

Effects of Art Therapy on Identity and Self-Esteem
in Youths in the Foster Care System

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ABSTRACT

Adolescents in the foster care system face severe challenges such as repeated trauma, loss of attachment, low self-esteem, and identity confusion. While art therapy and group work have been shown to be ideal treatment options for adolescents, to date there is a limited amount of research in art therapy literature regarding adolescent group art therapy within the foster care system.

Working with local social workers, the researcher invited teens between the ages of 13 and 17 to participate in a pilot research study focused on self-esteem and self-identity. Participants were selected based on interest and availability. Participants completed self-report surveys pre- and post-study, which were compared to determine the effects of art therapy on the participant's view of self. This researcher expected that exploring self-identity through art and participating in group process would improve self-esteem as evidenced by the self-report surveys.

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Table of Contents

ABSTRACT	2
ACKNOWLEDGEMENTS	3
I. INTRODUCTION	6
Statement of the Problem	6
Basic Assumptions	6
Purpose of the Study.....	8
Research Question	8
Hypothesis	8
Definition of Terms	9
II. REVIEW OF THE LITERATURE.....	11
Population and Prevalence	11
Diagnoses and Treatment	11
Justification for the Study.....	12
Art Therapy Approaches	14
III. METHODOLOGY	16
Participants	16
Research Design	17
Ethical Limitations	18
Rating of Coopersmith Self-Esteem Inventories.....	18

IV. RESULTS OF THE STUDY20

 Client Artwork.....22

V. DISCUSSION27

 Discussion27

 Limitations.....28

 Recommendations29

 Conclusion.....20

REFERENCES31

APPENDICES35

APPENDIX A: Assent Form35

APPENDIX B: Consent Form38

APPENDIX C: Informational Flier41

APPENDIX D: Coopersmith Inventory School Form.....42

APPENDIX E: Art Therapy Directives43

CHAPTER I

Introduction

Statement of the Problem

As of July 2015, there were 415,129 children in foster care throughout the United States (U.S. Department of Health and Human Services, 2015). Fratto (2016) pointed out that “for decades, evidence has shown an undeniable connection between childhood trauma and chronic adverse reactions throughout the lifespan” (p. 439). These adverse reactions tend to manifest the most in adolescence (Bilchick & Nash, 2008). Despite the overwhelming number of children in care, foster youths are one of the most underserved, vulnerable populations (Bruskas, 2008). While art therapy and group work have been shown to be ideal treatment options for adolescents, to date there is a limited amount of research found in the professional art therapy literature regarding adolescent group art therapy within the foster care system. There is however extensive data on the common challenges of adolescents in the foster system (Bruskas, 2008; Collins, Spencer, & Ward, 2010; Kerker & Dore, 2006; Morris, 2007; Treehouse, n.d.; Zetlin, 2006) and literature available on the benefits of art therapy with adolescents (Bazargan & Pakdaman, 2016; Gatta, Gello & Vianello, 2014; Jang & Choi, 2012; Malchiodi, 2012; Moon, 2012; Quinlan, Schweitzer, Khawaja, & Griffin, 2015). Foster youths often struggle with identity and esteem issues, traumatic memories, resiliency, goal making, and issues surrounding relationships (Bruskas, 2008; Fratto, 2016; Kerker & Dore, 2006; Stabno & Nagle, 2007).

Basic Assumptions

Art therapy has been shown as effective in all of the above challenge areas, and art therapy within a group can significantly help in addressing these issues. An argument for art therapy above other modalities when working with adolescents could be best made by discussing

the natural and non-invasive nature of art making (Arrington, 2007; Stabno & Nagle, 2007).

Group work is ideal with the adolescent population given their developmental needs and focus on peer relationships (Jang & Choi, 2012; Papalia, Olds, & Feldman, 2009).

While teens in the foster care system struggle with many different challenges, their self-worth, identity, and esteem can greatly affect their well-being (Fratto, 2016; Stabno & Nagle, 2007). Erikson (1968) believed that the “chief task” of adolescence was to develop one’s own unique identity and a sense of self. Erickson (1950) further explained that developing a strong identity lays the groundwork for coping with challenges later in life. Studies have been conducted regarding the importance and benefits of high self-esteem (Baumeister, Campbell, Krueger, & Vohs, 2003; Greenwald, Beleeza, & Banaji, 1988; Hawton, Rodham, Evans, & Weatherall, 2002; Jang & Choi, 2012; Kernis, 2005; Langner, 2009; Roghanchi, Mohamad, Mey, Momeni, & Golmohmadian, 2013), and Coopersmith (1981) cites multiple studies when arguing for the importance of self-esteem. Coopersmith reported that these studies observed that “persons plagued by doubts of their worthiness can neither give nor receive love” and avoid closeness, resulting in isolation (p.4). These studies also found that persons with low self-esteem are “more likely to report feelings of guilt, shame, or depression and to conclude that their actual achievements are of little importance”, and claimed that “anxiety and self-esteem are closely related” (p.4).

Although in some studies high self-esteem had not been conclusively linked with improved academic achievement, lowered risk for drug use, early sexual behaviors, or even higher social status, low self-esteem is “more likely than high to lead to depression under some circumstances”, and “self-esteem has a strong relation to happiness” (Baumeister et al., 2003, p.1). In a collection of studies comparing stable and unstable self-esteem, low and unstable self-

esteem were found to be factors leading to mental, emotional, and attachment problems (Kernis, 2005). A significant link between low self-esteem and destructive behaviors was found to exist in a study exploring adolescent self-harm (Hawton et al., 2002). Roghanchiet al. (2013) found that a combination of art therapy and Rational Emotive Behavioral Therapy had a significant positive impact on self-esteem and resiliency. Therefore, this researcher believes that improving the self-esteem of an adolescent in foster care will positively impact their choices and self-concept in the future. This researcher further believes that group art therapy is the best intervention choice for these adolescents. Gatta et al. (2014) noted, “by means of group art therapy, adolescents can also experiment with opening and closing their personal boundaries”, and “the artistic process becomes a performance that helps them expand their self-image” (p.1).

Purpose of the Study

The purpose of this pilot research study was to examine the effects of art making on identity and esteem building in adolescents within the foster care system by developing an art therapy program and facilitating a six-week group series.

Research Question

Using the Coopersmith Inventory School Form (Coopersmith, 1981, Appendix D) as a measurement tool, this quantitative study will seek to answer the question: how will participating in a six-week art therapy group affect the self- identity and esteem of adolescents in foster care?

Hypothesis

This researcher anticipates that participants will, through the making and processing of art in a group setting, develop a stronger sense of identity, improve self-esteem, and bolster resiliency. This process will be evidenced by comparing the pre- and post-study self-report surveys.

Definition of Terms

There are several key definitions for words and concepts used in this study. They are as follows:

Adolescence: Developmental transition between childhood and adulthood entailing major physical, cognitive, and psychosocial changes (Papalia et al., 2009).

Adolescent: typically marked by the onset of puberty; roughly encompassing the years between 11 and 19 (Papalia et al., 2009). For the purpose of this study and group dynamics, adolescents will be termed as youths between the ages of 13 and 17.

Foster Youth: Children and adolescents who have been placed in 24-hour care away from their parents either because of physical or sexual abuse or neglect. A State agency assumes responsibility over the child's placement and care. These children are either placed with relatives, a foster home, group home, child care institutions, residential facilities, emergency shelters, or in pre-adoptive homes (Social Services Information System, 2004).

Identity: A coherent conception of the self, made up of goals, values, and beliefs to which a person is solidly committed (Erikson as cited in Papalia et al., 2009).

Identity Crisis: does not connote impending catastrophe; is now being accepted as designating a necessary turning point, a crucial moment, when development must move one way or another, marshaling resources of growth, recovery, and further differentiation (Erikson, 1968, p. 16).

Rational Emotive Behavioral Therapy: Created by Albert Ellis in 1955, REBT is "a practical approach to assist individuals in coping with and overcoming adversity as well as achieving goals. REBT places a good deal of its focus on the present. REBT

addresses attitudes, unhealthy emotions (e.g., unhealthy anger, depression, anxiety, guilt, etc.) and maladaptive behaviors (e.g., procrastination, addictive behaviors, aggression, unhealthy eating, sleep disturbance, etc.) that can negatively impact life satisfaction.

REBT practitioners work closely with individuals, seeking to help identify their individual set of beliefs (attitudes, expectations and personal rules) that frequently lead to emotional distress” (Albert Ellis Institute, 2014).

Resiliency: Reflects the ability to maintain a stable equilibrium; typically discussed in terms of protective factors that foster the development of positive outcomes and healthy personality characteristics among children exposed to unfavorable or aversive life circumstances (Bonanno, 2004).

Self-Esteem: As the measurement tool for this study is the Coopersmith Inventory School Form (Coopersmith, 1981), this researcher will utilize the definition of self-esteem offered in the SEI manual. The term self-esteem “refers to the evaluation a person makes, a customarily maintains, of him- or herself; that is, overall self-esteem is an expression of approval or disapproval, indicating the extent to which a person believes him- or herself competent, successful, significant, and worthy. Self-esteem is a personal judgment of worthiness expressed in the attitudes a person holds toward the self (Coopersmith, 1981, p. 1)”.

CHAPTER II

Review of the Literature

Population and Prevalence

Data on foster youth and the challenges they face is vast and readily available. This researcher noted that articles, books, studies, and reports on conducting group art therapy with foster youth however, are virtually non-existent to date. There were 415,129 children placed in out-of-home care in the year 2014, and of those 135,550 were between the ages of 12 and 18 years old (U.S. Department of Health and Human Services, 2015). The majority of children in care have been placed there because of parental abuse or neglect (Kerker & Dore, 2006). Kerker and Dore (2006) provided a comprehensive article on the mental health issues common in the foster care system, as well as discussed the need for better care. The trauma of abuse at home, being removed from home, social stigma of foster status, and interruption of normal development can be devastating to a child. Despite the well-researched and documented mental health needs of foster youth, serious lack of adequate support and treatment exists due to an absence of funding, fragmented health care system, and lack of caregiver responsibility (p.138). Years of published research (as cited in Kerker & Dore, 2006) show that children in foster care left with untreated mental disorders become young adults who are homeless, in prisons, institutions, mental hospitals, or jails.

Diagnoses and Treatment

In 2007, Morris published her research findings after interviewing sixteen people who were living independently after ageing out of the foster care system. Her research determined that most of her participants shared characteristics that led to a “lack of self-sufficiency and economic independence” (p. 419). From interviews with each of the participants, Morris (2007)

determined five common themes between her clients. They dealt with the participant's pasts, lack of consistent home life, frustrations with caregivers, and feelings of being let down by the system. Each of these themes led to depression, suicidal ideation, housing and financial struggles, and lack of life skills (pp. 422-426).

Collins et al. (2010) conducted a study on the links between a social support network and health, aggression, suicide risk, and risk of sexually transmitted infection (pp. 127-128). In her study, Bruska (2008) concluded that the feelings of fear, confusion, sadness, anxiety, and loss that most children in foster care experience ultimately affect their educational experience and quality of adulthood because of poor developmental and mental health outcomes. In 2011, Overstreet and Matthews studied the devastating effects on children who have been traumatized by physical abuse. Again, trauma- whether direct or secondary- was found to have a direct impact on academic functioning, emotional/behavioral disorders, and mental health.

Looking at samples of foster youth in the Special Education departments of their schools, Zetlin (2006) gathered and summarized multiple studies that found foster children to be significantly lower than their peers in academic achievements, often leading to behavioral problems and a higher drop-out rate. Zetlin (2006) pointed out that children in foster care represent "one of the most educationally vulnerable populations of students", due to the "trauma of abuse or neglect, the disruption of frequent placement moves and school transfers, and the lack of adequate monitoring, advocacy, and support" (p. 161).

Justification for the Study

Studies on self-esteem have produced a variety of results (Baumeister et al., 2003; Greenwald et al., 1988; Hawton et al., 2002; Jang & Choi, 2012; Kernis, 2005; Langner, 2008; Roghanchi et al., 2013), however it is widely understood and agreed upon that self-esteem is

directly linked to happiness and can lower the frequency of risky behavior (Baumeister et al., 2003; Greenwald et al., 1988; Hawton et al., 2002; Jang & Choi, 2012; Kernis, 2005; Langner, 2009; Roghanchi et al., 2013). This researcher felt that Coopersmith (1981) best described the need for this study, as well as the struggle and stigma of children in foster care when he wrote,

Of even greater relevance are the indirect indications that domination, rejection, and severe punishment of children result in lowered self-esteem. Under such conditions they have fewer experiences of love and success and tend to become generally submissive and withdrawn, although occasionally veering to the opposite extreme of aggression and domination. Children reared under such crippling circumstances are unlikely to be realistic and effective in their everyday functioning and are more likely to manifest deviant behavior patterns (p.4).

There can be no doubt that trauma stemming from the initial abuse, neglect, and removal from their primary caregivers has a devastating impact on youth. Developmentally, adolescence is a critical time for every child. It is challenging and fraught with emotional stressors. Moon (2012) described the developmental changes that take place as “pervasive, affecting nearly every aspect of the teenager’s existence” (p. 18). Moon then added, “Beyond infancy, no other phase of life holds so many changes occurring with such rapidity” (p. 18). The normative group of adolescents has enough struggles with friendships, academics, and developmental changes. Navigating these struggles as a foster child with trauma, school and home placement changes, and a social stigma is almost unimaginable.

Erikson (1950) argued that the primary job of an adolescent is to settle the conflict between identity and role confusion. This identity conflict often stemmed from “disturbances” in early childhood, or conflicts in adolescence. The adolescent years are critical years in developing

lasting friendships, concepts of self, values, and goals for adulthood. Erikson believed that identity confusion could “greatly delay” reaching a “psychological adulthood”. Though peers have a powerful impact on an adolescent’s development, teens “still look to their parents for a secure base from which they can try their wings” (as cited in Papalia et al., 2009, p. 404). This strong base and secure attachment is critical in times of stress and discovery. Adolescents without this strong base face finding their identity alone. Adolescents who frequently change placements or have been uprooted from their regular school even just once have lost the connection to important friendships. In his in-depth research on neuroscience and development, Perry (2009) noted that “removing children from abusive homes also may remove them from their familiar and safe social network in school, church, and community”. He furthered, “the presence of new and unfamiliar individuals can actually activate the already sensitized stress-response systems in these children, making them more symptomatic and less capable of benefiting from our efforts to comfort and heal” (p. 248). Papalia et al. (2009) wrote that “the intensity and importance of friendships and the amount of time spent with friends are probably greater in adolescence than at any other time in the life span” (p. 412). Losing these friendships through placement and school changes can be devastating to a teen in foster care.

Art Therapy Approaches

While there is some data and information to date on art therapy with the foster youth population, the available literature is severely lacking in data on art therapy groups for adolescents who are in foster care. Groups however, are ideal for teens. Jang and Choi (2012) noted,

Adolescents share their ideas or experiences with their peers more than they do with their parents or teachers. In the process, they notice that there are other peers who have

problems quite similar to their own. They also receive emotional support from their peers while sharing their problems with each other. For these reasons, group-based therapy is often employed with adolescents (p.246).

Art therapy, as any therapy with adolescents, can be difficult to navigate. Adolescents often meet counseling or treatment with resistance. Moon (2012) wrote that adolescent art therapy spans four separate phases: resistance, imagining, immersion, and letting go. However, arguing for art therapy as ideal for adolescents, Moon (2012) noted, “successful therapy with adolescents must involve action and engage the senses. Making art in a therapeutic studio setting is one way to ensure that the therapeutic process will have lasting impact upon the adolescent client’s life” (p. 22). Also making an argument for art therapy with adolescents, Arrington (2007) wrote,

...because art is language, it helps guide the child’s therapeutic journey toward healing and mental health. Children, like adults, have many ways of camouflaging their emotions, and the use of art allows them to enter into a safe zone, a zone where they can explore thoughts, feelings, frustrations, and abuse. Art helps the practitioner understand the underlying thoughts and feelings of the children served (p.63).

CHAPTER III

Methodology

Participants

Though the researcher works within the foster care system through a private agency, she does not have direct access to names and contact information of possible participants. The researcher informed the director and supervisors of the adolescent unit at the local Department of Child and Family Services, as well as the board of a local foster care association, about the group opportunity. The researcher handed out an informational flier (see Appendix C) and answered any questions during these meetings. Social workers, case managers, team leaders, and association board members then contacted foster families of adolescents from their caseloads about the group, giving them the flier and researcher's contact information. Families were asked to contact the researcher directly if they were interested in participating. This helped reduce the possibility of participants feeling pressured into joining the group and limited the social worker's involvement. After families made contact with the researcher expressing interest in the study, the researcher met with them individually before the start of the group to answer questions, sign consent and assent forms, and develop an initial relationship.

For this study, three participants were selected according to availability/voluntariness. Foster youths between the ages of 13 and 17 were invited to participate through their appointed social workers or foster parents. Identities and contact information of foster youths are closely protected by the state. Assent forms (Appendix A) were signed by participants, and consent forms (Appendix B) were signed by the participant's foster parents. The three that responded and committed to the six week study were selected to participate. Sample size depended entirely on volunteer response. For this study, three females aged 13-15 volunteered for the study and signed

assent forms. One however, did not arrive at group meetings or contact the researcher (despite multiple attempts by the researcher to contact her) until the third week. At that point, the researcher was forced to excuse her from the study. Of the remaining two participants, one lost her adoptive mother to a terminal illness mid-study. She chose not to return to the study, and only one participant finished the last three weeks.

Research Design

The two participants were given the Coopersmith Inventory School Form (Coopersmith, 1981, Appendix D) during the first group meeting. In that session, they introduced themselves to each other by participating in a scribble drawing and by creating a “likes/dislikes” collage (Appendix E). The following sessions included a check-in time, an art directive (Appendix E), and group processing time. Art directives were designed to address issues of self-esteem and identity. Directives (Appendix E) included self-portraits, mask making, “inner critic” exercises, positive affirmation collages, scribble drawings, group artworks, and free paintings. During group processing, participants were asked to share as much or as little as they would like. A registered art therapist was available on-site at all times to address any issues participants may have had in response to the art or directives. Group members had the opportunity to comment on each other’s artworks, pointing out common themes or characteristics they found. At the end of the six session study, the remaining single participant was again given the Coopersmith Inventory School Form (Coopersmith, 1981, Appendix D). The results were then compared to the first set of inventories to determine how art therapy affected the participant’s sense of identity and esteem.

Ethical Implications

Close consideration was given to The American Art Therapy Association's ethical principles (AATA, 2013). Confidentiality was discussed in detail during face-to-face intake meetings with potential participants and their legal guardians. This included limits of confidentiality and expected confidentiality of participants. Written informed consent and assent forms (Appendices A & B) were signed prior to the start of the study. During the study, participant's artwork and their completed Coopersmith Inventory forms (Coopersmith, 1981) were kept in a locked drawer of an unused office on site, within a building secured with a key-pad. The researcher and her supervisor had sole access to the desk drawer key. At the conclusion of the study, once data was collected and recorded, the participant's Coopersmith Inventories (Coopersmith, 1981) were shredded by a professional shredding company. No names or identifying information were used in the results or data of the study.

Rating of the Coopersmith Inventories

The Coopersmith Inventory School Form (Coopersmith, 1981, Appendix D) is used to measure an individual's level of self-esteem. The Coopersmith Inventories consist of an adult form, school form, and school short form. The school form is for children aged 8-15, and was the inventory used for this study. There are 58 statements on the form with the option of selecting "like me" or "not like me", with a lie-scale built into the questions. This lie-scale is designed to measure a student's defensiveness. The score can be used as either a total out of a possible 100 points or, if desired separate scores for four subscales. These subscales include the General Self, Social Self-Peers, Home-Parents, and School-Academic. These subscales "allow for variances in perceptions of self-esteem in different areas of experience" (Coopersmith, 1981, p.2).

Coopersmith (1981) noted that there were “no exact criteria” for high, medium, or low levels of self-esteem and that the SEI should be used along with behavioral observations (p. 8). In the SEI however, higher scores correspond to high self-esteem. High scores on the lie scale questions indicate defensiveness, or that the examinee thought they understood the “intention” of the questionnaire and attempted to respond positively to all items. The means typically range from 70 to 80 with a standard deviation from 11 to 13.

When administered to over 600 students in grades 5, 9, and 12 in a rural school district, coefficients for reliability estimates indicated “adequate internal consistency for students in all three grades” (Coopersmith, 1981, p.12). Multiple other studies (as cited in Coopersmith, 1981) found similar reliability results among a variety of grade levels, sexes, ethnicities, and socioeconomic statuses.

CHAPTER IV

Results of the Study

The purpose for this pilot study was to examine the effects of art making on identity and esteem building in adolescents within the foster care system by developing an art therapy program and facilitating a six-week group series. This researcher anticipated that participants in the art therapy group would, through the making and processing of art in a group setting, develop a stronger sense of identity, improve self-esteem, and bolster resiliency. These improvements would be shown through the self-report data, comparing the Coopersmith Inventory School Forms (Coopersmith, 1981) completed prior to group participation and after. Participants in the study were anticipated to rate themselves higher on self-esteem, confidence, satisfaction, and perception of worth.

This study took a somewhat unexpected turn, due to client histories that were undisclosed to the researcher during intake. Of three participants, one did not come to the first two sessions and was gently dismissed when she arrived for the third (mid-study). The other two participants had already disclosed significant trauma and established a group environment; the researcher did not find it appropriate or beneficial to any of the participants to introduce a new person three weeks in. After that third week, one of the remaining two participants lost her adoptive mother to a terminal illness and ended her involvement in the group. The third and final participant decided to stay and finish as a one-on-one client with the two facilitators. As this participant was the only one to complete the study, only her survey data will be discussed.

While Coopersmith (1981) pointed out that there are “no exact criteria for high, medium, and low levels of self-esteem”, high scores in the SEI correspond to high self-esteem (p. 8). Normative data was provided in the Coopersmith Inventory Manual (Coopersmith, 1981) though

it was recommended that local norms be developed by users. In a study by Kimball (as cited in Coopersmith, 1981, p.18), the SEI was administered to 7,593 public school children in grades 4 through 8 with a sample that was inclusive of all socioeconomic ranges with ethnic diversity. Data and derived percentiles from the study “showed a consistency of score values at a given percentile, regardless of the population considered” (p. 18). For the eighth grade scores, fitting the age and grade level of this study’s participants, a score of 44 registered in the tenth percentile while a 52 was in the twentieth. Comparatively, the participant for this study showed a score reflective of low self-esteem.

In the first self-report survey, this participant scored 48 points out of a total 100. The SEI subscale scores consisted of 11 out of 26 points for General Self, 5 out of 8 for Social Self-Peers, 5 out of 8 for Home-Parents, and 3 out of 8 for School-Academic. The Lie Scale is scored separately and out of a possible eight points, the participant scored two. A high Lie Scale score typically suggests defensiveness, or that the participant thought they understood the purpose of the survey and attempted to respond positively to all items.

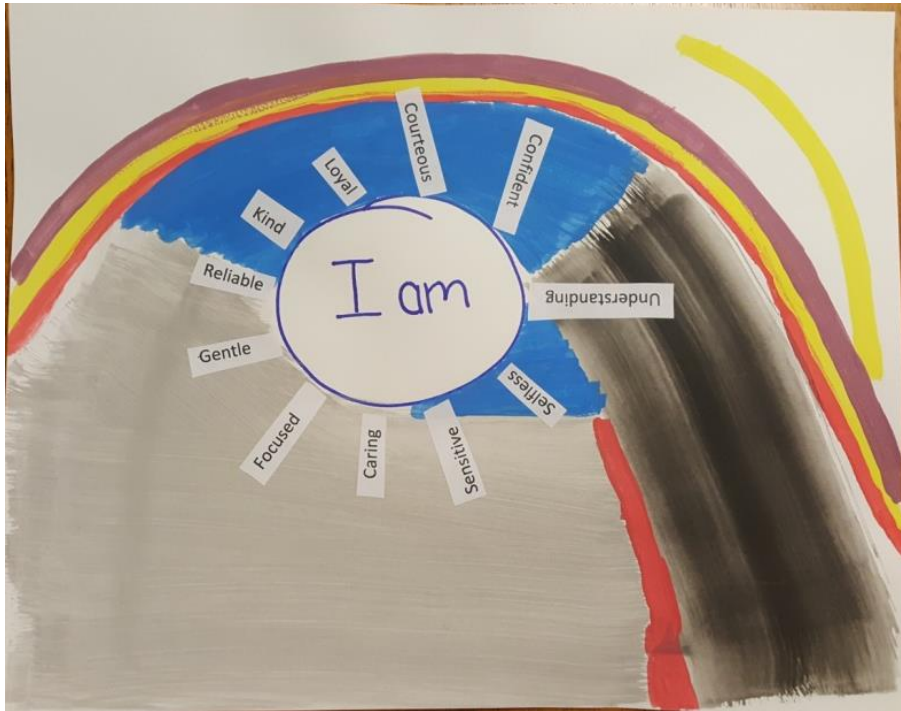
At the end of the six sessions, the client was given the SEI again. That survey reached a score of 74; 18 out of 26 in General Self, 5 out of 8 in Social-Peers, 8 out of 8 in Home-Parents, and 6 out of 8 in School-Academic. Again only two points were scored on the Lie Scale, and each of those questions was answered the same as before. This time, the participant was in the sixtieth percentile in relation to the normative scores.

Though the client was not able to participate in an art therapy group, she reported that she enjoyed the art-making process and that she would be working with an art therapist in addition to her new psychologist. The client was able to express “dark emotions” and talk about her trauma in each of her artworks (figures 1-5). New coping strategies were discussed, especially in relation

to the self-harm behaviors. The client reported that she especially enjoyed mandalas and was planning to use them in the future. Following is a description and brief discussion of some of the client's artwork from the study.

Client Artwork

Figure 1. I am.



Participant was asked to paint a background image around the "I am" in the circle, then select positive attribute words that she felt described her. During processing, the client stated that the grey, black, and red areas represented the "dark stuff" inside while the red, yellow, and purple arch represented what she "showed on the outside". While processing the word "understanding", the client made her first disclosure of sexual abuse.

Figure 2. Mask.



The participant was asked to create a mask representative of what she felt she showed outwardly vs. what she kept on the inside. Materials offered were paints, markers, collage, glitter, feathers, leaves, rocks, and sequins. The participant reported her mask did represent her well during processing, stating that she tried to be “happy and okay” on the outside because she “didn’t want to bother others or bring them down”. The inside of the mask she painted black, and did not talk about it during processing.

Figure 3. Free Drawing.



The participant was allowed to choose from a variety of materials and papers. She chose chalk pastels. This was the drawing done after a long discussion about her self-harm and safety. The client began by using a red pastel to make lines or slashes across the whole paper, then added multiple colors and covered them up completely. She used her fingers to blend and scrub the colors together, working for almost an hour. During processing, the client was asked about the red lines. She raised her eyebrows and stated she hadn't even realized she'd made them. The client said she added "bright colors" over the top and enjoyed the physical process of blending them with her hands. While discussing self-harm, the client stated that self-harm was not working as a coping mechanism and she typically felt worse after engaging in the behavior. She expressed feelings of guilt and shame over the behavior, but talked about positive supports within her family.

Figure 4. The Unique Me.



During this exercise the client was asked to create a mandala. During processing she was asked to give it a title, and she chose “The Unique Me”. The participant stated she enjoyed the process and wanted to do it again. She also stated the center of the mandala represented herself.

Figure 5. Brightness.



During this session, all previous artworks were hung on the wall together and processed. The client was given a choice from a large variety of materials and asked to create a piece of art in response. She chose to paint this image and titled it “Brightness”. During processing, the client stated she liked the bright colors and the process of sweeping the paintbrush back and forth while making it. During this session, the client expressed that she was both excited and nervous about going to see a psychologist in two days and stated that she had been diagnosed with depression. The client stated that she felt “good” about this and was encouraged by the facilitators to be open about her self-harm behaviors so that her treatment team could help her. The participant’s affect was upbeat and positive throughout the session. She also stated that there was an art therapist on staff at the clinic where her new psychologist worked, and that she’d requested to work with them.

CHAPTER V

Discussion

The participant that completed the study disclosed sexual abuse, family trauma, parental loss, and self-harm during the study. As discussed previously, Hawton et al. (2002) recognized a connection between low self-esteem and self-harm. As in Morris's (2007) study, the participant in this group expressed feelings of being let down by the system, a troubled past and inconsistent home life, and suicidal ideation. During the first meeting, the participant took the Coopersmith survey and scored 48 points- significantly lower than the normative range. In the following sessions, the participant explored feelings associated with these traumas through collage, mask making, painting, drawing, and verbal processing. Due to unexpected changes in participants, as well as the disclosed issues from the participant, the facilitators changed and adapted the planned art directives to better serve the needs of the participant.

Much like Arrington (2007) discussed, the participant in this study was an expert in camouflaging her true emotional state. She consistently presented with a happy, lighthearted affect. She entered the space smiling each week and chatted easily about subjects she enjoyed learning in school. Even in her first disclosure to facilitators, she smiled, waved her hand lightly, and said she "had been molested and stuff". During sessions, she often stated she "didn't want to bother anyone else" so she rarely told her friends when she was feeling sad or upset. She also said that she rarely showed people she was anything but happy and "okay" because she "didn't want to bring them down". However, during art making she was quiet, focused, and deeply engaged in the process. When processing her art, she was able to discuss what she called "the dark stuff", such as depression, self-harm, and anxiety.

While Moon (2012) stated that adolescents are typically resistant to art therapy and this participant was not, he also stated that art therapy must engage the senses when working with adolescents. In almost every session the client chose to blend chalk pastels with her hands. Once she even chose to paint her entire hand. While she did, she said it “felt good” and “was relaxing”. Through processing her artwork, the client was able to rate her emotional state before and after self-harm behavior and compare it to her emotions before and after creating art. The client was also able to reflect on positive aspects of her character and recognize several strengths.

The participant did have an individual therapist she had been working with for several years, though claimed they had never talked about the self-harm which had started a year prior. After disclosing the self-harm, and after her guardians reported that it was current, referrals were made and safety was discussed thoroughly with the participant, the facilitators, and the participant’s guardians. The participant was taken for psychological assessment by her guardians during week five of the study. At the conclusion of the study, the participant had been formally diagnosed with depression but was looking forward to working with a new psychologist. She reported that she was feeling “better” about her future.

Limitations

Great limitations were experienced in the selection of participants for this study. The researcher was limited to who responded and volunteered: of three, only one completed the study. During an intake interview, the study participant and her guardians did not disclose current self-harm behaviors, sexual abuse history, and recent trauma. However, she did disclose it through her artwork during the study. The sample size for this study was extremely limited, due to accessibility and potential participants being unwilling or unable to participate. For this study, participants were reached and solicited through their social workers and a local foster care

association. Given the social worker's positions of authority there was potential for a client to feel pressured to participate, lowering the "voluntariness" of the study. The population could be a challenge as well; as mentioned previously, adolescents are often resistant to counseling. Foster youth, in particular, may struggle with trust, attachment, and vulnerability further hindering the therapeutic process. This six-week study may not have allowed enough time for a therapeutic relationship to develop, and clients may not have experienced the full range of benefit from participating.

Recommendations

Recommendations for future studies would include a more longitudinal approach, as well as different approaches to gaining volunteers for groups. Due to the lack of data on art therapy groups with foster children, this researcher would be interested in more studies with the population. There are hundreds of population sub-groups with specific experiences, each contributing to that individual's needs. Further studies with younger age groups, adults who aged out of the foster care system, and those adopted from the system would be beneficial additions to the field of professional, peer reviewed literature and research. Focused studies on specific cultures and situations would be of interest as well - such as children who were born being drug-addicted and placed in care, children who had been physically abused, children placed with relatives, sibling groups, and children who had been reunified with their biological families only to be removed again. Many foster children have been removed from foster homes after suffering additional abuse or neglect, and placed in alternate homes before adoption or reunification. Suggestions for further research studies would be examining coping skills, depression, effects on future behaviors, anxiety, cognitive reframing of traumatic memories, and family work. Future

groups could also seek to help sexual abuse survivors, as well as continue work in self-esteem and identity.

Conclusion

This researcher believes that adolescents across cultures and economic levels in the foster care system need and will benefit from engaging in art therapy. Despite overwhelming trauma and current self-harming behaviors, the participant in this study did score herself higher on the self-esteem survey at the end of the six weeks. This researcher believes that exploring trauma through artwork provides a safer, less threatening space for adolescent clients than talk therapy alone. Art therapy is perfectly suited to the needs of adolescents and its organic nature gives the flexibility and versatility needed in trauma work. Further studies are needed to further validate art therapy and to add valuable data to the field of research with this population. It is hoped that this research could initiate an awareness of the importance of art therapy programs through the Department of Child and Family Services for foster youths. These programs could have the potential to reduce the statistics involving foster youths and risky, damaging behaviors.

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Appendix A

Assent Form

About the study.

The Expressive Arts Workshop is a pilot research study that will use group participation and the process of making art to explore inner feelings, thoughts, and ideas. The purpose of this group is to research the benefits of art therapy with foster adolescents. Group meetings will take place once a week for six weeks. Participants will be asked to complete the Coopersmith Self-Esteem Inventory School Form pre- and post-study.

Participation.

Group members should be aware that their regular attendance and participation are essential to the group's success, as well as their own level of growth throughout the group. While a commitment to the six-week group session is ideal, group attendance is on a voluntary, at-will basis and members have the right to withdraw from the study at any time without any consequence.

Group members will be expected to respect the guidelines of the host facility. Group members will be expected to respect others as well as the property of the host facility. Specific group rules will be discussed and decided upon by group members during the first meeting.

Confidentiality.

Confidentiality is a requirement for participation. Group members may not share or discuss other member's experiences, stories, or artwork outside of the group session. If a group member breaks the confidentiality of the group, he or she will be asked to withdraw from participating in future sessions.

Artwork belongs to the creator and he or she has the sole discretion as to what is done with it upon completion of the study. During the six-week series, all artwork will be kept in a locked cabinet in a locked office on site. If participant gives permission, it will be photographed by the researcher and the images stored on an encrypted thumb drive for possible inclusion in study results for a period of five years. The thumb drive will also be stored in the locked art cabinet. Any identifying information will be blocked or removed before use. Only the researcher and her supervisor will have access to artwork and storage drive.

This study seeks to examine the benefits of art therapy with adolescents in the foster care system. Data will be collected via self-report surveys. These surveys will be stored in a locked cabinet in a locked office on-site for the duration of the study. At the conclusion of the study, surveys will be scanned to an electronic file and stored on an encrypted thumb drive. Hard copies will be destroyed.

There are several limits to confidentiality. Both group facilitators are mandatory reporters and have a legal obligation to inform the appropriate authorities should issues of abuse, intent to self-harm, or intent to harm others be expressed. Should a member have any suicidal or homicidal intent, 911 will be notified immediately.

Risks and benefits of participation.

Participation in this study holds some potential benefits as well as risks. Group members may gain valuable insights and develop coping skills through art making. Group members may develop a sense of community through a shared background and experience. Group members may learn therapeutic art techniques, as well as different art media. In a therapeutic setting however, art and the process of making art can often trigger strong emotions and memories a

participant may not be aware of. Hearing another member's experiences can also trigger deep feelings and may have an emotional impact on participants of this group. All group members and their guardians should be aware of the potential triggers of participating in an expressive arts group. Participation is not mandatory and members have the right to share only what they feel comfortable with. A registered art therapist will be available on-site to help participants address any issues that may arise.

Facilitators.

The Expressive Arts Workshop will be facilitated by Chelsey Gutierrez, a graduate student in the Master of Art Therapy program at St. Mary-of-the-Woods College. She will be supervised and work in partnership with Carolyn Ripper, a registered Art Therapist. This study was approved by the Internal Review Board of St. Mary-of-the-Woods College on May 30th, 2016.

I, _____, have read the above statements and agree to follow the rules and guidelines of the Expressive Arts Workshop. I understand emotions and feelings may be triggered by my participation in this group. I understand my participation is voluntary and that I may withdraw at any time, but that my attendance and participation are important not only to me but other group members for the duration of the six-week series. I understand that the facilitators of this group are available for my support and encouragement as I participate. I give permission for my artwork to be photographed and included in the final research. _____ I have received a copy of this form for my records. _____

Signature _____ Print name _____
Date _____

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Appendix B

Consent Form

About the study.

The Expressive Arts Workshop is a pilot research study that will use group participation and the process of making art to explore inner feelings, thoughts, and ideas. The purpose of this group is to research the benefits of art therapy with foster adolescents. Group meetings will take place once a week for six weeks. Participants will be asked to complete the Coopersmith Self-Esteem Inventory School Form pre- and post-study.

Participation.

Group members should be aware that their regular attendance and participation are essential to the group's success, as well as their own level of growth throughout the group. While a commitment to the six-week group session is ideal, group attendance is on a voluntary, at-will basis and members have the right to withdraw from the study at any time without any consequence.

Group members will be expected to respect the guidelines of the host facility. Group members will be expected to respect others as well as the property of the host facility. Specific group rules will be discussed and decided upon by group members during the first meeting.

Confidentiality.

Confidentiality is a requirement for participation. Group members may not share or discuss other member's experiences, stories, or artwork outside of the group session. If a group member breaks the confidentiality of the group, he or she will be asked to withdraw from participating in future sessions.

Artwork belongs to the creator and he or she has the sole discretion as to what is done with it upon completion of the study. During the six-week series, all artwork will be kept in a locked cabinet in a locked office on site. It will be photographed by the researcher and the images stored on an encrypted thumb drive for possible inclusion in study results. The thumb drive will also be stored in the locked art cabinet. Any identifying information will be blocked or removed before use. Only the researcher and her supervisor will have access to artwork and storage drive.

This study seeks to examine the benefits of art therapy with adolescents in the foster care system. Data will be collected via self-report surveys. These surveys will be stored in a locked cabinet in a locked office on-site for the duration of the study. At the conclusion of the study, surveys will be scanned to an electronic file and stored on an encrypted thumb drive for a period of five years, to be used for educational purposes. Hard copies will be destroyed. There are several limits to confidentiality. Both group facilitators are mandatory reporters and have a legal obligation to inform the appropriate authorities should issues of abuse, intent to self-harm, or intent to harm others be expressed. Should a member have any suicidal or homicidal intent, 911 will be notified immediately.

Risks and benefits of participation.

Participation in this study holds some potential benefits as well as risks. Group members may gain valuable insights and develop coping skills through art making. Group members may develop a sense of community through a shared background and experience. Group members may learn therapeutic art techniques, as well as different art media. In a therapeutic setting however, art and the process of making art can often trigger strong emotions and memories a participant may not be aware of. Hearing another member's experiences can also trigger deep feelings and may have an emotional impact on participants of this group. All group members and

their guardians should be aware of the potential triggers of participating in an expressive arts group. Participation is not mandatory and members have the right to share only what they feel comfortable with. A registered art therapist will be available on-site to help participants address any issues that may arise.

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The Expressive Arts Workshop will be facilitated by Chelsey Gutierrez, a graduate student in the Master of Art Therapy program at St. Mary-of-the-Woods College. She will be supervised and work in partnership with Carolyn Ripper, a registered Art Therapist. This study has been approved by the Internal Review Board of St. Mary-of-the-Woods College on May 30th, 2016.

I, _____, have read the above statements and give my consent for _____ to participate in this research study. I understand emotions and feelings may be triggered by participation in this group. I understand participation is voluntary and that the participant may withdraw at any time, but that their attendance and participation are important not only to them but other group members for the duration of the six-week series. I understand that the facilitators of this group are available for their support and encouragement as they participate.

I give permission for my child's artwork to be photographed and included in the final research. I have received a copy of this form for my records. _____

Signature _____ Print name _____
Date _____

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Appendix C

Informational Flier



[Expressive Arts Workshop Study](#)

Art and the process of making it can provide us insight and help us clarify our ideas when thoughts and feelings can get confused, or hard to articulate. Art can provide an outlet for expressing these feelings and ideas in a new and enlightening way. Working within a group setting builds relationships and a sense of community. It provides opportunities for group members to reflect on what they have in common with each other, and to support each other's strengths.

This is a research study on art therapy with foster youth. It has been approved by the Internal Review Board at St. Mary-of-the-Woods College. The six-week study group will focus on exploring themes of self-esteem and identity through the art making process. Names and identifying information of participants will be strictly confidential and not included in the study report. For more information and to join the study, please contact the researcher.

[Members](#)

This study is open to any teen, aged 13-17, who is or has been in the foster care system.

[Meetings](#)

Saturdays, from September 3rdth through October 8thst, from 10:00 to 11:30 am.

[Cost](#)

Free

[Registration](#)

Please contact Chelsey Gutierrez, SMWC Art Therapy Graduate Student to reserve your spot!

Email: cgutierrez@smwc.edu

Appendix D

For use by Chelsey Gutierrez only, Received from Mind Garden, Inc. on April 25, 2016.

Coopersmith Inventory School Form

Stanley Coopersmith, Ph.D.

Sample

Name _____ Age _____
School _____ Gender Male _____ Female _____
Grade _____ Date _____

Directions

On the next pages, you will find a list of statements about feelings. If a statement describes how you usually feel, put an X in the column "Like Me." If the statement does not describe how you usually feel, put an X in the column "Unlike Me." There are no right or wrong answers.

Published by Mind Garden, Inc.
www.mindgarden.com

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Appendix E

Art Directives

Week one: group introduction.

Materials. This directive uses a sheet of 11x14 paper, markers, colored pencils, magazines, scissors, and tape.

Directions. Participants will be asked to introduce themselves to other group members in this art activity. Group members will be asked to fold their sheet of paper in half, designating one side to “things I like” and the other to “things I dislike”. Participants will then be instructed to select “some” images from the magazines to collage into both sections, as a way to introduce themselves to each other. Group members may also choose to use the other supplies to draw or write on their paper as well. When the collages are finished, participants will share them with the group.

Week two: I am collage.

Materials. Watercolor paper, watercolors, paintbrushes, glue sticks, printed and cut characteristic words (both positive and negative), permanent pens.

Directions. Clients will be led in a discussion about character qualities and personality traits. Clients will first be asked to write “I am” on their paper, then create a water color painting that they feel describes them, either in shape, color, or form. After approximately 30 minutes, clients will be asked to look through the descriptive words provided by the facilitators. They may choose as many as they would like. Members will then be asked to use the glue sticks to adhere the words they chose to their watercolor painting, or to use a pen to write the words in. Each member will then have an opportunity to share their work, as well as the words they chose.

Week three: mask making.

Materials. Mask forms, collage materials, paint, markers, pens, glue, mod-podge.

Directions. Group members will be led in a discussion about self-image. Discussion will include themes of inner or private self, as well as projected self. Group members will be asked to create a mask that represents how they project themselves to others (or how they think others view them) on the outer side of the mask. On the inside of the mask, group members will be encouraged to represent their “inner” self, or the self they feel they hide from others. During group processing time, group members will be encouraged to share their masks.

Week four: free drawings.

Materials. Various sizes and colors of paper, collage materials, markers, pens, pastels, acrylic paint and paintbrushes.

Directions. Group members will be invited to create a free drawing, in response to discussion about self-harm behaviors disclosed the week before. Participants may choose from any art materials available at the site. Processing will include colors, a scaling exercise, and observations by the facilitators. Facilitators will ask the participants to reflect on their image and their feelings about it, as well as their process as they made it.

Week five: mandalas.

Materials. 12x12 white paper with a circle drawn in the center, pastels, markers.

Directions. Group members will be led in a discussion about mandalas and mindfulness. Participants will be invited to choose materials and colors and to work quietly on their mandala for about 45 minutes with soft music playing. During the last 15 minutes of the session, the mandalas will be hung on the wall and processed. Processing questions will include feelings associated with the mandala, and the participant’s experience of the art making process.

Week six: reflection and processing of previous artworks, free drawing.

Materials. Participant's artworks from the previous 5 sessions, paper, collage materials, markers, acrylic paint, paintbrushes, pastels.

Directions. Participants will be asked to hang their own artwork on the wall, arranged in order from weeks 1-5. Approximately 30-45 minutes will be spent reflecting on and processing these artworks, looking at them individually and as a group. Group members will then be invited to select the art materials they want to work with to do a response piece. This piece will be discussed during the last 20 minutes of the session. Positive affirmations will be part of the discussion, as well as a group closing and termination of the study. After the session, the participants will be again asked to fill out the Coopersmith School Inventory (Coopersmith, 1981.)