescent’s cognitive development
(Browne & Lynch, 1999). Each of these moves increases the child’s absences
from school. The children may be placed in temporary housing for several weeks
and not attend school. The child is typically placed in permanent custody due to
abuse, neglect or dependency. This type of trauma alone can interfere with the
normal development of a child (Cournos, 2002). Art allows the child to express
and explore emotions and the world in a less threatening manner. The art may act
as a catalyst to the healing process for a child who is unable or unwilling to address pain that is too difficult to accept directly (Pifalo, 2002; Riley, 2004; Spring, 2004).

Purpose of the Study

The purpose of this research was to explore the use of art therapy with an adolescent in an ongoing case study in a counseling center. The adolescent was a foster child who resides in a therapeutic foster home licensed by the agency. The case study encompassed 15 sessions with a mid and final review. The last session was reflective of all the sessions with a closing ceremony.

Research Questions

(a.) How does the adolescent describe his experience in an art therapy program? (b.) How does art therapy fit into the overall treatment plan or the agency’s goals for the individual? (c.) Will art therapy in a counseling session allow the client to express his emotions more openly?

Definition of Terms

Abuse - to treat badly by physical, emotional, psychological, or verbal means.

Art work- free flow of thought using art to express emotional states, thoughts, and feelings.

Foster family- the temporary host family of a child in temporary or permanent custody of the county, state or a child who is ward of the court.

Images- artwork generated by the subject from a direct response to a
therapeutic directive.

Journaling - a narrative form of writing that reflects the author’s emotional expression.

Permanency - this term is used when searching for an adoptive family or stable long term living arrangements for a child or adolescent.

Permanent custody - custody granted to the state, county or court systems once the biological parents have either relinquished or have had their rights severed to the child for stated or unknown reasons.

Processing - the client’s explanation of the art work prompted at times by the therapist’s direct observations of the color, line or subject matter in the piece.

Sculpture - three-dimensional image generated by the subject in a direct response to a therapeutic directive.

Therapeutic foster care - Specially trained foster parents who are licensed to care for children and adolescents with special needs. The foster parent(s) have to maintain accreditation through government agencies by updating and completing specific requirements that reflect the needs and protect the safety of the foster child or adolescent.

Trauma - is an emotional, psychological, or physical experience by the recipient that is considered painful. This includes physical or emotional harm and possible long term effect on the individual.
Delimitations and Limitations

Delimitation: This study encompassed only one participant as a case study in a small for-profit organization. This organization was responsible for licensing the therapeutic foster homes. As a continuum of services, the agency offered counseling to therapeutic foster children placed in therapeutic foster homes. This further insured the stability of the placement in the home and also attempted to address the symptoms of the identified mental health needs of the child. The participant was limited to therapy with this agency.

Limitation: There was only one participant and one site studied. If the participant should have decided to rescind on the agreement, then the study would not have consisted of 15 sessions nor would there have been a study. The sample did not offer a significant representation of the foster child population nor the family with whom he resides. The positive reward of participating in an art based therapy session was offered as an incentive to the participant.
Chapter II.

*Procedures*

*Characteristics of Qualitative Research*

The characteristics of qualitative research are defined by the use of multiple methods that are both humanistic and interactive. This involves the participation of the participant. One of the identified needs of this type of research is to build a therapeutic relationship with the member in the study. The typical methods to collect data are through interviews, documentation of various types, direct observations, and a variety of materials; these materials will be written text (journaling), sculpture, and images generated by the participant.

The setting is usually undisturbed and left as natural as possible. This allows the researcher to conduct the study with increased detail about the true experiences of the participant. This type of research design offers an emergent approach, as opposed to a tightly prefigured concept. This may lend itself to a change in the research questions as the inquirer learns more about what questions need to be asked. The way the information is collected may also change. The aspects of the research unfold as the study progresses.

This type of research focuses the ongoing development of the individual, possible themes, and categories within there natural settings. The conclusions that are drawn are considered interpretive. This includes the personal interpretations of the researcher, and what she brings to the data analysis. This holistic view appears
broader than microanalysis. A qualitative research involves multifaceted processing of visual models to aid in the research. The research is sensitive to her personal views. This is done by regular reflections of introspective views of the researcher’s values, interests, and biases. The honesty and openness that is presented with this type of research is inseparable from the personal self. The researcher’s views and opinions are included with the research. The interactive research is largely inductive and deductive, simultaneously moving in a continual cycle of the collection and analysis of the existing data. This is achieved by the continual analyzing, collecting, and writing up of data. The use of multiple strategies of data collection facilitates a more objective view and increases validity.

Qualitative Research Strategy

The strategy used for this qualitative research study was a case study of an individual in an ongoing case in a particular program. The case study allowed the researcher to analyze the activities and events of the therapy. The expanded exploration of the image through the process of art therapy allowed a more in-depth view of the client.

Role of the Researcher

I was previously employed as a social worker for a large county agency. This position allowed me to interact with the foster parents and children with an agency perspective due to the need to remain in compliance with agency rules. I
more recently worked as a therapy assistant in an adult psychiatric unit in a large metropolitan city. I floated from two adult locked psychiatric hospital units to the gero-psychiatric unit. On these units I facilitated the use of art therapy to increase self awareness, emotional exploration, and the increased use of coping skills.

Currently I am employed as a case manager by the facility at which I completed my research. I help to facilitate the continuity of care. In this setting I am responsible for work on core skills for behavior and emotional development with the individuals on my caseload. I have chosen this site to help facilitate the understanding of art therapy and its positive application with this population to the other employees at the facility. Although I work with children with similar diagnosis, I have chosen a participant for this study with whom I did not currently have a working relationship. It was explained to the participant that this would be a trial series of sessions that would take place over the summer as an alternative to his normal therapy sessions. The participant was asked if this type of therapy would be of interest to him. The participant was informed that he could decline working with me if he so chose.

I believed that my participation in the many jobs and life experiences that I had encountered would enhance my ability to create a therapeutic relationship with the individual. I also believed that this would enable me to be more empathetic with him. I planned to build relations with the foster parent and to be able to make better decisions regarding the therapeutic interventions that would enhance the
participant’s ability to self express.

I realized that I brought certain biases to the study: my ethnicity, socioeconomic background, religious and cultural beliefs. I planned to ensure objectivity with the use of reflective processing after sessions with my current work supervisor. I understood that these biases could shape the view and understanding of the data that I collected and the way in which I interpreted it. I chose peers to review the data to aid in maintaining objectivity.

Data Collection Procedures

Setting. The location of my study was in a Great Lakes region suburb, near a large metropolitan area. The facility offered counseling to foster children in the therapeutic homes the company licensed and monitored. The foster children were permanent custody (PC) clients and biological parents had given up or lost all legal rights based on findings of abuse, dependency, and or neglect.

The therapy sessions took place in the main office, in one of two small rooms with no windows. The room offered carpeting, comfortable seating, a table to sit around, and ample lighting. In the entryway to the facility, a secretary monitored the flow of all incoming clients.

Participant. The participant was an adolescent African American male 13 years of age, PC foster child, who was seen for 15 sessions. The participant was chosen because of his willingness to participate and his 3-year history of continuous, un-interrupted counseling. He was placed in a therapeutic foster
home with the agency where I am employed. He had a single parent foster home
with one foster father. The participant was residing in a suburban apartment
complex. The participant had a history of physical, emotional, and sexual abuse.
He had a diagnosis of Oppositional Defiant Disorder, Attention Deficit Disorder,
and Dysthymic Disorder. This participant was in permanent custody, his legal
guardian had given permission for treatments, and the foster parent had agreed to
bring the participant to the office for treatment once a week for fifteen weeks at
approximately the same time on the same day every week. The participant and the
foster parent had both agreed to the 15 sessions. They understood that they could
stop at any time or continue their original psychotherapy in lieu of the art therapy.

Methods of Gathering Data. My methods for collecting data were through
direct observation, interviews, documents, artwork, and journaling.

Data Analysis Procedures

My methods for analyzing my data involved collecting information and
identifying themes, issues, and patterns as they emerged throughout the sessions.
The data was cataloged in chronological order and reviewed with the participant
at mid-way and in the final session. The information was continually reviewed as
the sessions adjusted to issues, themes, and patterns, which emerged. The art was
placed in a large folder to allow retrieval throughout the sessions. Session notes
were placed in a separate notebook in a chronological fashion.
Strategies for Validating Findings

The validation of findings occurred throughout the course of the research. The findings were gathered and shared with the participant’s previous counselor. The data collected from psychological testing and physical findings was reviewed before and after the onset of the sessions. The generalizations of similar case studies were analyzed along with the data collected to validate the current findings. The triangulation of different data sources was undertaken in order to build a coherent justification of themes identified throughout the sessions. The final review had a peer debriefing to enhance the accuracy of the findings.

Narrative Structure

The case study was presented in narrative form in chronological order. This included the response from the participant. The word “I” was used in the narrative form to refer to the researcher. Metaphors were used to explain the artwork. The comparison of themes and issues was presented at the end and combined with the literature review.

Anticipated Ethical Issues

The rights of the participant and the foster parent were of utmost importance and respected at all times. The right to report any and all harmful acts to self or others was dealt with in an appropriate and timely manner. The cultural values and the respect for the participant were addressed with the highest importance.
regarding the demands and wishes of the participant. The research objectives were articulated both verbally and in writing. The participant was fully informed of all collection devices, activities, and storage of transcripts, artwork, and journals. The participant’s rights and interests were duly considered with any and all choices pertaining to the decisions regarding the information gathered.

*Significance of Study*

The need for alternative therapies for children of trauma is increasing ([Spring, 2004](#)). Recent child welfare law changes have pushed the deadline forward for custodial agencies to find permanency for the child. This has developed a need to engage the child in a home that is suited to his therapeutic needs sooner. The ability of the child and the foster parent to bond and to take on a caring relationship pushes the therapist harder to facilitate the child to a faster recovery from his trauma. The purpose of this study was to increase the awareness of art therapy in the social service population with the anticipation of reduced trauma and increased coping skills to handle future traumatic events.

*Expected Outcomes*

The expected outcome was a positive experience for the participant and his foster family. I also expected the agency to see the need to use alternative therapies, specifically art therapy, for this population.
Chapter III.

Literature Review

Abuse and Trauma for Foster Children

Trauma is an emotional, psychological, or physical experience that the recipient considers painful with a lasting or long term effect on the individual. Trauma was not always viewed as it is now and physical and sexual abuses were not always considered to be psychologically damaging to the victim (Spring, 2004).

In 1992, 17% of all cases that were reported to the social services in the United States were those of sexual abuse as noted by Pifalo (2002). This means that approximately 500,000 children were involved in molestation or sexual abuse of some type. The low report rate is thought to be based on cultural acceptance and taboos for sexually abusive behaviors. Often the victim and the perpetrator are both unwilling to discuss the offense. Unfortunately, the long term affects of the abuse are devastating to the victim. The fifty to sixty percent of psychiatric patients who are currently being treated reported repeated trauma of childhood sexual abuse (Pifalo, 2002).

Pendleton (1999) believed that the victims might repeat the abusive behavior to aid in their personal ability to resolve their own awareness of the issue. The victim is trying to improve their sense of self. This self preservation and self improvement is considered an inherent natural process. The need to resolve
conflict and preserve the self adds to the difficulty in the treatment, due to increased resistance for treatment from the individuals who have suffered horrific traumas at delicate stages in their lives (Pendleton, 1999). This is because the children want to protect themselves from further harm and revisiting the trauma in therapy would be too painful.

It has been documented by Cournos (2002) that the closer the role model or the abuser is to the victim the more likely the behavior will be repeated and considered a suitable option for resolution of the issue. This cycle spreads to other areas for the victim. The child may have predisposed ideas of care-giving relations making the foster parent part of the abuse cycle by the child’s preconceived ideas of a caretaker’s role. It has been stated by Cournos (2002) that this in turn, perpetuates the feelings of isolation by the victim. The victim of sexual abuse may have feelings of worthlessness and the victim may have dealt with multiple forms of coercion. The trauma may also lead to the children’s inability to process information effectively due to cognitive and emotional impairment (Cournos, 2002). The younger the victim of the trauma the higher risk of the severity of the symptoms experienced.

Trauma in the form of a loss may occur silently, as in neglect and dependency or violently as in physical or sexual abuse. The sense of the loss may be rooted in the form of an event, emotional experience or in an actual physical loss of person or place. The foster child’s suffering is perpetuated by many traumatic losses.
including multiple changes in caregivers and schools, inappropriate parenting stemming from a biological parents’ mental illness or drug addiction, or sudden separation from all they once knew (Cournos, 2002).

The child’s sense of emotional loss may come from a variety of life events. This could have occurred as a result of a governmental system’s inherent need to protect itself from being sued. One such way the child welfare system attempts to protect its participants is by moving the child when increased problems arise in order to alleviate additional physical, sexual, or emotional trauma on the foster child or the host family (Cournos, 2002). This layering of different emotions by the child make it important to differentiate all emotions related to the trauma. The many defense mechanisms put in place by the child make it harder to uncover the many ways they have been emotionally bruised.

The expression of grief is a painful process a child is reluctant to engage in and will often not engage in at all. The child may feel the loss of family that isn’t gone just inaccessible. The process of relinquishing custody from the biological parents is necessary to remove the child from harm. The child often looses contact with siblings, extended family members, and friends. The child begins to express a sense of hopelessness. By the time the child comes to therapy he has experienced these multiple losses and the therapist is then looked upon as part of the pain. The prospect of doing healing work in therapy becomes a very confusing and painful issue for the child (Becker, 2004; Bickhard, 2004). The child needs to grieve
losses before he is able to make new attachments. This inability of the child to mourn is increased by the sense of loyalty the child might hold for those who delivered the abuse and or neglect (Cournos, 2002).

The child’s development allows him to recognize patterns of behavior by comparing the behaviors across settings. The developmentally appropriate cognitive function allows the child to make sense of the abuse. However the child may not be able to reach age appropriate levels of cognitive development while still in the care of the abuser. The foster caregiver can help advance the child’s developmental deficits. The advances in the child’s development may allow the child to process the trauma through therapy. The therapy would need to be gauged by the child’s actual developmental characteristics exhibited by the child not necessarily the developmental level that would normally be expected for the child’s chronological age (Cournos, 2002).

Understanding Foster Children to Aid in Counseling

The foster care system is intended to offer a safe harbor for the victims to thrive and flourish to become well adjusted adults. However this system that is expected to help the children may be doing harm to already fragile children by subjecting them with to multiple placements children may have (Brown & Lynch, 1999; Sanders, R., & McAllen, A. 1995). The foster system has multiple resources, which increase the possibility of a positive response to a negative situation (Barnett et al., 2006). A family environment that has a higher degree of
organization and cohesion can have a marked impact on a victim’s ability to have a positive response to treatment. This would include the victim’s use of positive coping skills for issues in his life. It is more likely that the child will develop coping skills when they live and grow in a positive environment with a strong support system. The increased supports can help to reduce the stressors of everyday life (Martin, et al., 2006).

Common Diagnosis Found in Foster Children

The diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) can mimic emotional concerns such as; anxiety, grief, and depression. The common occurrence of the co-occurrence of the diagnosis of ADHD and Oppositional Defiant Disorder (ODD) makes it important to look at both disorders (Martin, et al., 2006). To diagnose ADHD there are “essential” features of the disorder and those that can vary. These essential symptoms include a pattern of persistent inattention and are present before the age of seven. The impairment from the inattention must exist in at least two settings, such as at home and at school. The final criteria is that the child must not be experiencing a disturbance from a mental disorder that may better account for the behaviors (American Psychiatric Association, 2000).

Oppositional Defiant Disorder (ODD) is an externalizing disorder that is composed of essential features of disobedience, hostile behaviors towards authority figures, defiance, disobedience, and pervasive negativism for the
duration of at least six months. These behaviors must not be observable in others with similar developmental levels, at a comparable age. ODD is considered to be an antecedent to conduct disorder but this does not necessarily mean that the child will develop conduct disorder (CD). Oppositional Defiant Disorder has a tendency to be more prevalent in children where the childcare was disrupted by multiple caregivers or with those children who have experienced abuse and or neglect (American Psychiatric Association, 2000; Hommerson et al., 2006).

The child generalizes early negative relational experiences and then associates present experiences with a defensive affect as a coping mechanism. In some theories it is believed that the inner conflict of abuse, or the emotional components the victim internalizes, is expressed aggressively (Becker, 2004; Bickhard, 2004). Cognitive models report that the child may process the information that is currently being received by the child to maintain the aggressive behaviors. The cognitive theory believes that the child’s aggressive behavior becomes part of the self concept. The individual may feel inflated or superior to others thus perpetuating an aggressive stance. In contrast, to other individuals who respond to trauma by exhibiting the symptoms of depression but still maintain the aggressive behavior. Though the child’s ego may be inflated he may harbor a negative self attitude. This is most common in areas that he finds difficult or challenging.
Art Therapy with Foster Children

The ultimate goal of therapy is to use the appropriate tools to help the client make changes for himself. For this, mental health professionals need to attempt to provide the client with the ability to move forward in treatment. This is achieved by assessing the clients’ personal concept of the abuse along with the current cognitive level of the client. If the client is unable to process or understand the information presented to him, he will not be able to move forward making the necessary changes in his life (Manheim, 1998). Multiple traumas are best treated with medications and a multimodal therapeutic approach (Malchiodi, 1998; Nelson-Grey, et al., 2006).

Art therapy is believed to represent the unconscious of the child through drawings. The need for a multimodal program to treat such complex children is best facilitated with art therapy (Hammer, 1980; Malchiodi, 2003; Pendleton, 1999; Pifalo, 2002). Current theory holds that unconscious information is stored in the child’s sensory-motor system and can have strong kinesthetic and visual qualities. It is considered by some that verbal retrieval of these memories may be counterproductive in accessing the types of traumatic memories these clients tend to portray. The art therapy may allow the client to express their trauma with a decreased amount of stress (Malchiodi, 2003; McMurray & Schwartz-Mirman, 2001; Pendleton, 1999; Pifalo, 2002).
The expression of the unconscious mind through artwork is thought to allow the client the ability to tell the story and relive the hurt with out the increased stress involved in the verbalization of the story. The art process itself may allow the client to relieve some of the effects of the trauma through intently making and creating artwork. The making of the art transfers the emotions into the work of the art and allows the child to release the negative feelings associated with the trauma. The release of responsibility and the sense guilt associated with the trauma may allow the child to initiate the healing process with the decreased emotional pain of reliving the trauma (Malchiodi, 1998; Pendleton, 1999; Pifalo, 2002).

When verbalizing the trauma may at times be too threatening to the client and their ability to trust, expressing themselves through art may be met with less resistance. The taboo nature of the trauma may make it easier for a victim to express in pictures what they are too fearful to tell in words for fear of repercussions of “telling” their trauma. For the most part children are more apt to be engaged in a drawing than they would be in a verbal conversation. Research has shown that when children were allowed to participate physically in an activity they were more relaxed as opposed to just talking about a particular trauma (Malchiodi, 1998; Pendleton, 1999; Pifalo, 2002). If the child has reached the cognitive ability to understand abstract thought he can think about others as well
as himself when processing the themes and patterns expressed through the artwork.

Processing the information obtained in treatment is found to be more useful with the artwork than just the reflection of the processed word. Due to the overload of stimuli experienced in sexual trauma the necessity to allow the child to slowly access and understand the trauma is critical in the treatment process. Art can also help to achieve this and can be returned and reflected on as the child unfolds the trauma at deeper levels and can address and understand the trauma (Pifalo, 2002; Riley, 2004). The use of neuroscience in the field of art therapy exemplifies the belief that the brain’s ability to process emotions is enhanced through sensory components (Lusebrink, 2004; McNamee, 2004; Spring, 2004).

A child will use distraction in the form of inappropriate behaviors to mask their pain. This display of inappropriate behaviors may have been present with them for a long time making it more difficult to identify the buried pain. The longer the time they have been acting out, the more deeply imbedded the behavior, making it more difficult to identify and treat the emotional component of the pain. The service provider may help the client change the behaviors at two levels. The first level would be their original behavioral response to the stimuli. The second level would be at the current behavioral response to the stimuli. The therapist and client’s work begins with trying to identify the presenting problem. Once identified, the grieving process moves forward. This process comes with
many challenges the therapist helps the client to face. The child may have to shift from being a class clown to being a more serious student or change peer groups or even change environments all together.

Challenging the child to live in the here and now can be the key to overcoming obstacles such as these. Strategies that help ground children in the here and now include deep breathing, tensing and relaxing of large muscle groups, and the use of guided imagery. Cognitive therapy also helps the child focus on the here and now by targeting irrational beliefs and using desensitization. The therapist and the child identify triggers and responses and attempt to engage the child in learning new thought patterns and coping skills in response to old triggers. In this way, the child learns to replace old negative behaviors with positive responses. Nelson-Grey, et al., (2006), have found that children with Oppositional Defiant Disorder tend to over respond to rewards, making a reward system less useful as opposed to the use of multimodal therapy. This study by (Grey, et al., 2006), also reports the use of multimodal therapy related in a marked decrease in the reported behaviors of the child by the caregivers of the adolescents with the Oppositional Defiant Disorder (Nelson-Grey, et al., 2006).
Summary

Abuse is a complicated issue often resulting in deeply ingrained trauma and pain. The child who finds himself in the custody of the child welfare system as a result of abuse, neglect, and or dependency has a complex perception of past, present, and future, often resistant to treatment. The use of art therapy to heal the trauma inflicted on our youth has been proven to be the least traumatic way for the child victim to assimilate and heal issues surrounding their abuse (Hammer, 1980; Malchiodi, 2003). The multimodal approach of art therapy can increase the diversity and the range of client adjustment and satisfaction. The therapeutic goal to heal is achieved with less pain to already victimized children in a more efficient less traumatic manner. The use of art allows the therapist to achieve the goal of helping a traumatized child to heal in a way that is not only more efficient then verbal therapy, but also adds the least amount of trauma to the already victimized child.
Chapter IV.

Case Study, Beginning

Session One

The first session is typically a time to meet the client, perform an initial assessment of the clients needs, and begin the process of developing a therapeutic relationship. The initial assessment session includes a discussion of session times, location, length of treatment, content in the sessions and when the sessions will end. This first session was attended by the client (Jamar) and his current case manager. Jamar had a history of being fearful of women. To help decrease the fear of meeting me, because I am a woman, it was thought best that we were introduced with his current case manger present. The case manager saw Jamar weekly and already had a relationship with him.

Jamar was a young African American male, thirteen years of age. He was about 5 feet tall with a husky build, brown eyes and average intelligence. He wore his hair cut very short and usually wore a baseball cap. He dressed in blue jeans, polo shirts, and tennis shoes. He normally wore a belt with his pants, contrary to the sag look that was in fashion for young men his age.

The therapy team entered the therapy room together: the case manager, Jamar, and myself. The room contained a small child-size table, two chairs, and a sofa. The wall perpendicular to the sofa had a shelving unit on it that was filled with games and toys. There was a cabinet with doors next to the game shelf that was
filled with art supplies. Jamar and the case manager chose to sit on the sofa next to one another. I sat in one of the small child sized chairs across from them. Jamar rocked nervously on the edge of the sofa. He bounced on the edge, then thrust himself back and then bounced forward again. When he was not moving that way, he took his hat in his hands and squeezed it as if it were wet. He had little eye contact, but smiled occasionally and answered when asked a direct question. He was pleased to tell me that he enjoyed art and that he had his own box full of art supplies. He also added that he enjoyed movies and wanted to know if I had seen any of the newest movies. He started to sing and said that he liked singing too. He said he had some CD’s and that he would listen to music sometimes with his father (foster father). He described a history of fighting and arguing with his teachers. He stated he did not have any problems in school today. Jamar was diagnosed with Oppositional Defiant Disorder, Dysthymic Disorder, and Attention Deficit Hyperactivity Disorder. Jamar was speaking rapidly at this point and I sensed his nervousness. He said that he liked living in the apartment with his foster father and that he could use the pool there in the summer time.

I asked Jamar if he would agree to do artwork for the 15 sessions and if he was willing to continue counseling sessions with me, not his regular therapist. He stated that he would like to participate because he really liked art and he already had a counselor. I explained to him that this would temporarily replace his counseling sessions and I would be in place of his current therapist. He asked how
long 15 weeks was and I explained to him that our sessions would end in August. It was also explained to the client that his legal guardian or social worker had already been contacted and she also agreed to the sessions. The legal guardian was contacted because the client is a foster child. The final say for the therapy sessions was dependent on Jamar’s participation. The client agreed to meet on Tuesday nights at 5:30 pm. The foster parent also agreed that Jamar would come to every session. I left Jamar with two pieces of poster board so that he could make a folder for projects that he would make in his future sessions.

Session Two

Rapport building continued between the client and the clinician in this session. This session also developed a safe environment; confidentiality and the client’s rights were discussed.

Jamar was eager to begin and stated that he understood his rights. He also expressed understanding that he could stop the sessions at anytime or express his feelings of discomfort regarding any topics we explored.

He went down to the snack machine and got a cheese danish and a cup of water. He then sat at the small table in the room. He wanted to know what we were going to do first. I asked him to draw a place where he feels safe. He asked, “What do you mean?” I explained the concept to him in several different ways. Jamar paused a moment and then said, “I know.” He picked up the black oil pastel and began to draw a house on the left side of the paper (Figure one). The house
was tall with a door and a window. There were some boxes on the outside by the windows. He explained that these were the air-conditioning units. The house was all black. The roof contained colors of the rainbow. He said that this was his house. I asked if this was the house where he lived currently. He said, “Yes.” Jamar lived on the fourth floor of a six floor apartment building with several wings. The image looked more like a single home with two stories. I asked where his room was and he said it is where the window was located. He said he would be in his bed in the house, because he likes his room. By this point, Jamar began to increase his eye contact and his motor agitation decreased. Prior to this he bounced his left leg continually. I asked him if he would draw his bedroom. He went to the far right side of the paper and drew what his bed looked like, but he did not add the walls to the room. The bed looked as if it were outside next to the house on the lawn. Satisfied with his drawing, he said that he felt really safe in his room. He stated that he did not like the dark. He said he did not need a night light though because his bedroom door was open and the lights from the parking lot outside shone through his window so he could see. He talked and drew and added the tree outside his building and then some flowers. He again expressed his pleasure with his picture.

He added that he liked his foster father, who he called “Dad.” Jamar said he felt safe with his Dad. Jamar said that if he was not able to get to his room he could just be with his Dad and he would feel safe. I then asked if he felt that this
room was safe and if he thought he could share his feelings with me here at the counseling center. He said “yes,” and then stated that he was glad that I had asked him. The client was surprised to know that the hour was over. He asked what we were doing next week as he walked out the door of the counseling room.

Figure 1. The flower house.

Jamar was very guarded throughout the session. He became more relaxed by the end of the session. He was eager to describe his relationship with his foster father and to discuss current events that were occurring in his life that were positive, however, he was resistant to talk about his past. Looking through his chart, I learned from previous testing that Jamar is of average intelligence and consistent with peers at his grade level in his reading, math skills and comprehension.

The image in figure one has its ground line on the base of the paper and there is a mix between inside and outside. This is expressed with the exterior view of
his home but the interior view of his room in the middle of the yard. His tree is very simple with not much top or base. The roots typically represent his past and the top would represent his future. The house is somewhat leaning and the windows are crooked. The roof is over emphasized in color compared to the rest of the picture (Hammer, 1980). Hammer (1980) also states that this could mean some instability in the house. The house at this point would represent Jamar. The roof of many colors could be expressing Jamar’s concerns about his thoughts and his emotional instability.

Session Three

This session started with more resistance than the last two sessions. Jamar had gotten in trouble at school and was still angry about it. He made his normal trip to the snack machine, got his cup of water, came in the room and sat in the chair by the table. When asked how he was feeling today, he said, “OK”. He did not make eye contact with this statement and proceeded to look down at his snack, crumple the cellophane off the cheese danish and make several attempts to get it in the trash can. We differentiated among the types of emotions he was aware of and some of the coping skills that he currently used to deal with his emotions.

We sat silently for a minute while the client finished his snack. He looked up and asked what we were doing today. I had placed a large 18x24 inch sheet of white paper in front of him. Some instrumental relaxing music was played in the background. I asked him to feel the edges of the paper so he knew where they
were. This way he would be able to get a better sense of where the paper was when he closed his eyes. Closing his eyes would make him less aware of what he was drawing so he would draw more from how he felt. Jamar took five deep breaths slowly to aid in relaxation. He reached for the chalk but was displeased by the softness and the immediate color that was released on his fingers. He furiously wiped his fingers. I handed him a wet wipe for his hands. I then stated that he could use a tissue to hold the chalk so that it would not get all over his fingers.

I asked him if he was comfortable with closing his eyes and he said that he was comfortable. I asked if he would close his eyes and take the chalk that he had in his hand to slowly make a pattern on the paper corresponding his movements to the music. I informed him that I would let him know when to stop. He complied with my instructions and 30 seconds later I asked him to stop and open his eyes. He smiled at the pattern he had made on the paper.

I placed another 18x24 inch sheet of white paper in front of him and asked him to choose another color that he liked and to do the same. He chose a blue colored chalk. He closed his eyes and began to draw. I again instructed him to stop after 30 seconds. This image was generated with bigger arm movements and more freedom of movement. We set this image aside.

I placed a third sheet of paper in front of him and asked him to choose a third color. This time Jamar was encouraged to use the non-dominant hand to draw. He took out a red piece of chalk, closed his eyes, and proceeded to scribble. He
peeked a couple times as he went along. I told him to stop after the thirty seconds. He said, “using this other hand felt weird.” He stated that it was “more difficult then he thought it was going to be.”

I laid the three images out on the sofa behind us to study. We looked over the images together. I encouraged him to look at his artwork from variety of angles. I suggested that he turn the artwork clockwise. He turned the second image counter clockwise. I asked him to title the pictures, and if he saw an image in the scribbles to use one of the other colors and outline what he saw. He chose the color black for the red and blue images and red for the black image.

Figure 2. Steve.
In the first drawing he saw a tornado. He made the tornado stand out more with the red chalk and titled this one “Steve” (figure two). The second image was the blue one. The client decided that this had two hearts in it that represented himself and his foster father. He would be the smaller heart inside the larger one. He titled this one “Steve the beautiful” (figure three). The third image was the one drawn with the non-dominant hand that was made with the red chalk. This image Jamar saw another tornado and titled this one “Steve the magnificent” (figure four).

![Steve the beautiful](image)

*Figure 3. Steve the beautiful.*

We talked about what other emotions these three pictures could represent and what importance the title was to the picture and to Jamar. He said the tornado was his anger and there were two tornadoes because he had a lot of anger. The hearts represented happiness because he was “happy with his foster father.” When I asked Jamar what made him angry, he looked away and down and said, “I am not...”
going there. You can’t make me talk about my past and I will not. ” I agreed with him that I could not make him talk about his past and inquired about other subjects that made him angry, suggesting school related events. He was still very resistant and began crumpling up small pieces of paper, moving around the room and tossing them in the trashcan from various locations. The session time had ended and I let him know that the session was over. He continued to shoot baskets. We were silent for a few minutes when he looked at me and said, “I was just playing with you. I wanted to see what you would do.” I asked if I passed the test, and he said, “Yes, you were ok” and that he would be “back next week.”

Figure 4. Steve the magnificent.
I believed that we had started to make a therapeutic connection. The client pushed the limits and I held my ground, yet allowed him to express himself in a positive manner and was not fearful of his attempt to dominate me. He seemed pleased that I was able to handle his anger. I did not dismiss it or misinterpret it but just accepted his emotion for what it was and accepted him for who he was and where he was emotionally. McNamee (2004), used scribble art in this way to help the client express his story in a less to painful way as did Jamar with his scribble drawings.

Jamar drew the tornado and expressed it as anger. He stated he had a lot of anger inside but did not elaborate any further. The blue scribble drawing containing the two hearts could possible represent his history of sexual abuse as per Malchiodi (1998) and the area he is most angry about.

**Session Four**

This session included the components of building the therapeutic relationship but also focused on developing more of Jamar’s emotional awareness. Jamar was asked to depict how he felt about himself on the inside and how he felt others see him on the outside. I gave examples of several different people who may view him and how he felt when he presented himself to them like his foster father, teacher, friends, or possible his camp counselor.

After his routine of getting his snack and his cup of water, Jamar was presented with a blank white mask and a set of eight acrylic paints; black, red,
blue, yellow, white, green, brown, and pink. He chose the black paint and colored the inside of his mask. He then used more black paint and painted the outside of the mask. He very carefully colored all areas to be sure there was no white showing through the black paint. He left the lips white and went back in and painted them red. He went around the contour of the mask to form the eyes, the cheeks, and the chin. He painted the mask as if he were adding great detail in many colors and shades (figure five). When he was finished he sat the mask down and asked to wash his hands. He went to the bathroom, washed his hands and returned.

When asked how he felt about himself on the inside, he said that he was black. What emotion would you use to express how you felt most of the time, I asked? He stated that he felt sad most of the time. He said that is why he painted the mask black to represent his sadness. Besides he added, “I am really black.” When asked how he felt others saw him, he again stated “Black.” He said, “I think others see me as black because I am. I am not white.” I responded that his statement was true. Then I asked if he thought others saw him as sad or if he felt that he could hide his sadness from others. “Sometimes I think others can tell how I really feel. I let my Dad know how I feel.” I asked him if there were other emotions that he felt and if so, what colors would he use. He was not sure what color the emotions would be but he said he was happy sometimes and he got excited, but most of the time he is just sad.
Jamar and I discussed what made him happy. He stated that he was happy playing golf, listening to music, and drawing. He said he was happy with his foster father. He asked if he could take his mask home. I asked him if it would be ok to keep his projects here until the end of all the sessions. He agreed to leave the mask.

This session was awkward in some aspects. Jamar seemed somewhat distant and not too engaged, other than when he was working on the artwork itself. He was very concrete in his answers and was not willing to express why he was sad. The pattern of the use of black and the theme of the connection with his foster father is starting to emerge in his work. Jamar continually uses the color black and
expressed all his emotions in this color (Malchiodi, 2003). He had titled all his images “Steve” which is his foster father’s name.

Session Five

Typically, the fifth session represents the last phase in the therapeutic bond building (Malchiodi, 1998). Jamar went through his normal routine; he had gotten his snack and cup of water. He then returned to the table where I laid out paints for him and 8.5 x 11 inch paper. He said he had a good week at school and had not gotten into trouble at home, or on the bus.

I asked him to paint a picture of one of his earliest memories. He looked down pushed his chair away from the table, looked at me and stated, “You are not going to get me to talk about my past, I won’t go there.” I repeated the directive and added that his memories are his memories and he can share with me any of the memories he felt were appropriate to share. He pursed his lips together, reluctantly pulled himself back up to the table and started to paint a picture with the black paint. He painted a tree first, stating it was a Christmas tree. He then added a few presents under the tree. He put some red trim on the tree (figure six). This was the only color besides black that was used to make the picture.
I asked about his first memory and what the picture represented. He said it was of a Christmas at his aunt’s home before he went into foster care. Jamar remembered getting play dough that he really liked. “This gift made me happy,” he said. I asked about the presents under the tree. Jamar said that those were gifts for himself and his foster father. I asked if the tree was from his aunt’s house or from his foster father’s home. He said this was the first tree from his foster father’s home. I asked if the tree was really black or if he just made it that color. He said no it was not black, but he likes the color black. He said it did have red
bulbs on it and a gold star on the top. I asked if the tree at his aunt’s house looked like this too. He did not respond.

I thanked him for sharing his memories of his childhood with me. I asked how that made him feel and he responded, “OK”. I asked him if he had a lot of anger regarding his childhood and he said “Yes he did.”

I took out a second sheet of paper and asked him to draw a tree for me. He proceeded to use the black and red but this time he used colored pencils. He made another tree, a pine tree with the bottom branches outlined in red (figure seven). When he was finished we looked at the tree together. I asked him where this tree was located. He said it was “the tree in the yard.” I asked him if this was the shape of the tree. He said, “No, the tree outside does not look like this.” I asked him why this tree was so small on the bottom. He said, “Because that was the tree’s past.” I asked if that was why the red was on the bottom of the tree. He said, “Yes, the red is to seal in the past so the tree does not feel the pain anymore.” I asked Jamar how the tree would be able to relieve the pain. Jamar thought about it for a minute and said, “the tree has too many protective layers to get through to heal; it just has to cut that part of itself out to be able to heal.” He added, “if the tree told of his past, the secrets would destroy the family and the tree didn’t want to destroy the family.”
This session was very productive in revealing why the client was so reluctant to share his past and only discuss his present life. The process of making art helped him to decrease his defenses about his past and to express himself about his past indirectly without the anger overwhelming him. Hammer (1980) suggests the possibility that the use of black could be a repressive or even regressive presentational use of color. The tree is thought to be a reflection of the self. The base of this tree could have been the response Jamar had to his environment and the stress that was present in his childhood. The branching at the top portion of the tree and the smaller tighter base could be Jamar’s development through his
life thus far. The verbalized family secrets at the bottom half would correspond to his sexualized trauma as documented in his chart. The small base and trunk of the tree may have also represented Jamar’s inner strength and power that he would have felt regarding his environment at that time of his life. The repeated triangular lines at the base of the tree have been found to possibly reflect Jamar’s need to defend his personal identity. The placement of the base of the tree on the papers edge could reflect Jamar’s need for security (Hammer, 1980).
Chapter V.

Case Study, Middle

Session Six

The five middle sessions contained more therapeutic involvement from the client after having established a therapeutic relationship during the beginning sessions.

Jamar came into the room as per his established routine. He had his snack in his hand and his cup of water. He sat at the table with two 18x24 inch white sheets of paper in front of him and the paint ready. We caught up on the week’s events as he ate his snack. He had only gotten in trouble two times for minor matters so he would be able to go golfing on the weekend. He threw his cellophane into the trash like he was shooting hoops and asked what I wanted him to do.

I want you to paint a picture of two boys, one on each of these sheets of paper I said. He immediately became defensive. “I am not going into my past,” he said. I replied, I did not ask you to go into your past, I asked you to generate two pictures of two boys. “Ok,” he said.

The first boy I asked you to paint is just any ordinary boy, any age. He started to paint with the black paint. He began by painting the head. He drew the head so big he had a hard time fitting the rest of the body on the page. He decided to just do the top portion of the boy. He got to the chest area and painted on breasts.
then realized what he had done and turned this boy into a muscle man. The arms were large and came inward as if the boy was flexing his muscles (figure eight).

![Image](image.png)

*Figure 8. Steve boy one.*

The next boy I asked Jamar to draw was one that had been abused. At this request he again pushed his chair back made a mean face and lost all eye contact with me. We sat silently for a minute. He looked back up at me and said, "I told you I am not talking about my past." I again requested that he make an image of a boy, any boy who had some type of abuse anytime in his life in any type of situation in which the boy may have been abused. He decided since the image wasn’t of himself, he would make the painting of the abused boy as I had
requested. He made the full figure this time. The boy was smaller on the page. He
mixed the black paint together with some red to make it a little different color but
it still looked black. He started with the head and continued with one smooth
move made the entire outline of the boy. He stopped and looked at what he had
made and indicated he had finished when asked (figure nine).

![Figure 9. Boy two.](image)

We taped the two pictures up on the wall and looked at both of them. He
described the first picture of the boy who had not been abused, as a body builder.
He described the arms as the circular pattern attached to the base of the head and
coming down around to the center of the body. He liked the boy who had not been
abused, and said that this is what he would like to be when he gets older. He said he would like to be a body builder so he would always be able to protect himself. I asked if he felt safe here, and he said he did feel safe. We talked again about other places in which he felt safe. He said that he feels safe at his foster father’s house and when ever he was with his foster father.

I asked him to explain the other image to me. He pointed to the right side of the image and stated it was a knife. Then he pointed to the left side and said the pointy part at the bottom was the boy’s arm. He went back over to the right and said “No, that isn’t a knife. That is the boy’s other arm.” He showed me that the square objects attached to the bottom were the boy’s legs and feet. We paused and looked at both the images again. I asked if he thought the boys looked different and he said they did look different to him. I asked if he thought that by looking at people he could tell they had been abused. He said, “No, he didn’t think so.” I then asked him why his two boys looked different. He said because they felt different. I asked how those two boys felt different and pointed to the pictures on the wall. He said because the one who was abused is always scared because he could not protect himself. There were only a few minutes left in the session and I sensed the client was upset so I handed him another piece of paper that was 8.5 x 11 inches and asked him to make a picture of himself with someone who made him feel safe. He again took the black paint. This time he made an angel. When I asked him about the angel he said this angel’s name was “Steve”. I see the angel,
but I do not see you I said. He said as he pointed to the picture, “I’m right here behind the angel, hiding.” I asked if he could make himself so we could see him too. He obliged and painted another smaller angle to the right of the first one. This angel was so close to the first it was overlapped a little (figure ten).

![Figure 10. Steve the angel.](image)

Jamar was smiling and pleased with his work. The session had run over a few minutes, but I felt that the additional time we spent exploring a positive and happy event for Jamar was a better way to end the session. The intensity of the first part of the session was eased by the second image. I thought we made some progress in the sense that Jamar now understood he could use the art to express his emotions, but maintain some distance from the pain because the images were not of himself.

Jamar’s previous staff therapist wanted me to see if he would express some of his sexual abuse using the art. The abuse was communicated to the agency
through intake documentation at the time Jamar was removed from his biological family’s home and placed into his current foster home with our agency. Jamar, at this point, had not directly disclosed his sexual abuse, however this set of images thus far are the closest he had come. I wanted more time to continue this session and go deeper into the pictures with Jamar.

The sexual abuse could have been present in both the boy images. The image of the first boy is only represented as the top portion of the boy. The breast area is ambivalent and the bottom portion has been completely omitted. The emphasis on the head size in both images may be Jamar’s fear of his thought process. The incomplete, disorganized, and ambivalent representation of the human figure in both images was considered a strong indication for sexual abuse by Malchiodi (1998). A heavy black line and the non-descript nature of a keyhole outline was suggest by Hammer (1980) to be the possible presence of sexual conflict and self doubt or hostility for the self.

The third drawing of Jamar with his foster father as angles is suggested by Hammer (1980) and Malchiodi (1998) to be an expression of self preservation and the acknowledgment of Jamar to express his feelings of inadequacy and need for protection by his foster father due to the close proximity of the figures in the drawing. This is further expressed in Jamar’s original image with only one angel and his explanation that he was hiding behind his foster father and therefore not visually present in the picture.
Session Seven

This was the midpoint in our series of sessions. Jamar and I arranged his art on the wall and sat back and looked at all of the pieces collectively. This allowed us a checkpoint in the therapy to discuss if there were any themes emerging that suggested a possible direction we would like to explore in more depth in future sessions.

We then sat and listened to some jazz music Jamar had brought with him. This provided a nice break and time to relax and contemplate the art. We decided there was a lot of black in the images. In his previous treatment plan, he had requested that he express and explore more emotions using different colors. I reminded him of this goal and we decided that this would be part of the next session. The other themes we saw were that he was reluctant to explore his past but had the courage to express himself. He asked if we could use clay in the next session. I agreed that this would be a good time to explore this medium. I was a little reluctant because I knew from using chalk that he had some problems with his hands getting dirty. I thought if he was interested and willing I would be more than happy to explore this area with him.

I asked which image he most enjoyed making and he said the house. I asked him which one was the hardest one for him to make and he said the two boys. He said he really liked to paint, however, he said he would like to paint more and maybe build some things. We planned his ending party and decided who would be
invited. He said he wanted to be sure I hung his artwork so the people he chose could see it all. He used an index card to specifically request what type of pizza and soda we should have. He decided we needed two types of pizza, one with just cheese and one with cheese and pepperoni. This subject was reviewed many times and appeared to be an important subject for Jamar.

I looked at the clock and we had been in our session for an hour, looking over and discussing his artwork. I was prepared to do an art intervention however we ran out of time and it was held over for the next session.

*Session Eight*

This was a special session because we used the clay. Jamar was very excited that I had remembered and that we were really going to use clay. This medium is sometimes used with caution due to the regressive reaction it can have on the user, meaning the clay can evoke themes such as fecal matter and genitalia.

I took a small piece of clay to show different techniques that made it easier to work with the clay. I showed him the way it needed to be manipulated to be sure the clay attached to itself when you were putting pieces together. I asked him to make an animal that would describe him. Jamar struggled with the texture and the residue that it left on his hands. He left the room twice to wash his hands. I told him the second time that I had gotten some wet cloths so that he can keep his hands clean. He rolled and manipulated the clay, making balls and squishing them. I asked what type of animal he had decided to make and he said he would
like to make a lion. He worked hard but destroyed what he started to make several times.

He was almost ready to give up when I asked if there were another animal he would like to create. Jamar said, “I would like to be a gorilla.” He made the gorilla while talking about gorillas the whole time. He was so focused on the clay that it distracted him enough to not be aware of its imperfections. He sat the lump of clay before me and said, “There, it is done.” I asked him again what he had decided to make. He said “a gorilla.” I asked him to explain the gorilla to me. He showed me where the head was, the face and the buttocks. I asked where the gorilla’s arms were. He said, “I do not want to give him arms.” I asked why he did not want to give the gorilla arms. Jamar became resistant and said “because I do not.” I asked if the gorilla had any family or friends. He said “yes.” I asked him what the gorilla could do without arms. Jamar was silent. I asked if there were positive projects the gorilla could do with his arms, like get his food, or climb trees, or hug his father. He said “oh yeah, I think I’ll give him some arms” (figure eleven, side and front view). He struggled to get the arms on the body. They were oversized for the body but as with his other figures he had created he made the upper portion of the body much larger then the bottom half. The session time was over and he was still fussing with his gorilla. I told him he had to stop and we would paint it the next session.
Jamar continued to struggle with figures. He had tried to make a lion that which according to Hammer (1980), a lion could be interpreted as being feminine in nature. Jamar’s inability to generate the cat may possibly have a direct connection to his childhood sexual abuse by a male relative. Jamar was successful at generating the gorilla but omitted the arms initially. The human qualities of the gorilla allowed me to associate this figure with the human figure. Both Malchiodi (1998) and Hammer (1980), mention distortions and omissions as being areas of conflict for the client and the need to further assess these areas. The initial omission of the arms may have been an expression of guilt for a sexual act. The addition of the outstretched arms with closed fists might have been Jamar’s way of dealing with the guilt by asking for help but with the closed fist representative of his current repressed aggression (Hammer, 1980; Malchiodi, 1989).
Session Nine

We painted the gorilla and started an emotions chart. This chart began with four emotions: kind, happy, sad, and scared. As the sessions continued we added a few more. The gorilla was painted black (figure twelve, side and front view) and we talked about why he wanted to be a gorilla. Jamar said he would be a gorilla because a gorilla is the king of the jungle.

![Figure 12. Steve the black gorilla.](image)

They have great strength and are able to protect themselves from harm. He said they have incredible upper body strength. The gorilla he made has a mean face because this way he could scare off his enemies.

Although the black is a realistic representation of the color of the gorilla it could be considered as a regressive or repressive expression of Jamar’s anger. The mean face on the gorilla could have been his way of protecting his self identity when he was powerless to protect himself. The lower portion of the gorilla as smaller was over emphasized in the clay reproduction because of the massive...
size of the upper portion of the body in the clay gorilla Jamar made. Hammer (1980) and Malchiodi (1998) both stated that the underdevelopment of a particular portion of the figure especially the lower half lends itself to further therapeutic investigation and is possibly representative of sexual abuse.

The emotions chart (figure thirteen) displayed eight different emotions, with each emotion having its own color significance. The client chose the emotions and the colors to represent the emotions. He then used the different colors throughout the remaining sessions to signify a particular emotion. He added one emotion per session after the first four were in place. This was partially due to his inability to recall a time when had he felt that particular emotion. At the onset he was still only able to identify feeling sad most of the time and did not remember other emotions. I helped him identify the other emotions by recalling our conversations from previous sessions.

*Figure 13. Emotions chart in color.*
Chapter VI.

Case Study, Ending Sessions

Session Ten

In this session we made another sculpture, this one of tinfoil and tape (figure fourteen, front and side views). The figure was a person of Jamar’s choice. He was resistant to make the human figure in general but found it easier to generate one of his foster father. He started making the legs and the head but again was refusing to add arms to the person. I wasn’t insistent on adding the arms but asked him to identify this person. He said it was his foster father. I asked how his foster father was able to golf if he had no arms. Jamar began adding the arms on the figure, making a golf club and a golf ball.

Figure 14. Steve the golfer.

The figure tasks were difficult for Jamar and he was reluctant, however remained compliant to my requests. His last figure was in more proportion then
the previous figures. I was not sure if it is because of who the figure represented or because he was more comfortable making the human figure. It had become apparent that he had a strong identity with his foster father. This was made evident by his image titles and incorporation of himself within his foster fathers figures. One concern was the possibility of Jamar enmeshing his identity with his foster father.

Jamar was still struggling with the human figure but was able to make the figure of his foster father in proportion. This was good because he had a strong bond with his foster father and stated he had felt safe with him. The struggle with the arms could have been seen as a more of Jamar’s inner conflict with his own guilt and inability to reach out to his foster father due to his own inner feelings of shame. The presentation of the figure playing golf could possibly suggest Jamar’s rigid control over his inner conflict (Hammer, 1980; Malchiodi, 1998). Golf is a game of precision and self-control and requires concentration and patience to play. The figure, representing his foster father could have been the presentation of patience and control that the foster father represents to Jamar.

Session Eleven

Jamar went through his normal routine, but had a hard time settling down. He squirmed in his chair while he ate his snack and we talked about the previous week. He stated he had gotten in trouble earlier on the bus and this is why he was a little bit late.
I gave the directive to draw an angel. I put on some calming music hoping this would help. I had the oil pastels out to use. He tried the oil pastels first but was not happy with the results. He tore up the paper and threw it away with each attempt. He decided he needed to use colored pencils instead. He started sifting through the shelves of supplies looking for the colored pencils but was unable to focus at the task at hand. He finally found the pencils and began to draw but erased and started over several times. He was having increased difficulty focusing on the task and was not willing to discuss what he was currently feeling. He tore up the final attempt and threw it in the trash. He sat there and I asked him how he was doing. He made a deep sigh and stated, “I can’t make an angel, Angels are made by God and they are perfect.” I asked him if he thought God made him. He said, “Yes.” I asked him how he saw himself. He lost eye contact with me and said after a quiet spell, “I’m ok.” I asked him how he was feeling right now. He said a little sad. We talked a little more about angels and God and then he said, “I tried to kill myself before.” Then he said, “I shouldn’t have told you that.” I asked if he felt like killing himself now and he said “no.” I asked if he had a plan to hurt himself and he said, “No.” I asked if he would like to tell me more about the time he tried to hurt himself and he said, “No. It was along time ago and I am not like that anymore.”

The intensity of the past two sessions was high. Jamar had been having a more difficult time just being in the room. In this session he was upset and angry. He
wasn’t ready to share what was bothering him and was not able to focus enough to enable him to reflect on his emotional state. He erased and destroyed his images many times. Both Hammer (1980) and Malchiodi (1998) stated that this type of behavior could be indicative of compulsive behaviors, which are expressed by omission and ambivalence in drawings. Jamar’s behaviors along with his art were consistent with known indications of a person with a history of sexual abuse.

Session Twelve

This session proved to be as interesting as the last one. His foster parent informed me that Jamar was having some difficulty sleeping and that he had wet the bed the past couple of nights. Jamar entered the session with his snack routine and sat at the table. He didn’t talk about the week before; he just sat quietly. I asked him how he was feeling and he was silent. I waited a few seconds and I asked how his week had gone and he was still silent.

I sat there with him in his silence. He finished his snack, made a basket with his cellophane, and looked at me and said, “so we have three sessions left.” He wanted to know if I remembered the type of pizza he wanted. He also asked if we could get a calzone I said, sure, we can add it to the list. I asked if he would like to make invitations to let people know about his art show. He said, “No, I am only inviting two people, I will just tell them.” For the last session we decided to share
his art with his previous therapist and his foster father. This was to include pizza
and soda.

We added another emotion to his chart of emotions and talked about his
nightmares. He said he doesn’t remember his nightmares. I asked if he had wet
the bed in the night. He asked, “Did my Dad tell you?” I said yes he is concerned
about you and told me that you have been having nightmares and have had a few
instances in the night. Jamar said, “I don’t do that anymore. My Dad doesn’t let
me drink anything after dinner and I don’t have that problem anymore.” I asked
how he felt when it happened. He said that he didn’t know it happened until he
woke up the next day. He said he just changed his sheets and took a shower. He
insisted he had this issue under control because he wasn’t wetting the bed
anymore. He talked about his behavior in summer camp and how if he continued
to behave he would be able to go to the water park on the last day of camp. I
asked how he scored on his behavior and he explained the scoring system to me.
We covered a few of his coping skills for when he gets angry. He said he counts,
breathes deeply, sings a song to himself and, if he can, removes himself from the
problem area. I asked if there was a camp counselor to speak with when he was
upset, angry or sad. He said there was one counselor he could talk to but that he
can talk to his Dad anytime. He started to cheer up a little and stated he was going
to go golfing that weekend with his foster father. He said he is pretty good at
golfing and so is his foster father. He counted down the sessions until the pizza
party, and we made sure we asked the people he wanted to attend to join us on the last session.

The bed-wetting and the nightmares are all part of Jamar’s documented history of physical and sexual abuse. He had not yet discussed this openly but had shown signs this in many of his pieces of art. His anxious behavior in the sessions had made it difficult for him to focus on a large project but we were able to cover some of the coping skills he used when he was anxious and his sharing with me his bed-wetting was a positive reflection of his trust in the therapeutic relationship.

Session Thirteen

This session again was started with the same routine, but again Jamar was anxious and unable to focus. We discussed his week and he stated things were good. He had not received bad marks for his behavior in camp and had not been punished for anything at home. He crumpled his cellophane and tossed it in the trash and started rifling through the art supplies. I asked him what he had in mind but he said he wasn’t sure. He was just looking but felt he would know soon enough.

I redirected him to the planned task of drawing a bridge indicating where he was and where he wanted to be on the bridge. I started to draw on my paper a bridge, to see if he would follow my behavior. He started on one sheet of paper, changed his mind, and went to another. He talked about what he wanted to do in
The future and how he was going to finish school and become a body builder. He went through all the pencils and collected all the blue ones in all the various shades. He decided he liked blue because blue was his favorite color. He said that black is still his color because he is black. He repeated that he likes black. He rambled a bit more about colors. He finally settled on using the blue paint and rapidly made blue wavy lines on the paper to represent water. He went over the same waves again and again. He finally decided he didn’t like this and tore it up and threw it away.

I redirected him a second time to complete his last emotion on the chart. He added the emotion “excited” to his list, he then picked up all the pencils and the other supplies he had gotten out and put them all away.

I talked to his foster father while Jamar was in the bathroom before leaving. I stated that the last two sessions Jamar had been very energetic and unable to focus. Jamar’s foster father said that the camp bus had been returning late therefore altering his medication regime. I asked if he could try to get the medication to Jamar sooner because he really was having a hard time focusing. His foster father agreed.

We did not have any artwork to show for this session but I felt that we did cover some important ground. He was more settled by the time he left the session. Jamar’s inability to settle and focus in the session raised some concern. I questioned weather it was the art therapy technique or Jamar’s current issues with
I was happy that he even stopped to focus long enough to create the blue wavy lines representing the water with the paint. Hammer (1980) had suggested that wavy lines of the water that were repeated and gone over repeatedly could have been the representation of the inner emotional state the client had been experiencing. The blue color was an attempt by Jamar to calm himself and relax the tense state that he was presenting, namely that of anxiety.

Session Fourteen

This session was better than the last. I had decided to end these sessions in a positive manner. I wanted Jamar to make a box and fill the box with positive statements about himself. Jamar didn’t think he could come up with enough positive statements about himself to fill the box.

First he made the box. This was a plastic precut 2.5 by 2.5 square die cut box. I had brought markers, paper, glue, and stickers to decorate the box as well. I made tiny strips of paper on which to write positive statements to put in the box. I had Jamar start his positive statements with the use of the emotions chart. He had to use the colors from the chart and write the emotion on the slip of paper. He wasn’t sure why the emotions were positive and I encouraged him that it is good to feel and be aware of his different emotions. He just needed to learn how to respond to these different emotions in a positive way. This led us to our second part of the positive statements. He placed positive coping skills on the little slips of paper for
all the emotions he had listed on his chart. The box was starting to look pretty full
and Jamar had become more excited about the project.

He then stated that he could write down the activities he enjoys because it
makes him feel good about himself. We then chose the classes in school that he
enjoys and the activities that he feels he does well. The box was almost full by the
time the session ended. Jamar was very happy to see that all the items in the box
were all positive statements about himself (figure fifteen).

Jamar’s opportunities to expression himself in a positive way have been
limited. It was made apparent by his art images that he felt very ashamed and
powerless. This art activity was meant to be a bridge for him to enter into the next
phase of therapy sessions with a stronger sense of self. Although Jamar had a
difficult time generating positives thoughts about himself, he was able to fill the
box.

Session Fifteen

The last session, the pizza party, and the presentation of the work that Jamar
has done in therapy was underway. Jamar was preparing the food as I hung the
artwork to be viewed. I was going to serve the food in the therapy room where the
art was hung but Jamar insisted we eat in the kitchen area of the counseling
center. Jamar, his previous therapist, his foster father, and his current CPST
worker and I were all in attendance.
We all enjoyed the pizza and soda and Jamar especially enjoyed the calzone. After eating and cleaning up we returned to the therapy room to review the displayed artwork. Jamar answered the various questions presented to him about his artwork. When it came to the picture of the two boys, Jamar denied understanding neither the directives given nor the subject matter. He was happy to describe the golfer and was most definitely pleased with his box. He stated the mask was another item he enjoyed making and that he now had a new emotions chart to use in therapy and that it now included more colors than black.

*Figure 15. Positive statements box.*
After I excused the others, Jamar and I sat in the room alone and went over the artwork together. I asked him if he really forgot what the directive was for the two boys and he said no. He stated he remembered because that was the hardest project for him to make. I asked if there were tasks that he enjoyed more than others and he said that he did like the clay a lot and would have liked to try it again. I reminded him how difficult it was for him at first with the clay and that he had to wash his hands several times during the session. He said, “Oh yeah, I forgot, but I still enjoyed it.” He said he really liked making the mask and had a hard time with the angel, but felt that he was able to do it at a later date. He was happy to put all his work into his folio and take it with him. He was very proud of being able to see the work he had accomplished in therapy.

This would have been a good time to further process a few of the pieces. I noted in his chart the enmeshment between Jamar and his foster father that was exhibited in his artwork and that I felt it would be appropriate to work on building his self esteem and a stronger sense of self.
Chapter VII.

Conclusion and Recommendations

Jamar exhibited many of the typical behaviors and emotional disturbances presented by other children who have been sexually and physically abused. The use of the color black, the difficulty with the human figure, and the denial of his past were all evident in Jamar’s work. The search for an identity and a safe place for Jamar were also evident in his enmeshed images of himself and his foster father. Jamar was resistant but able to use the art to work through some of his issues including anger, pain, and fear.

Jamar’s anger was directed at himself for not being able to protect himself from his attacker. He was also angry with the abuser for what they had done to him. He was also very angry at the system that took him away from his family. His family was the reason he was in custody and they were the abusers but they are still his family. The pain that Jamar expressed was that of accepting himself and his imperfections, and being able to forgive them and forgive himself. The fear was that he would be rejected again. He was afraid that his imperfections would make learning to love, trust, and respect himself unbearable. He feared he would be abused again and be unable to ward off the offender. He feared if he did trust again his offender would use that trust against him this time as they had done in the past.
The use of the color black was pervasive throughout his artwork. His omission and ambivalence about body parts in his human figures was evident in every figure he created. Images that involved presentation of self were difficult and painful for him. He often displayed defensive and regressive tendencies in his art and his verbal communications. His inability to create an angel was indicative of the shame he felt for himself due to the abuse. Jamar’s shift in behavior may have been a direct response to the presentation of the two boys, the gorilla, and the trees, which were strong indications of his sexual abuse. He had less difficulty with the golfer but he didn’t present it as himself. He stated it was a representation of his foster father not himself. The enmeshment of Jamar and his foster father, even though not necessarily a healthy bond seemed to aid Jamar through this time period of turmoil related to his traumatic history.

During the mid sessions Jamar was more anxious and having regressive symptoms of bed-wetting and behavior control, accompanied by emotional disturbances in the therapy sessions. His shame, ambivalence, low self esteem, and feelings of powerlessness were all evident in his work. He was also having problems with medication levels and timing during our middle sessions and this was apparent in the anxious behavior that made it hard for him to focus.

The ending sessions were more focused on a positive exit from our sessions. Jamar had been exhibiting symptoms of distress and increased anxiety. I wanted to bring down his anxiety lead before he returned to his regular therapy sessions.
The positive statements box was one of his favorite sessions. He said he never knew he had so many good things to say about himself.

I felt that if I were a more experienced therapist I might have been able to facilitate additional growth for Jamar through the art. My understanding of this type of trauma and working with children is that the therapy is still developing. I can see that Jamar has many more years of work ahead of him, and that he will probably regress with his therapy, when he reaches different developmental milestones in his life. One such example of a possible set back would be when Jamar begins to date he may have problems trusting the individual enough to have an intimate relationship. When Jamar transfers to a different school he may act out and become defensive. He may also have problems later in life with relationships such as marriage and family. This area would be difficult because he might draw from his early life and respond to stressful situations with violence and or inappropriate sexual behaviors.

The use of art with Jamar has proven to be very successful, he did share issues that he would have not shared if it were not for the artwork. The artwork allowed Jamar to express his abuse in a less threatening and painful manner then just discussion. Jamar was able to see that the release of the secrets of the abuse helped him to feel less guilty. Jamar was able to feel the positive effects of therapy. Another positive indication is that Jamar enjoyed his sessions and would like to return for more art therapy.
It is my recommendation that Jamar continue his therapy and work through some of the abuse that was brought up in his art therapy sessions. It would also be beneficial for Jamar to build a stronger sense of self and address the enmeshment with his foster father that he has displayed in his artwork throughout the art therapy sessions. The increased sense of self will increase his self-esteem and allow him to express even more of his inabilities. This would increase Jamar’s ability to express and heal himself through his counseling sessions. Jamar may then use those tools and feel good about using the tools for success in his therapy session to further improve his sense of self.

In completing all 15 sessions with Jamar, I was able to address all the research questions raised here concerning the treatment of an adolescent victim of trauma in county custody. Jamar stated he enjoyed the art therapy sessions and that it was a positive addition to his regular counseling regime. I was also successful in the introduction of art therapy to this population at this particular agency. It was brought to my attention later that Jamar had verbally disclosed his sexual abuse in a counseling session with his regular therapist. The agency is also planning to implement art therapy as a regular part of the therapeutic program as a result of Jamar’s success.
References


Consent for Behavioral Health Counseling and Therapy Services

Client: __________________________ DOB: ________

Each service that I receive has potential benefits and risk associated with it. Possible benefits and risks are outlined below and have been explained to me. My signature, dated today, indicates that I wish to receive this service as described.

I understand that Behavioral Health Counseling and Therapy is a shared effort, and that success or failure is the result of the efforts of both the therapist and myself. Specific benefits of an effective therapy for me are outlined in my Individualized Service Plan (ISP). General benefits of Behavioral Health Counseling and Therapy may include relief of symptoms, increased understanding and confidence, improvement of interpersonal relationships, decreased anxiety, and a general improvement in my daily living.

Possible risks associated with Behavioral Health Counseling and Therapy include a temporary increase in stress due to the focus put on problem areas and the possibility of developing dependency on the therapists. Additional potential risks associated with refusing or stopping this service may include either a continuation or a worsening of the symptoms and problems that led to the recommendation for Behavioral Health Counseling and Therapy. This, in turn, may impede my development of skills needed for a more adaptive ways of living and result in my admission to a more restrictive treatment environment.

I understand that I have the right to refuse this service. I understand that I have the right to withdraw my consent for this service at any time and my service provider will make efforts to develop alternative approaches with me to get the service I need.

I Consent to Receive Behavioral Health Counseling and Therapy Services

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Client Signature       Date       Witness

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Parent/Guardian       Date
I refuse consent to recommended Behavioral Health Counseling and Therapy Services

Client Signature   Date   Witness

Parent/Guardian   Date

I WITHDRAW consent for Behavioral Health Counseling and Therapy Services

Client Signature   Date   Witness

Parent/Guardian   Date

I have read and explained this information to the above named individuals:

Agency Staff Member   Date