

The Role of the Art Therapist in Serving the Foster Child's Relationships

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ABSTRACT

Foster children represent a proportion of youth in need of mental health care, however, there are few therapeutic interventions designed specifically to address mental health issues faced by foster children and their foster families. A review of the literature suggests that the relationship between a foster child and their foster parent(s) provides a stabilizing force for the foster child as they navigate mental health challenges and should be strengthened by the art therapists and other mental health professionals they work with. This research sought to answer the question, What is the role of art therapists in serving foster children and their foster families? Utilizing a survey to glean information from current art therapists across the United States, this study assesses how art therapists currently work with this population and provides a snapshot of these professional's perspectives of the foster care system and role satisfaction of the art therapist within this system. The data from these surveys was coded and emergent themes were identified. The data suggests that art therapists currently working with this population may be at least moderately dissatisfied with their role as participants were able to identify many barriers to working with this population. These findings suggest art therapists working with this population may experience higher levels of burnout than those working with other populations. The data also suggests that art therapists have an opinion about how they would like their working role with this population to change. Future research should seek to better define the art therapist's role within the foster care system, how art therapists can best protect themselves from burnout and how art therapy can better serve children in the foster care system and support the foster parents that provide care for this vulnerable group.

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CHAPTER I

Introduction

Foster children represent a vulnerable population who may benefit from engagement in high quality mental health services and support as they process the transition into out of home care. There are limited therapeutic resources that target the specific needs of foster children and their foster parents (Rymph, 2018). There is a direct correlation between the quality of the relationship between a foster child and their foster parent and the development of that child into a successful adult (Heineman & Ehrensaft, 2006). Children entering the foster care system might have experienced trauma before or upon entering care, and may demonstrate insecure patterns of attachment, which could lead to difficulty coping in a foster placement (Malloy, 2017). Difficulties in establishing a high-quality relationship between the foster child and foster parent may lead to a disruption in placement, and research indicates that disruptions in placement contribute to a lower level of functioning for the foster child (Craven & Lee, 2006; McDonald & Walker, 2012; Ponciano, 2010).. The quality of the relationship between a foster child and their foster parents can be enhanced by participation in family art therapy sessions, however, many barriers to treatment exist. Policies and laws set to protect the foster child can serve to prevent the child from receiving high quality treatment (Rymph, 2018). Furthermore, the foster care system is characterized by a firm and demanding structure that causes burn out and alienation of mental health professionals who work within its system (Heineman & Ehrensaft, 2006; Rymph, 2018).

Research Question:

Are art therapists satisfied with their role in serving the foster child-foster parent relationship and do they experience higher levels of work dissatisfaction and burnout than art therapists working with other populations?

Basic Assumptions:

Children entering the foster care system may have been exposed to traumatic experiences before or during placement, have difficulty attaching to foster parents, and may exhibit difficult behaviors during placement. Additionally, foster parents may not be properly trained on how trauma can affect the behaviors of the foster child and stress and limited therapeutic resources may contribute to the breakdown of a foster placement. Art therapy techniques offer a more comfortable mode of expression for the foster child, as children often lack the verbal skills to communicate clearly and concisely with adults (Betts, 2006; Purdy & True, 2012). Art therapy offers flexibility and creativity, allowing the foster child and foster parent the tools to interact with one another in a more comfortable and playful manner, which can reduce anxiety for both the foster child and foster parent. The role of the art therapist in supporting the foster child-foster parent relation may be very limited by the strict policies of the foster care system (Malloy, 2017). Working within the strict confines of the foster care system may contribute to work dissatisfaction and burnout in art therapists and mental health professionals serving this population.

Statement of Purpose:

This study sought to define the role of the art therapist in serving the foster child-foster parent relationship.

Definition of Terms:

Art therapy. According to the American Art Therapy Association (2017), “art therapy is an integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship.”

Attachment. Attachment refers to the psychological connection that is built between a child and their caregiver and is described in detail by the developmental theorist John Bowlby (Bowlby, 1988).

Foster Care. Foster care programs in the united states help to “provide safe and stable out-of-home care for children until the children are safely returned home, placed permanently with adoptive families or placed in other planned arrangements for permanency” according to the Children’s Bureau (2012).

Justification of the Study:

There are limited resources made available to foster children and their foster families and very few of them are specific to the field of art therapy. There is great potential for art therapists to make a positive impact on the foster child-foster parent relationship, however, due to the limitations placed on mental health professionals by the foster care system the art therapist’s role is restricted (Heineman & Ehrensaft, 2006; Malloy, 2017). These limitations on the art therapist may result in work dissatisfaction and higher levels of burnout in art therapists serving the foster care population than those serving other populations.

CHAPTER II

Literature Review

A review of the literature outlines important factors affecting foster child outcomes and suggests art therapy as an effective mode of treatment to aid in the normal development of a child in the foster care system (Betts, 2006; Henley, 2005; Krikorian, 2008; Stone, Markham & Wilhelm, 2013). Factors include the importance of healthy attachment to a caregiver and normal development for the foster child, the possibility of pre and post placement trauma and behavioral difficulties that may threaten healthy attachment between a foster child and their foster parent, the importance of communication in the foster child-foster parent relationship and the role of psychoeducation, training and support in strengthening the relationship. The literature also suggests that the policies upheld by the foster care system may negatively affect foster child outcomes by placing unrealistic expectations on all parties involved thus creating tension and ambivalence between members of the foster child's treatment team (Heineman & Ehrensaft, 2006; Malloy, 2017; Rymph, 2018). The treatment team may include foster parents, judges, social workers, case managers and art therapists. Foster parents, who are responsible for providing the most consistent care for the child, face barriers and challenges to providing adequate care based on regulations which are imposed by the foster care system, challenging behaviors, inadequate support and training, difficulty navigating relationships with biological parents and the mixed messages they may receive about their role as surrogate parent to the foster child. These tensions may contribute to role confusion and burnout in the art therapist, who plays an important role in the normal development of the foster child and works to strengthen and uphold the foster child-foster parent relationship (Heineman & Ehrensaft, 2006; Malloy, 2017).

Attachment and Normal Development

Children in foster care may demonstrate insecure patterns of attachment with their biological parents which suggests that forming and maintaining a healthy relationship with a foster parent will be a difficult task (Ponciano, 2010). The literature points out that attachment patterns correlate with normal healthy development in a child (Bîrneanu, 2014; Bowlby, 1988; and Henley, 2005). Consistent relationships promote a healthy and secure base for foster children so that they may have the capacity for reflection on their own emotions or past trauma, in addition to reflecting on interpersonal relationships around them (Heineman & Ehrensaft, 2006). Secure attachments can successfully be constructed between foster children and foster parents, and it is in the best interest of the foster child to avoid placement disruption during their time in foster care (Ponciano, 2010). Therefore, mental health interventions should seek to support healthy patterns of attachment and communication between the foster parent and foster child. Maternal attunement and attachment, as well as the storage of traumatic events, involves the right hemisphere of the brain which is the hemisphere that is often engaged most frequently during art therapy, suggesting that art therapy may help support healthy patterns of attachment (Chapman, 2014; and Malloy, 2017).

Attachment security and placement stability in foster children. Adopted children with a history of maltreatment and attachment difficulties have been found to exhibit higher numbers of emotional disturbances and difficulties with interpersonal relationships (Betts, 2006). In addition, a study conducted by Akin, Bryson, McDonald & Walker (2012) suggests that there is a direct correlation between children's mental health issues and child welfare outcomes. They found that children's mental health issues were predictive of the child's stay in long-term foster care and determined that interventions should target children with severe emotional disturbances.

Additionally, current child welfare system practices were found to, in some cases, negatively impact permanency for children with serious mental health concerns, suggesting that there is a need for additional supports and interventions for this vulnerable population (Akin, Bryson, McDonald & Walker, 2012). In another study, it was found that foster care can facilitate disrupted attachments, and the number of disrupted placements was directly related to the level of hostility displayed by the foster child (Craven & Lee, 2006). Foster families often received mixed messages about their role in the life of the foster child, to provide nurturing care, as they would for a biological child, but to remember that the child is not their own and cannot be parented with the same standards as the families' biological children. Furthermore, difficulty establishing a relationship with the foster child's biological parents may contribute to ambivalence and serve as a barrier to foster parents as they seek to clarify their role (Geiger, Hayes & Leitz, 2014). In the aforementioned study, the concerns and preconceived notions which act as barriers to attachment between foster families and adolescent foster children, were identified. In this study they determined that foster parents were concerned about birth order and maintaining balance in the home, and that foster parents were often concerned about how difficult behaviors exhibited by new foster children might serve as a bad example for children already in the home (Geiger, Hayes & Leitz, 2014). Foster parents also reported feeling stressed when external factors, such as unexpected life changes or illness, affected their ability to meet the needs of the foster child and the demands of the foster care agency.

Pre and post placement trauma. Children who are in the foster care system experience trauma, when removed from their family of origin, and may have been exposed to trauma prior to placement (Malloy, 2017). It has been found that prolonged stress caused by patterns of violence, negligence or abuse alters a child's neurochemical balance, suggesting that children

entering the foster care system have a neurochemical imbalance (Chapman, 2014). Children who have experienced trauma may have serious emotional disturbances and other barriers to normal development, and many children in the foster care system display symptoms of Post-Traumatic Stress Disorder (PTSD), or manifestations of unacknowledged trauma such as depression or hyperactivity and impulsivity (Craven & Lee, 2006). Research reveals that children exiting the foster care system are at a higher risk to develop health problems, when compared to their peers, and there is a relationship between their Adverse Childhood Experiences (ACE) score and their risk to develop health problems (Rebbe, Nurius, Courtney & Ahrens, 2018). Their traumatic experiences may be perceived as normal by the child, and therefore suggest that the foster child may be reluctant to participate in healing experiences and relationships (Ierardi, Bottos & O'Brien, 2007). Furthermore, Coholic, Lougheed and Cadell (2009) found that children who have experienced trauma are reluctant to participate in activities that require them to talk about their traumatic experiences and determined that experiential arts-based methods assisted foster children in exploring their identities and improving self-esteem.

Behavioral difficulties. Foster children are often stressed by the challenge of coping with adjusting to a new family environment and unsecure attachment patterns contribute to the manifestation of this stress in the outburst of problem behaviors in the foster home (Salas, Fuentes, Bernedo, & García-Martín, 2013). In addition, it has been found that there is a high prevalence of mental health problems among children in the foster care system (Craven & Lee, 2006). Foster children's problem behaviors, coupled with a foster parent's inability to manage outbursts, contribute to placement instability (Heineman & Ehrensaft, 2006). Interventions that target attachment between foster children and their foster parents have been found to positively impact children's behavioral issues and may positively impact their social and emotional

functioning (Kerr & Cossar, 2014). Studies have also determined that problem behaviors are predictable (Salas, Fuentes, Bernedo, & García-Martín, 2013), suggesting that placement disruptions can be avoided with proper preventative supports and interventions for the foster child and foster parent.

The Foster Child-Foster Parent Relationship

In supporting the foster child child-foster parent relationship, foster parents must be adequately trained and supported to perform their function in the relationship well. Literature on the topics of proper training and community and professional supports as well as the importance of psychoeducation for the foster parent is reviewed.

Training and support. Research suggests that the foster child-foster parent relationship can be strengthened by providing adequate training and resources to the foster parent, in addition to interventions. In one study conducted in the Netherlands, the foster child-foster parent relationship was improved through a program that optimized emotional availability, parenting skills and confidence of the foster parent which helped the foster child feel more secure (Van AnDEL, Grietens & Knorth, 2012). This study also determined that the level of stress experienced by the foster parent affected their perception of the magnitude of the problem behaviors exhibited, which could affect placement stability. They also found that a rigid and authoritarian parenting style and rejection of the foster child by the foster parent contributed to the manifestation of problem behaviors in the foster child, suggesting that the quality of emotional attachment in the foster child-foster parent relationship affects the degree of problem behaviors being manifested. Additionally, foster parents often feel inadequately supported by mental health professionals and social work organizations (Geiger, Hayes & Leitz, 2014; Heineman & Ehrensaft, 2006; and Malloy, 2017).

Psychoeducation. Foster parents lack confidence in coping with the problem behaviors exhibited by their foster children, which are often connected to traumatic experiences associated with removal from their families of origin. Utilization of a psychoeducation training program to educate foster parents in counseling skills was found to increase mental health awareness (Mosuro, Malcolm & Guishard-Pine, 2014). Van Der Kolk (2015) states that “competence is the best defense against the helplessness of trauma” suggesting psychoeducation may be beneficial not only to the foster children who have experienced a potential multitude of traumatic events, but their caregivers as well. In addition, it is important for all members of the treatment team to be fully aware of the treatment goals of the foster child to improve the delivery of services (Malloy, 2018). It is not uncommon for the foster child and foster parent to experience a constantly revolving team of social workers, case managers and mental health professionals, making it difficult to maintain continuity of treatment for the foster child which may be developed by the art therapist (Heineman & Ehrensaft, 2006).

Communication

Difficulties in communication between the foster child and foster parent may threaten the quality of the foster child-foster parent relationship. Difficulties may arise as communication patterns between foster children and their foster parents are further complicated by strained communication with the foster child's biological parent(s) during the permanency planning process (Galvin, & Colaner, 2014). Foster families report that establishing a working relationship with biological parents of foster placements is difficult (Geiger, Hayes & Leitz, 2014). Non-verbal communication plays a crucial role in the parent-child relationship, however, there are few interventions that seek to improve this element (Colegrove & Havighurst, 2016). It was found that there are many non-verbal measures utilized in assessment techniques, but very few

that incorporate them into a mental health intervention. Art expression and non-verbal communication can serve as the primary mode of communication between a parent and child, as demonstrated in the art therapy parent-child dyad groups run by Proulx (2002). Communication between the parent and child was strengthened by recreating early developmental relationship tasks, symbolically, through art making in these groups (Proulx, 2002), suggesting that attachment may be repaired within the context of art therapy sessions. Finally, there are implications that art therapy may be combined with a psychoeducation program to increase communication skills, thereby improving the quality of the foster child-foster parent relationship (Yildiz, & Duy, 2013).

Treatment

The literature focusing on how art therapy may be used in treating the concerns of children in foster care is reviewed.

Art therapy. Art therapy offers many benefits to foster children and their foster parent(s), such as providing a non-verbal and less threatening mode of communication through which to explore trauma (Betts, 2006). In addition, individuals with histories of trauma may feel disempowered due to past situations in which resistance or escape was impossible, and art therapy offers empowerment (Ierardi, Bottos & O'Brien, 2007; and Chapman, 2014). Art therapy has been determined to have positive effects on children in treatment foster care, according to an unpublished thesis study (Krikorian, 2008). Affect regulation may be positively impacted through empathically attuned art therapy interventions (Franklin, 2010). Art therapy may be a useful tool in assisting children properly identify emotions, as suggested in a pilot study conducted with children with Autism Spectrum Disorder (ASD) and the Build A Face directive (Richard, More & Joy, 2015). Art therapy has been readily applied to assessment techniques of

the parent-child relationship and can illuminate aspects of the parent-child relationship that may not be easily defined verbally (Gavron, 2013; and Rubin, 1994). Communication in the foster child-foster parent relationship may be improved using art therapy and expressive techniques, and this treatment mode can effectively be used to assist in integration of the family (Henley, 2005). Art therapy is a problem solving process, which can be used to externalized inner trauma while promoting conflict resolution and communication (Ierardi, Bottos & O'Brien, 2007). Use of expressive and experiential methods, such as drawing, combined with a child-centered interview techniques were effective in allowing children to verbalize their feelings so that adults could comprehend how the child felt (Purdy & True, 2012). Additionally, image-based tools that utilized drawings to promote emotional communication found that barriers present to verbal expression of emotions were overcome (Stone, Markham & Wilhelm, 2013). While art therapy may represent a uniquely effective form of treatment for the foster child and offers many benefits in improving the foster child-foster parent relationship, many barriers exist for art therapists who wish to work with this vulnerable population.

Limitations of the Foster Care System

Historically the foster care system has been underfunded and many foster parents are not given the resources needed to adequately care for the foster children in their care (Rymph, 2018). It continues to be underfunded, unable to provide the programs and services necessary to offer strong assistance to the biological parents of foster children who may be removed from their families. Circumstances for removal may include pervasive patterns of poverty, generational abuse, mental health issues and addiction (Rymph, 2018). The foster care system attempts to offer the most cost-effective solution to these pervasive maladaptive patterns through potential adoption of the child into a more functional family. There exists a clear bias for adoption, in the

wake of the Adoptions and Safe Families Act (ASFA) act of 1997, as states incentivize adoption over reunification by monetary compensation for adoptions (Malloy, 2017). In addition, the ASFA act allows a margin of subjectivity for judges as they determine whether biological parental rights will be terminated, mandating that birth parents become suitable caregivers using time-sensitive supportive services that may only be available for 15 months after a child is removed from the home (Malloy, 2017). These services are an unrealistic and rushed attempt to support birth parents who may be struggling with deeply ingrained and complicated patterns that may include abuse, addiction, trauma, poverty or external factors. Malloy (2017) points out that during the permanency planning process, the timeframe given to biological parents to become suitable caregivers is unrealistic, especially for biological parents suffering from mental health problems, who often have their parental rights terminated due to their pervasiveness of their struggle. The permanency planning process may be further complicated as many foster care services are underfunded which results in massive caseloads for social workers tasked with facilitating adequate care (Heineman & Ehrensaft, 2006).

The Role of the Art Therapist

Art therapists are master's level mental health professionals who may work with people of all ages presenting a broad spectrum of problems, are guided by set ethical standards and are prepared, through supervision and the education process, to work with a culturally diverse array of people across many settings (AATA, 2017). In most states, art therapists hold professional counseling licensure in addition to art therapy credentialing, placing them among the ranks of licensed professional counselors and other master's level mental health clinicians. As such, art therapists may work alongside social workers, psychiatrists and case workers on a foster child's treatment team. Art therapists may be contracted by a foster care agency to provide therapy for

foster children under their agency or they may receive the foster child as a referred client. Although the art therapist may not directly be involved in the permanency planning process, they may be implored by the court to provide assessments, testify, release records or even provide a recommendation regarding the child's placement (Malloy, 2017). The art therapist may provide therapy for the foster child individually or provide family therapy sessions for the foster child and their foster parent(s). The literature suggests that art therapists working with this specific population would benefit from developing skills in trauma-informed and attachment-based methodologies as well as being well informed regarding how child welfare policies affect the children in foster care that they may work with (Malloy, 2017). Art therapists can provide an effective mode of mental health treatment to children in foster care, by working within the context of images, metaphor and narrative, helping give these children a means to explore their trauma in a less-threatening context. The literature suggests a need for improved delivery of mental health services and improved supports for children in foster care and their foster families, which can be influenced by the art therapist. It is helpful to analyze ways in which the art therapist can best serve the foster child-foster parent relationship, as well as identify barriers to effective treatment by the art therapist.

Factors contributing to burnout in the art therapist. The art therapist may have limited information and a fragmented picture of what the foster child has been through, making it difficult to plan treatment (Heineman & Ehrensaft, 2006). While the art therapist may be helpful in preserving and protecting the foster child-foster parent relationship, they may feel helpless in the face of the ever-fluctuating team of social workers and case managers in charge of making "the best" decision for the foster child. This may also be compounded when art therapists, in conjunction with the foster care team, fail to break through the resistance present in the foster

child-foster parent relationship and the placement breaks down (Heineman & Ehrensaft, 2006). Disruptions in foster placements may result in foster children losing important relationships and supports and may result in the client being required to discontinue therapy abruptly.

The art therapist must be aware of ethical implications regarding permanency planning and their role in this in the foster child's life and be aware of their potential need to advocate for the client and their family (Malloy, 2017). In addition to addressing issues of attachment, trauma and interpersonal relationships, the art therapist must be aware of the necessity to create a safe holding place for the foster child. Building resilience in foster children requires adults to play a supporting rather than rescuing role, to help them gain control over their vision and to support them in reaching that goal (Van Der Kolk, 2015). With this in mind, the art therapist must be very self-aware, as working with children in foster care can involve attachment work which may result in strong feelings of parental transference and countertransference which may make disruptions in treatment even more difficult for both the foster child and the art therapist (Heineman & Ehrensaft, 2006). This powerful transference can leave the therapist questioning their role, oscillating between feelings of inadequacy and of being the child's "sole protector" (Heineman & Ehrensaft, 2006).

Art therapists often lack the supervision and guidance necessary to weather the storm of the lengthy permanency planning process, which can take years (Malloy, 2017). Additionally, the disturbing nature of the foster child's reasons for removal or current traumatic circumstances may result in art therapists and other mental health workers, such as social workers and case managers, to manage their subsequent anxieties in maladaptive ways (Heineman & Ehrensaft, 2006). As social workers and case managers charged with the coordination of care for foster children attempt to manage their own anxiety about the demands of the foster care system, they

may reflect those feelings onto the art therapist, further confusing the art therapist's role (Heineman & Ehrensaft, 2006). The art therapist may feel powerless in their role as advocate for the foster child when the social workers and case managers responsible for the foster child's care make, what appear to be, decisions that are not ultimately in the best interest of the child. This may occur because the foster care system often discourages social workers and case managers from attaching to the foster children they work with, potentially resulting in grandiose fantasies about "the perfect" placement (Heineman & Ehrensaft, 2006). The art therapist serves a challenging role for the foster children they work with as they work to create a sense of alignment and trust among the significant adults in the foster child's life (Malloy, 2017). Further insight into how to best serve this population can be obtained by surveying registered art therapists with experience working with this population. By collecting information about the experiences and opinions of these art therapists, barriers and expectations may be identified and the role of the art therapist in supporting the foster child-foster parent relationship may be clarified.

The literature reviewed how important attachment is within the foster child-foster parent relationship and revealed the problem of pre and post-placement trauma as a negative factor affecting the relationship. The literature also suggested that the relationship can be further protected by supporting and training the foster parent(s) further. Findings suggested that art therapy may be an effective mode of treatment in helping support the foster child-foster parent relationship. The policies enforced by the foster care system were also indicated as often being a negative factor affecting the relationship, which also affect the art therapist and the treatment team. Difficulties in operating within the foster child's treatment team can lead to potential

burnout and role confusion in the art therapist. The following chapter reviews the methodology of the research study.

CHAPTER III

Methodology

Introduction

This research study sought to define the role of the art therapist in edifying and serving the foster child-foster parent relationship and identifying how the art therapist's role should change in the future. The study utilized surveys with closed and open-ended questions to gather information about the art therapist's perception of and satisfaction with their role in working with this population and ways in which the art therapist would like their role to change in the future. Survey respondents were recruited from professional art therapy and mental health organizations. Information was gleaned from participant's responses using a thematic analysis to further illuminate the topic.

Participants

Current registered art therapists residing in the United States were considered ideal candidates. Art therapists who are not currently practicing art therapy, are retired or are not up to date on their art therapy registration were not considered. Art therapists who indicated that they have not worked with children in foster care or refused consent to participate in the research study were excluded. Invitation emails were sent to potential respondents, inviting them to complete the research survey, with a link to the research study embedded in the body of the email. Upon following the link to the study, respondents were provided with additional details regarding the study and were asked to provide informed consent prior to beginning.

Research Design

A cross-sectional survey research format was adopted for this study to assess the opinions and experiences of a relatively large participant pool that is dispersed across the United States.

Data was collected from a cross-section of art therapists meant to represent the population of currently active registered art therapists practicing within the United States. Participants were recruited from the membership roster of the American Art Therapy Association (AATA), the Art Therapy Credentialing Board (ATCB) and Psychology Today. Invitation emails were sent requesting the therapist's participation in the study with a link to the survey embedded in the email. Once the survey link was opened, interested participants were presented with a page containing informed consent information and a confidentiality notice. This page also informed respondents of the purpose, content, duration, risks and potential benefits of the study. Participants were informed of their right to not answer all questions or to discontinue the study at any time prior to beginning the survey. Upon providing an electronic consent, participants were able to continue with the survey, which they could complete in one sitting, or opt out entirely. The survey contained both closed and open-ended questions to elicit rich data that was then run through a thematic analysis to identify common themes.

Research Instruments

Qualitative data about the art therapist's experience of their role in supporting the foster child-foster parent relationship, as well as the art therapist's perception of the treatment needs of the population were gathered through a survey method. The survey contained both open and closed questions to probe the domains of role satisfaction, feelings of helplessness or burnout, experiences in working with children in foster care and frustration with working with the foster care system itself. A table with an overview of the domains, with survey questions can be found in Table 1.

Table 1:

Survey Questions

Survey Questions

1. Do you now, or have you ever, worked with children in foster care and their families?
 Yes No Prefer not to answer
2. How would you characterize the treatment needs of foster children and their families?
3. What is your perception of the art therapist's role in supporting the foster child-foster parent relationship?
4. Are you satisfied with the art therapist's role in supporting the foster child-foster parent relationship?
 Very satisfied Somewhat satisfied Not at all satisfied Prefer not to answer
5. How would you like the art therapist's role in supporting the foster child-foster parent relationship to change in the future, if at all?
6. How would you characterize your interactions with other professionals involved with in the foster child's treatment and care (which may include social workers, case managers, foster parents, psychiatrists, judges, lawyers, etc.)?

 parents, psychiatrists, judges, lawyers, etc.)?
7. How has the foster care system's policies aided in or interfered with the foster child's mental health treatment?

Data Collection

The primary method of data collection consisted of an emailed survey which was generated and distributed using SurveyMonkey. Domains of interest explored in the surveys included role satisfaction, feelings of helplessness or burnout, experiences in working with children in foster care and frustration with working with the foster care system itself. Respondent information was organized and stored on an external hard drive which was stored in a locked cabinet in a locked room to protect the confidentiality of participants.

Data Analysis

A thematic analysis was conducted, to identify emergent patterns and themes within the qualitative data collected, using Braun & Clarke's (2006) Six Step Framework. First the researcher read over the responses collected for each question, to become familiar with the data. Then initial codes were generated to begin to label the data. Next, emergent themes were identified. The identified themes were then reviewed for coherency, distinctiveness and succinctness. A thematic map, in which themes and subthemes were visually grouped, was created to assist in further organizing and defining emergent themes. This process was conducted for the responses all five open-ended questions presented in the survey.

Validity and Reliability

Respondents were selected from a larger pool of the registered art therapists residing in the United State by collecting public information available on the membership registry for the American Art Therapy Association (AATA), Art Therapy Credentialing Board (ATCB) and Psychology Today. To establish internal validity a negative case analysis of the data was conducted to further support or contradict patterns produced in the thematic analysis or responses (Creswell, 2014). This was conducted through the thematic mapping process which made outliers in the data evident. Reflexivity was fostered throughout the research project through the researcher's contribution to a reflexive journal in which methodological decisions, attitudes, beliefs about the project and catharsis was documented. The small sampling size of participants could pose a problem to reliability of the study as the data size may not be able to be generalized to represent a potential trend among the greater population of art therapists.

Ethical Implications

There were few potential risks for respondents participating in this study as all were consenting adults over the age of 18 and were simply completing a survey online. Potential risks included keeping respondent anonymity and confidentiality and possible issues with storing respondent information after the study. Respondent data was stored in a password protected file on the researcher's external hard drive which was then locked in a cabinet in a locked room and a potential risk to participants would be loss of said data. The subject of the survey may have elicited strong emotions in respondents, which may have posed a potential risk. Triggered respondents were directed to seek additional supervision with their local supervisor. If the respondent did not have a supervisor, they were invited to seek an art therapy supervisor by searching the list of registered art therapy supervisors available on the Art Therapy Credentialing Board (ATCB) website.

Researcher Bias

The researcher's position as a graduate student in art therapy predisposed me to believing that art therapy interventions are an effective tool in enhancing the quality of the foster child-foster parent relationship. Additionally, my position comes with preconceived notions about professional art therapist's experiences and is heavily influenced by my experience as a student rather than a professional in the field. This researcher's former status as a foster care case manager contributes to preconceived notions about the foster care system and foster care practices, which were undoubtedly challenged over the course of this research study.

CHAPTER IV

Results

The survey was sent to 1983 registered art therapists practicing in the United States. From the invited pool of participants, 51 respondents answered all the questions. The following three overarching areas of interest were investigated through the survey: the art therapist's perception of the foster child and foster family's needs, the role of the art therapist in supporting the fostering relationship, and the art therapist's experience of barriers to working with the population. Initially, the researcher presumed that three themes relating to these areas of interest would emerge: the art therapist's acknowledgement of barriers when working with this population, the art therapist's acknowledgement of higher levels of role dissatisfaction when working with the population, and the art therapist's identification of ways in which they believe their role should change when working with this population.

The Perceived Needs of the Foster Child and Foster Families

Four primary themes emerged from the data and include value of the need, interpersonal needs, treatment needs and support needs. Themes were grouped based on the relative frequency of the response within the data. Many respondents acknowledged that the needs of the population are complex but very important, which occurred at a relative frequency of 10%. Responses assigning value to the needs of the foster child ranged from describing these needs as also being challenging and essential to the healthy development of the child. Interpersonal needs, including the need for safety, attachment, trust and integration into the foster family occurred at a relative frequency of 28%. Responses ranged from providing emotional and physical safety for the child, building trust among family members, facilitating acceptance within the foster family as the child transitioned, and fostering healthy attachment between the foster child and their

foster parent(s). Treatment needs, identifying specific intervention needs, occurred at a relative frequency of 38%. Interventions cited included behavior modification, affect regulation, skill building, exploration of identity and the need to process trauma and grief. External support needs, such as community supports and additional training for the foster parent specifically, occurred at a relative frequency of 21%. The needed supports cited by respondents related to foster care agency support, school support and medical support.

The Role of the Art Therapist

Several questions posed in the survey related to defining the current role of the art therapist when working with the foster child-foster parent relationship, art therapist role satisfaction when working with the population and questioning how that role should change in the future.

What is the role of the art therapist? Five themes were identified in the data collected in response to this question, and they include: role value, art therapist as mediator, art therapist as educator, art therapist as witness and art therapist as advocate. Several respondents assigned value to the role of the art therapist, stating that their role is important and beneficial to supporting the foster child-foster parent relationship, but often is too limited. Value assigning words and statements occurred at a relative frequency of 18%. Responses indicating that art therapists are mediators and supporters of the population were most common and occurred at a relative frequency of 51%. These responses indicated that the role of the art therapist is to assist the family in communicating effectively, providing the foster family with needed support and attachment work as the child transitions into the family and learns to build strong relationships. Responses indicating that the role of the art therapist is that of an educator occurred at a relative frequency of 11%. Responses suggested that the art therapist works with the child and family by

providing psychoeducation and teaching the child and family about new skills. Some responses suggested that the role of the art therapist includes acting as a witness to the foster child, by providing a safe holding space for them as they begin to process trauma and grief related from their recent losses. Responses related to the art therapist as witness occurred at a relative frequency of 11%. Finally, responses indicating that the art therapist's role includes serving as an advocate for the foster child and foster family occurred at a rate of 4%.

Art therapist role satisfaction. A simple multiple-choice question was posed to assess the role satisfaction of art therapists working with foster children and their foster families. Possible answers included Yes, No and Prefer Not to Answer. Responses indicated that 50% of respondents were satisfied with their role, 24% of respondents were not satisfied, while 26% of respondents preferred not to answer.

How should the role of the art therapist change? Art therapists were asked how their role, when working with this population should change, if at all. Three primary themes emerged from the data and include: a desire for role clarification, a desire for increased awareness for the profession and not knowing how their role should change. The most common response indicated a desire for their role to be clarified and for their role to extend beyond working primarily with the foster child, occurring at a relative frequency of 62%. This theme was characterized by responses suggesting that art therapists should be permitted to work with the foster child and foster family differently by serving more specifically as a mediator. Respondent's also cited limited access to the population, indicating that their ability to bill Medicaid, the primary form of insurance for children in foster care, served as a barrier. It was also suggested that limited funding for foster care specific services acted as a barrier for art therapist's working with this population. The second theme that emerged from the data suggested that art therapists would like

their role and the efficacy of art therapy to be more widely understood by the population and the treatment team, occurring at a relative frequency of 18%. These responses suggested that treatment team members and the foster families themselves do not understand and appreciate how art therapy can positively affect the foster child's outcomes. Finally, some responses stated that respondents were not sure how the role should change, occurring at a relative frequency of 18%.

Barriers to Working with the Population

Art therapists were asked about their experiences when working within the confines of the foster care system's policies and procedures and how they viewed the impact of these policies on their work with the population. They were also asked to characterize what it was like to work with other members of the foster child's treatment team, which may include case managers, social workers, foster parents and lawyers.

Working with the foster child's treatment team. Four themes emerged relating to the art therapist's experience working with the foster child's treatment team, including: a supportive experience, misconception regarding the role of the art therapist, lack of unity and communication breakdown between treatment team members. Many art therapists stated that their experience when working as a part of the treatment team was positive or mostly positive, occurring at a relative frequency of 35%. This theme was characterized by statements indicating that other treatment team members supported the art therapist's work. Some respondents indicated that other treatment team members did not understand the art therapist's role within the treatment team, occurring at a relative frequency of 28%. This theme was characterized by statements that suggested that the art therapist was undervalued and underutilized within the team, or that other members did not understand the art therapist's role. Some responses indicated that art therapists

were aware of a lack of unity among members of the treatment team, which occurred at a relative frequency of 28%. This theme was characterized by words or phrases indicating that the involvement of other treatment team members complicated the art therapist's treatment of the foster child, a need for setting boundaries with other team members and sometimes blame-shifting or noncompliance on the part of other treatment team members. Finally, the data suggested that there is often a communication breakdown between members of the treatment team, occurring at a relative frequency of 8%. This theme was characterized by words or phrases suggesting that members of the treatment team were often not on the same page about the foster child's treatment. Some cited lack of information from other team members and even stated that the foster child's voice could not be heard among the myriad of other voices giving their opinion about the treatment of the foster child.

Working with the foster care system and its policies. Art therapists were asked to characterize their experience working with the foster care system's policies and how these policies affected their ability to treat the foster child and support the foster child-foster parent relationship. Three overarching themes emerged from the data and include: assigning value to their experience, policies acting as a barrier to treatment and policies creating tension among members of the treatment team. Many responses assigned value to their experience with the policies of the foster care system. Some respondents stated that the policies were unsupportive of the therapist and interfered with treatment, occurring at a relative frequency of 17%. Others stated that they found the foster care systems policies to be supportive and provided incentive for foster parents to help the foster children consistently attend treatment, occurring at a relative frequency of 13%. Some participants stated that it was difficult for them to ascertain or describe

how the policies had affected the foster child's treatment, occurring at a relative frequency of 2%.

The design and procedure of the research study and factors contributing to the validity and reliability were discussed. An overview of ethical implications and researcher bias was touched upon. In the next chapter a discussion of the results of the study will be covered.

CHAPTER V

Discussion

This research sought to find an answer to the question, what is the role of art therapists in serving foster children and their foster families? This researcher hypothesized that art therapists practicing within the United States were not satisfied with their role in serving the foster child-foster parent relationship and likely experienced higher levels of role dissatisfaction and helplessness when working with this population. Furthermore, it was postulated that art therapists were not only dissatisfied with their role but have opinions and suggestions about how their roles should change when working with children in foster care and their foster families. The researcher initially presumed that an analysis of the data would likely illuminate three overarching themes, which would include: (1) respondent's identification of several barriers to art therapist's working with the identified population, (2) respondent's acknowledgement of higher levels of role dissatisfaction and feelings of helplessness when working with the identified population, and (3) respondent's opinions about how to better serve the identified population in the future.

Theme 1

The treatment needs of the foster child have been suggested in a review of the literature, which points out that attachment patterns correlate with normal healthy development (Birneanu, 2014; Bowlby, 1988; and Henley, 2005), (Kerr & Cossar, 2014). Healthy relationships in which the foster child participates contribute to their capacity to reflect on trauma and relationship patterns (Heineman & Ehrensaft, 2006) and healthy relationships can be successfully established between foster children and their foster parents (Ponciano, 2010). The literature points out that placement disruptions interfere with the child's normal development and should be avoided

which can be a difficult task as children with a history of maltreatment and insecure patterns of attachment tend to exhibit higher rates of emotional disturbances and interpersonal difficulties (Betts, 2006; and Salas, Fuentes, Bernedo, & García-Martín, 2013). Furthermore, the literature suggested a direct link between children's mental health issues and child welfare outcomes and found that in some cases child welfare system practices were found to negatively affect permanency (Akin, Bryson, McDonald & Walker, 2012). These negative permanency experiences were found to directly correlate to the level of hostility displayed by the foster child (Craven & Lee, 2006).

Children in foster care may experience trauma before, during and/or after initial removal from their families of origin and prolonged stress was found to alter the child's neurochemical balance (Chapman, 2014). Children exiting the foster care system may have higher ACE (Adverse Childhood Experiences) scores than other children who have not been in the foster care system, and higher ACE scores are associated with the future health risks (Rebbe, Nurius, Courtney & Ahrens, 2018). Children in foster care may perceive their traumatic experiences as normal and may be reluctant to participate in traditional talk therapy (Coholic, Loughheed & Cadell, 2009; and Ierardi, Bottos & O'Brien, 2007).

The literature suggests that placement stability can be positively impacted by proper preventative supports such as psychoeducation and skills based training for foster parents (Mosuro, Malcolm & Guishard-Pine, 2014; Van Andel, Grietens & Knorth, 2012; and Van Der Kolk, 2015), and that foster parents generally feel inadequately supported by mental health professionals (Heineman & Ehrensaft, 2006; and Malloy, 2017). The literature suggests that art therapy may be a proficient mode of treatment for the child in foster care (Betts, 2006; Chapman, 2014; Loughheed & Cadell, 2009; Malloy, 2017; Proulx, 2002; and Yildiz, & Duy, 2013). The

role of the art therapist when working with children in foster care may become stretched or blurred as the art therapist serves as a part of the child's treatment team and may be asked to indirectly contribute to the permanency planning process on behalf of the child (Malloy, 2017). Personal information about the foster child before removal from their birth family may be limited and guarded as information may not be adequately shared between members of the treatment team, who often change frequently due to high case manager burnout (Heineman & Ehrensaft, 2006). While it is in the best interest of the child to be provided with stability and a safe holding space, disruptions in placement may result in abrupt treatment termination (Malloy, 2017; and Van Der Kolk, 2015). It is presumed that many art therapist's working with children in foster care received the client as a referral from an outside organization with which the child was already associated, such as a school, physician's office or foster care agency. Art therapists may have regular contact with the foster child's case managers or other members of the child's treatment team. Attempted coordination of care between multiple members of the treatment team will likely lead to more demands placed on the art therapist. This may lead to frustration on the part of the art therapist as they attempt to manage the waves of emails, phone calls and sometimes unrealistic requests that may have been outside of the therapist's realm of experience.

The results of this research study marginally supported the researcher's hypothesis that art therapists working with this population would be able to identify barriers when working with the population. Participants revealed that they found a lack of unity (occurring at 28% relative frequency), communication breakdown between treatment team members (occurring at an 8% relative frequency) and misconception of the role of the art therapist (occurring at a relative frequency of 28%) as barriers to working with the identified population. The identified barriers suggest that these barriers impede the art therapist's efficacy when working with children in

foster care and their foster families. In contrast, some participants responded that their involvement with other members of the treatment team was positive or mostly positive, occurring at a relative frequency of 35%, suggesting that what functions as a barrier for some art therapists actually served as a bridge for others.

Theme 2

Initially the researcher presumed that art therapists responding to the survey would acknowledge that they have experienced higher levels of role dissatisfaction and increased feelings of helplessness when working with children in foster care. It was predicted that negative phrases and language present in responses to the survey would indicate a sense of dissatisfaction, frustration and helplessness in art therapists participating in the survey. There is a gap in the literature relating to assessing the art therapist's attitude about working with this population. A review of the research implies that art therapists may experience higher rates of role dissatisfaction and helplessness when working with this population when compared to other populations. It is likely that the role of the art therapist may be further confused as they experience strong feelings of transference and countertransference in relation to the foster child and other members of the treatment team who may also be struggling to manage their anxieties about working within the strict confines of the foster care system (Heineman & Ehrensaft, 2006). The literature also suggests that art therapists may not be receiving enough support and supervision and may not be adequately trained in trauma-informed and attachment-based methodologies or well informed about foster care policies (Malloy, 2017). The results of the survey indicated that 50% of participants are satisfied with their role, 24% are dissatisfied with their role and 26% preferred not to answer. These responses suggest that while some art therapists are satisfied with their role in supporting the foster child-foster parent relationship,

others are clearly dissatisfied, and others may be ambivalent to their role. It's clear that many participants were better able to characterize their experience working with this population, suggesting that it may have been easier for participants to describe their experiences rather than share their opinion about whether or not they were satisfied with their role. Participants, when describing barriers to treatment and how the foster care system's policies have affected treatment, provided descriptions that suggested a negative experience. Although it is clear that many participants have had negative experiences when working with this population, the survey results suggest that just as many have had positive experiences.

Theme 3

The researcher hypothesized that art therapists participating in the survey would have formed opinions about how the role of the art therapist should change in the future, and specific suggestions about how the role of the art therapist should change based on their unique experiences when working with children in foster care and their foster families. The survey posed specific questions meant to elicit information about these unique experiences. It was presumed that responses would indicate a desire for change in the way therapists work within the foster care system itself. The results of the survey indicated that a majority of participants had specific suggestions regarding how their role should change, while some were unsure, occurring at a relative frequency of 18%. Many respondents indicated that they believed that the art therapist's role should be better clarified within the treatment team and that their role should be expanded, occurring at a relative frequency of 62%. Some participants suggested that the art therapist should work with the foster family in a different way, and that problems working with the family's insurance often made it difficult for the art therapist to work with the population. Other respondents indicated that art therapists should advocate for the profession more when

working with this population, occurring at a relative frequency of 18%. It was indicated that the foster family should be better educated about the benefits of art therapy, suggesting that art therapists may have limited access to the population simply because foster families are not aware of the benefits of art therapy or are not being referred for art therapy services. It was revealed in the literature that foster families would benefit from better support services and may require additional psychoeducation to improve placement stability. This finding suggests that foster families may benefit from not only receiving psychoeducation about the foster child's needs but what their options are in terms of treatment modalities, such as art therapy.

Limitations

There have been few research studies that seek to examine the perceptions of the art therapist and their role in relation to working with children in the foster care system and their foster families. Many studies assess the experiences of case managers and social workers and even foster parents. This study specifically assesses the attitudes and opinions of art therapists in relation to working with this population. Results of this study should be interpreted with caution as respondent's answers may not adequately represent the overarching opinions of art therapists as a whole and does not assess the opinions of art therapists working outside of the United States.

Recommendations for Future Studies

This study provides preliminary research to identify current trends in the art therapist's role when working with children in foster care. The data suggests that art therapists are divided in their level of satisfaction with their role, suggesting that future studies should poll a larger pool of art therapists to attain a clearer reflection of art therapist's level of satisfaction. Responses from the survey suggest that art therapists would like greater involvement when working with children in foster care and their foster families. Furthermore, responses indicate

that the role of the art therapist is misunderstood within the foster child's treatment team. Future research should examine how barriers to working with this vulnerable population can be overcome and how the art therapist can be better supported and better prepared for work with children in the foster care system.

Conclusion

This study examined the art therapist's perception of their role in serving and edifying children in foster care and their foster families. These results should be interpreted with caution as there were too few responses to be adequately reflect the opinions of the overall breadth of art therapists working with this population. Results indicated that art therapists working with this population in the United States have a clear opinion about what the needs of this population are. Respondents indicated that their primary barriers to working with this population relate to lack of unity and communication breakdown among the foster child's treatment team, misunderstanding and underutilization of art therapy services, unsupportive foster care policies and lack of funding. Results indicate that art therapist's opinions regarding their role with this population are divided, with half being satisfied with their role, approximately one quarter being dissatisfied with their role and another one quarter preferring not to answer. Responses also suggested that while art therapists experience many barriers to working with this population, they may see a great deal of value in their current role and may be more hopeful about areas of needed change than the researcher hypothesized. The survey revealed that art therapists would like their role with this population to change, and identified role clarification, increased involvement and increased advocacy for the field of art therapy as areas of needed change.

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