

Proposed Study on the Art Therapy as a Means of Communication between Foster Parents and Children

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ABSTRACT

This paper discusses the need to address issues within the foster care system, specific needs of foster children, the mechanisms of change of art, and proposes an intervention to facilitate a bond focused on communication, empathy, and trust between a foster parent and child. Needs of foster children are generally discussed, narrowing down to the importance of a beneficial relationship between a foster child and parent. This is shown to consist of trust and more specifically communication and empathy from the literature review. The mechanisms of change of art are then related to these needs to propose art therapy as the appropriate intervention. The different ways that art therapy can help with forming a bond and creating a sense of mutual understanding is discussed. After a thorough literature review and an interview with nine doctoral students, a 10-week art therapy intervention is proposed in detail in order to facilitate a bond between foster families with session goals and art directives.

Introduction

The foster care crisis has existed in the United States throughout history but the number of caseloads has more than doubled since 1985 to the early 2000s due to increased female incarcerations and reductions in cash welfare (Swann & Sylvester, 2006). With many of America's child welfare systems broken, children suffer harm as a part of the foster care system, bouncing from one family placement to another, being placed in group homes, or eventually aging out of the system without finding a permanent family. According to the most recent data, there are over 400,000 children in the foster care system within the United States (Child Welfare Information Gateway, 2021). A variety of studies have reported that 30 to 40 percent of foster children have been arrested since they exited the system (U.S. Department of Justice, 2005). The system has annual and state costs of over \$9 billion associated with cash welfare, child care payments, food stamps, and medical care. With terrible retention rates within foster parents, preventing burnout within foster children is important by providing the emotional support and tools necessary to aid in this long and mentally exhausting process (Flynn, 2019). With the average age of children entering the system being 8 rather than the perceived younger age, it's important to attend to the needs of the kids in the system, having to deal with the draining process. The pandemic has made circumstances even harder with limitations in court, visitations being suspended, and extra time to process adoptions and other matters. Even more overwhelming, a greater number of children are entering the system with fewer families willing to take them in for the fear of spreading COVID-19 (Adams, 2020).

Family placement is ideal and more common over group homes and institutions. However, some are reluctant to leave institutions and group homes with the thought that foster families are unable to meet their expectations and needs the way group home workers can. This doubt that the child feels that foster parents will not be able to give what is needed is significant This shows the importance of building a bond or rather improving the relationship between foster parents and children. Foster children's needs often go unheard, because of the lack of communication between the child and the foster parent. Research indicates there is psychological and emotional damage suffered by many foster children this results in great struggle for new foster parents to meet the needs of children within their care. These foster parents are often rushed through inadequate training and resources in order to secure these short term

foster homes (Flynn, 2019). The turnover rate of foster parents between 30 to 50%, foster parents express that training and resources for foster parent burnout and grief was lacking. In a recent study by the Foster Care Institute, foster parent retention is found to be explained by lack of support by case workers and agencies along with not enough training each year to be an effective foster parent (DeGarmo, 2017). Though these homes are temporary, establishing a relationship and giving a sense of security and stability is crucial in avoiding long term consequences and any unnecessary disruptions. High retention rates stress the need for interventions between foster families, showing how caring for youth who survive complicated circumstances in their early life can be exhausting. (DeGarmo, 2017). With many aging out of the system without permanent families, it is important to provide the necessary resources within the system in order to contribute to leading better adult lives. With these extensive challenges foster children face along with the gruesome process within the system, the need to address the issue is significant.

The paper will give an overview of existing research on the needs of foster children through a literary review. Foster children have a variety of needs depending on individual experiences and circumstances. Attachment issues, PTSD, panic, anxiety disorders, depression, drug and alcohol abuse, and other mental health disorders prevail which can have long term consequences (Steenbakkers et al., 2018). Due to emotional trauma and the tiresome process within the system, foster care children need additional support and interventions to help them in their healing process in order to avoid negative future outcomes. The paper will be focusing on the lack of trust between the child and the foster parent within foster care families and will propose a means of addressing the problem through an art therapy intervention. Recognizing the importance of the development of a bond between foster care parents and children, the research will make an argument to use the mechanisms of change within art therapy in order to aid in the creation of a beneficial relationship. A specific 10-week intervention will be proposed with art directives and goals throughout all the stages based on a literature review and consultation with specialized art therapy doctorate students.

Needs of Foster Children

There are over 143 million children separated from birth families, all with unique circumstances and experiences. Many of these are foster children that have a great range of needs due to a history of maltreatment or abuse, causing emotional and behavioral issues or complex trauma. Around 20,000 children exit the foster care system in the United States every year by aging out, leaving them vulnerable to homelessness and other risk factors before any plans of permanency. The youth who exit the system often lack the skills and support to navigate life challenges. Foster children often have multiple placements while in care, and the unstable environment may limit youth from seeking resources within the community. Out of home placements result in great feelings of loss which can cause physical and mental issues (Rubin, 2007). Satisfying these needs can lead to resilience and growth, providing a space for foster children. These extreme experiences and circumstances lead to the needs of foster children, having them at risk in developing emotional and behavioral difficulties. A space to make a positive developmental turn is needed which can be ensured through the understanding and solution for these different needs.

While research shows unclear statistics on the medical needs of foster children, a majority of the data claim the increased medical health problems in comparison with the general population. With the help of training and resources, many foster care parents are convinced that the medical needs of children are met but due to the higher rate of problems, it is still important to continue to address these needs. About 50% of children and teens entering the system have chronic physical problems, around 10% are medically fragile or complex, and many have a history of premature birth or prenatal substance exposure. While physical interventions and resources address these issues, children in foster care are also faced with behavioral, emotional, and developmental problems (Steenbakkers et al., 2018).

Up to 80% of children in foster care suffer from a significant mental health issue compared to the 18-22% within the general population. PTSD, panic and anxiety disorders, major depression, and substance abuse issues rise early even within this population resulting in the American Academy of Pediatrics considering mental health to be the greatest unmet need for children and teens in foster care (Howard, n.d.). The impact of trauma and its manifestation can have long-term consequences and impede the ability to feel safe and secure. In order to cope with past experiences

and develop self-regulation skills, individualized treatment and collaboration is needed. There is a need to develop a self identity and have the people around them understand their personal history in order to have a better adjustment to trauma and better mental health outcomes (Steenbakkens et al., 2018). Young adults may be less inclined to accept recommendations as they feel a lack of control over their own lives. A support system that includes children in decisions is necessary in order to acknowledge their experiences and satisfy the need for autonomy and individuality. (Scheid, 2020).

With developmental difficulties from the foster care system, there is a loss of a familiar environment, radical changes in structure, and huge readjustment, resulting in the need for relationships to be re-formed and established. The well-being of a child in the foster care system is influenced by their attachment and loyalty (sense of trust and justice). Attachment is the inclination of that individual in forming bonds with others which can be a huge milestone in their development. As attachment difficulties with caregivers are common, understanding these unique challenges between parents and children in forming attachments is necessary to intervene and encourage a relationship (Maaskant et al. 2015). The emotional needs of a foster child are individualized and should be understood by the caregiver in order to deal with such developmental difficulties and ensure security and protection. Awareness of externalizing and internalizing problems in attachment formation will help foster parents connect with and better provide for children. Externalizing problems result in disruptions in many placements and testing caretakers due to breaks in attachment, lack of trust, many defenses, and emotional walls. They affect regulation of emotions, expression, identification and result in limited coping strategies. A safe environment and intervention provides a space where trust can develop, addressing specific concerns, and promoting communication. A hard time adjusting to a new life can lead to attachment disturbances, attention deficits, hyperactivity, and insatiable demands hindering the formation of bonds and emotional nurturing from foster parents (Malchiodi & Crenshaw, 2014). It is important to have respect for the child's defenses throughout treatment along with understanding any aggressive or contradictory behaviors. Preventing further disturbances can be important in preserving attachment ties and improving mental health outcomes (Gauthier et al., 2004). Attachment issues can influence mentalization abilities which regulate emotional distress and promote psychological stability. It is this capacity to understand and reflect upon the human behavior of themselves and others that can enhance capabilities in order to strengthen sensitiveness and responsiveness, enabling the development of a secure relationship (Maaskant et al., 2015). Due to the possibility of a child's developmental need of establishing a relationship clashing with the advice given to foster parents to avoid developing a strong relationship due to the temporary nature of the accommodation, a strain can be put on the foster child-foster parent relationship. Attachment theory shows how attachment can be viewed as an essential need between a child and caregiver, being the key to future relationships. An intervention is needed to facilitate the process and lead to a secure environment for optimal development when in the context of a foster child and parent (Heyman, et al., 2020).

There is a need for safety, a sense of belonging, love, and self esteem. A child or teen needs to feel welcome and secure in a new foster home which may be supported through an intervention to facilitate the new and vulnerable relation between a foster family. Continuity and stability can establish a sense of security within the lives of foster children due to radical changes faced within the system (Hedin, 2012). There is a need for continuity of a relationship with birth family members due to similar circumstances and experiences. Children's sense of belonging was shown to not be related to age or stability but foster parents' inclusive attitudes towards a child's birth family to promote a sense of security. Establishing caring and supportive relationships with a foster family is a crucial need since communication promotes secure attachments, a sense of permanency, mutual trust, and emotional intimacy. A secure base, emotional support, and stability of relationships classify a stable, affectionate, and safe home environment. The availability of a foster parent builds self-esteem and shows a sense of belonging (Steenbakkens et al., 2018). Foster children say that by showing an understanding, helping with familiarity, and routines, foster parents can ensure a safe and comfortable environment. Supportive relationships with adults can show safety, positive regard, and commitment, promoting a perception of belonging and trust. In a study with 26 children ages 6-17 about children's participation in

emotional ties with parents, the difficulty of a balance between discipline and care was shown along with the importance of children's involvement in decision making. This direct communication ensures a child's wishes and feelings and promotes positive respectful relations, developing trust and a relationship (Cossar et al., 2014).

In addition, self-actualization can also be crucial in the development of foster children. Stability and connection to the same school and peers adds to familiarity and comfort, communicating supportive feelings from foster parents and reducing disruptions in the child's life. Foster parents' support in a school career can provide stimulation and input for cognitive development (Steenbakkens et al., 2018).

This instability within youth in the foster care system can impact the ability to establish relationships with trusted adults, hindering the ability to build beneficial interpersonal relationships. They require a safe environment where caring relationships can occur with trust (Heyman et al., 2020). Loyalty is important in maintaining a balance between foster children and parents. Due to the natural imbalance between a child and parent, a child needs emotional loyalty, the trust that a parent has in their best interest at heart when providing them with care. A lack of trust and affection can lead to anxiety, distrust, and anger which can put children at risk for behavioral problems (Maaskant et al., 2015). Developing such trust promotes the beginnings of emotional attachments and safe engagement with others and the world which is important in dealing with emotional trauma, feelings of rejection, and low self esteem. This paper will focus on the need for trust within foster children as it promotes stability within the relationship between foster children and parents which can be hard to do due to attachment issues and prior experiences. The need will be addressed through the use of art therapy, a nonverbal form of communication to bring out unconscious thoughts.

Losing one's prior relationships and connections results in feelings of loss and struggles within identity development, being torn between different familial structures and relationships. In a study done through watching the video diaries of different children in the foster system, this identity struggle between a biological and foster family was depicted. With a majority of foster children having to relate to multiple family settings as a part of everyday life, the results of the study have shown the value of relations with both families and the complex navigation between different settings, resulting in often stressful emotional conflicts. There were mental representations of past and current experiences, expressing happiness and a sense of belonging. A sense of belonging was portrayed as an ongoing feeling as a rightful member of diverse family settings, stressing the need for open-minded, flexible foster parents, respecting a relationship with biological parents rather than something accomplished at once (Bengtsson & Lucknow, 2020).

With 125,000 foster children from the ages of 14-18 facing placement instability, it is important to understand the consequences of such instability and the characteristics of a successful placement (Storer, 2014). A majority feel connected to biological parents and while many like their foster parents, they do not regard them as emotional support but have ambiguous attitudes and have no sense of feeling at home in a foster family. The barriers and reasons behind this are placement disruptions, stigmatized views of the youth, and challenges in communication. Youth take a role of self-reliance, rejecting potential connections that they fear may threaten their control. They need adequate time to earn trust, have meaningful interactions, consistent rules, and do activities as a foster family. The challenges associated with caregiving coupled with the demands of fostering being beyond those of typical parenting result in placement instability. Trusting and caring adults play a huge role in strengthening protective factors and nurturing resilience but due to the hindrance of such connections, it makes it difficult to match a foster child and parents. Foster children have identified the lack of connection and bond, a perceived lack of fit, and judgement and reactivity within a home to be reasons behind instability (Storer et al., 2015). It was reported that foster youth feel as outsiders where emotional needs were unmet and stigmatized due to the variance in the foster family's norms. Supportive homes have been identified with a sense of belonging, genuine interest, structure and boundaries, and proper guidance. Understanding the needs of children and foster families will improve the likelihood of a successful placement. In a study that reviewed and analyzed 24 articles, it was found that foster parents regarded self awareness, limits, realistic expectations, courage, patience, and compromise as the key to building relationships with foster children. Foster children regarded supportive parents, daily routines, time to trust, management of feelings, and bonding as the necessities to a successful placement. Nurturing positive connections determine placement stability and support the wellbeing of youth post-emancipation (Storer et al., 2012).

Through the review of the needs of foster children, it was revealed that developmental and behavioral problems stress the need for a sense of belonging and security within foster care placements. Through the discussion of attachment issues, importance of trust and relationships, and successful placements, communication between the foster families is key to the well-being of a child of the foster system. A sense of understanding and trust between foster families can ensure positive development and provide stability in a time of otherwise radical change. In order to develop this relationship between traditional foster care families, a sense of trust is necessary which can be facilitated through an intervention. Art therapy can be used in order to promote this sense of trust by targeting the areas of communication and empathy. Due to the indirect nature, art therapy can be beneficial with this population and lead to a greater expression of emotions, both conscious and unconscious, as opposed to verbal therapy.

Art Therapy Mechanisms

The ideas expressed in family art therapy literature addressing target areas and issues of communication, trust, and empathy can be applied to the intervention between foster parents and children dealing with similar issues. The National Institute of Mental Health has made programs to include all members of family in regards to art therapy due to the benefits (Kwiatkowska, 1967). Families are engaged in expressive activity together with results that could be difficult to achieve in verbal communication. The informal situation, indirectness within communication, minimal defenses, and controls in comparison to verbal therapy help with comfort and reveal unconscious feelings (Kerr, 2008). This helps uncover and clarify confused and hidden attitudes which could otherwise be too intense to express in words. The use of art within the relationship between a foster parent and child can reveal both conscious and unconscious thoughts influenced by personal experience and common knowledge as experienced through the use of universal images and symbols. This nonverbal symbolic form of communication offers an alternative route for thoughts and feelings (Kerr, 2008). With the use of such symbolism, feelings can be revealed which can boost communication and discussion of any unmet needs of both parties. Communication is the core component of family therapy and image is the core of art therapy, nonverbal language through images can gather the information necessary for treatment. To understand more about oneself or rather each other in the proposed intervention, there needs to be a focus on internal thoughts and feelings in connection to external behavior (Arrington, 2001). Family art therapy can provide the time, materials, and a safe environment with the spontaneity of image making, selecting mediums, collaborative behavior and verbal communication which has the potential to facilitate favorable changes in developing trust.

Due to the nature and experiences of foster children, it can be somewhat difficult to communicate, voice any unmet needs, and recount on stressful experiences (Riley, 1988). Children may find it difficult to discuss their feelings and views directly while image making views are more openly considered and acknowledged (Manicom & Bornonska, 2003). The newness of interactions can cause tensions which make it difficult to give words to emotions (Riley, 2001). Art and image can facilitate this process due its nonverbal and indirect nature. When directive, it can bring about strong feelings and unconscious material that demonstrates weaknesses and strengths. It was found that having children draw pictures of a stressful life situation before discussion led to more detailed and emotional changes (Lev-Wiesel & Liraz, 2007). It creates unconscious changes rather than surface changes, acting as a vehicle for communication (Arrington, 2001). Concerns may include a level of denial and bringing about these issues forth within a familial relationship may offer insights into perceived strengths and belief systems without the feeling of judgment (Manicom & Bornonska, 2003). Through the potential for art to allow individuals to be seen and heard, a trust can be built.

Family art therapy can amplify a child's voice within the environment and offer a form of communication in which children are more engaged (Manicom & Boronska, 2003). The shift in the power dynamic within art therapy can be beneficial for the foster child. In comparison to the normal nature of a foster parent- foster children relationship, a foster child may feel more in control when in art therapy due to the imaginative nature of art. When coupled within art projects and directives, this new dynamic may help create a greater sense of control within children which can ultimately lead to a greater sense of trust. In addition, the creative nature of art may also minimize conflict due to feelings and emotions being transformed into pictures rather than the direct and bluntness of verbal therapy. The non-

confrontational and nonthreatening nature of art therapy along with its pleasure component add to the benefits of the use of art within facilitating a relationship between foster families. The mutual awareness that comes from art therapy can reduce the number of unprofitable conversations and increase the number of things being addressed. It avoids negative blaming while providing a new problem-solving device (Riley, 1988). The artwork can be a tangible reminder of issues the family worked through to address along with being able to clarify conflicts and avoid misunderstandings (Riley, 2001). The images created can be a bridge between the inner and outer reality of the world, acting as a reflection of conscious and unconscious aspects of the past, present and future, effective in enhancing communication skills (Chartrand & Bargh, 1999). It has been shown that foster children with limited emotional expression have been able to organize their thoughts more effectively, practice decision making, utilize verbal skills, and tackle behavioral issues through art therapy (Melkowitz, 2008).

In an 8 week intervention of individual art therapy focused on self concept, each participant had a unique set of therapeutic needs with different ways through creative expression. Many of the children exhibited disturbed attachment to caregivers (Klorer, 2005). Disruptions in this care limit the child's capability to cope which can lead to difficulties in regulating physiology and behavior (Dozier et al., 2006). As revealed in the intervention, the expressive arts therapies offer a unique chance to reach self protecting foster children through the power of creative expression prior to shutting down (Krikorian, 2008). It was said that nonverbal, expressive therapy approaches are effective for such populations due to the lack of reliance on the client's use of the left brain (Klorer, 2005). There is a need to develop attachments to foster parents and the visual form of art therapy allows clients to project inner conflicts into images in which inner and outer realities meet, boosting communication (Naumburg, 1966). Art therapy can introduce an experience that allows for a new way of expressing and integrating thoughts and emotions (Levick, 1983). With the strong attachment being formed, a child can trust and open up in which some conflicted issues may be made apparent and can be potentially resolved (Rubin, 1994). Where there is yearning for attention, closeness, and nurturance and no proper parenting, multiple disturbed attachments can form and proper ways connecting may have never been developed. Art can become a metaphor for this nurturance and lead to the establishment of strong connections through the use of art materials (Phillips, 2006, Rubin, 1978). It was found that children could often not verbalize experiences in which art became a powerful outlet for complex and contradictory feelings (Malchioldi, 1990). In the 8 week intervention, researchers found that participants demonstrated improvements in self esteem, interpersonal skills, and developed new coping strategies (Krikorian, 2008). The study showed the value of art therapy in addressing the treatment needs of youths at high risk of negative future outcomes. The skills and results of the study can be applied to the intervention as personal growth and interpersonal skills were a key factor in communication and trust between caregivers and foster children (Krikorian, 2008). In a similar study exploring how holistic art-based group methods occur and focusing around early trauma, the incorporation of art to express feelings in the safe space was meant to contain anxiety to a tolerable level. Results showed a greater comfort, improved familial and peer relationships, a mutual understanding, and greater expression of thoughts and emotions (Coholic et al., 2009).

Art therapy can boost communication through its creative potentials and collaborative insights. Communication can be a vital part in the relationship between a foster child and parent as it can voice any unmet needs, offering support for both parties in the navigation of a new experience which can lead to trust and a bond. Through the selection of art materials, the client can be enabled and constrained in making a change. A particular material can mean something that another cannot for someone, invoking different sensory states (Moon, 2010). It can create a space where participants can feel comfortable engaging in the process of creation, exploration, and expression of thoughts and feelings (Moon, 2015).

Empathy can lead to a stronger relationship and bond between a foster child and parent, ultimately resulting in a positive relationship, catering to the wellbeing of foster families. Visual art is a vehicle for depicting personal expression which can serve as a catalyst for social change. It can be a catalyst in relationship building, connecting art and empathy (Calman, 2005). In a study done to show this connection between art and empathy, participants described perceptions of artists' feelings which invoked empathy. This intervention helped them to gain an understanding of themselves, the artists, and meaning, showing the potential for art therapy within foster families (Potash et al., 2013).

Empathy requires the ability to infuse emotional sensitivity and compassion into perceptions of other people. When in conflict, emotions are projected into situations without careful consideration, which can be especially problematic within youth populations. Being immersed in creative expression without a planned strategy can help people face their fears. When art is created together, energy is created which helps individuals access expressions which may not be present when working alone (McNiff, 2003). These variables further develop the rationale for art therapy as an appropriate intervention within foster care families.

Due to the nonverbal, indirect, and expressive nature of art therapy, it is a useful intervention for the foster care population. Art therapy addresses the areas of communication, trust and empathy in order to help facilitate a beneficial relationship between foster care families. The literature review above established a foundation for developing a proposed art therapy intervention to support the development of trust between a foster child and foster parent, discussing first the needs of foster children and then the mechanisms of change of art in relation with those needs. This research then participated in a focus group with nine art therapists to discuss their experience and knowledge as it applied to the group design. Reflections and feedback from the focus group as well as information from the literature review were integrated in the design of the proposed intervention strategy.

Intervention Ideas

After consulting with a group of doctoral students on art directives and the mechanism of change within art therapy in relationship with communication and empathy, along with trust and bond building exercises in general, a set of intervention ideas was proposed to take into consideration when designing the program. The importance of the nonverbal nature of art therapy was stressed during the discussion, the ability to facilitate communication through creation. The intervention will be one to facilitate a bond and strengthen the relationship between foster parents and a foster child, centered around one foster family. The 10 week intervention will first explore the existing relationship between a parent and child, go on to looking at different art directives that can facilitate a stronger bond and relationship. The consultation and literature review contributed to the development of these session goals and directives.

Session 1:

Goals: establish rules and culture of the program, conduct an informal assessment of clients' relationship with art materials and existing relationship and bond

Art Directives: scribble drawing (3 minutes of scribbling, making out shapes within the scribble and adding onto them)

Materials: paper, pencils, color pencils, markers

This session would start off through introductions, explaining the goals of the intervention to facilitate communication, trust, and empathy along with the process and mechanisms of change of art therapy. The art therapist would need to establish a structure and sense of safety, explaining the course of the 10 week intervention. The session would go on to completing the art directive. The art therapist would need to understand prior experience with the arts and an establishing relationship between the participating members through observation during the art directives and direct communication with the clients. The dynamics between the foster family can be observed during the directive through the encouragement of teamwork between members. The remaining time would consist of the clients' discussing their experiences.

Session 2:

Goals: facilitate communication

Art Directives: one person describes the images' shapes through the use of language and the other draws it out

Materials: paper, printouts of images consisting of geometric shapes and lines

The session starts off with questions about experiences with the first art therapy session, their feelings about art as a means of change, the art process, and the activities in general. Then, the team building activity helps with boosting communication between the two parties. The art therapist would not need to facilitate conversation in this activity due to the nature of the art activity itself requiring direct communication between a foster parent and child and rather be observing the existing dynamic between the participants, adapting to such dynamic. The description of the image given can determine the intentions of the child or parent in what they will be putting into future sessions. Additionally, by having the foster child in control by giving them the job of describing the image, the power dynamic between the foster child-parent relationship can be reversed, helping with getting rid of any feelings of inferiority. The art therapy session would end with an evaluation by the foster family of their feelings towards the art directive and session as a whole along with their comfort levels.

Session 3:

Goals: trust and mutual understanding

Art Directives: both participants start their own paintings, switch every 3 minutes and add onto the prospective paintings

Materials: canvas, pencils, acrylics

The session would once again begin with a check in with the foster family, asking about any questions or concerns to leave no feelings incomplete. The art therapist would go on to give an overview of the session and art directives for the comfort of the participants. The art directive would have no prompt to give both participants complete artistic freedom. Both would continue to switch artworks for the period of time determined in order to develop a sense of understanding with each other. The session would end with a discussion about the process of adding onto something new under a time constraint and feelings associated with this process.

Session 4:

Goals: communication, empathy, and collaboration

Art Directives: participants would have 3 pieces of puzzle pieces(from the sides of the puzzle) made from cardboard out of a 9 piece puzzle, create/draw out their wants and desires, and then work together on the middle 3 pieces to connect their drawings

Materials: cardboard, scissors, pencils, markers, color pencils

The session would begin with a sense of understanding and trust being reiterated between the art therapist and foster family, evaluating any new changes or emotions resulting from the art interventions. The art therapist would be able to make changes in discourse or details within art directives in order to adjust to the specific needs within such foster child-parent relationships. The participants in the session would then create their individual puzzle pieces

through a vague prompt focused on desires and values, decided by the art therapist based on their expertise and perspective on the foster placement situation. Afterwards, the foster child and parent would work on connection through creating the middle three pieces together, both metaphorically and literally. The art therapist would be encouraging meaningful discourse throughout this process.

Session 5 & 6:

Goals: encourage identifying and sharing feelings along with trust, recognize defenses and boundaries simultaneously

Art Directives: foster child would create and decorate a shield with a shield pattern given to them, cut it out of cardboard, shield would be divided into 3 layers: inner parts of shield about identifying feelings, second layer about sharing those feelings with people close to the participant, outer layer about sharing those feelings with the outer world

Materials: cardboard, scissors, pencils, markers, color pencils, paints

The art therapist would begin by addressing any questions or incomplete feelings of the foster family from the previous sessions and then go on to introducing the shield activity, instructing the foster parent to aid the child in the process and encouraging dialogue between the foster parent and child when working on the different areas. The parent would be playing a supportive role throughout the creation of the shield. The shield plays a symbol of boundaries and defenses while the art directive encourages trust between the foster parent and child while the child comes to terms with their own feelings.

Session 7 and 8:

Goals: empathy and communication

Art Directives: foster parent and child create a pillow together (choose fabric, sew it up), foster parent would put things they would want child to have into the pillow before sewing it up

Materials: fabric, stuffing, needle and thread

The session would begin with developing an understanding of where the foster family is with their progress throughout the different sessions in their own relationship and once again address any thoughts or concerns. The art therapist would introduce the art directive and guide the foster parent and child through the process of creating the pillow. Due to the intimacy and closeness of the activity, the participants would be making dialogue while working towards finishing the pillow, a symbol of comfort and belongingness. The art therapist would end the session with a discussion of the experience and any feelings that came up during the process.

Session 9:

Goals: mutual understanding and trust

Art Directives: the parent and child each create a cube and cut it horizontally, giving half the cube to each other, the two halves of the different cubes create a new cube, acting as a base with words or images carved into the sides, then the parent and child would create a pinched pot by beginning one and switching halfway to complete it, the pot would be placed on the cube

Materials: clay, clay tools

The session would begin with a mental evaluation of the foster family, answering any questions. The foster child and parent would be given instructions and conversation would be encouraged throughout the process. The clients would be instructed to engrave any symbols or words relating to values, emotions, or goals within their relationship onto the cube. After the art activity, the foster parent and child can discuss their thought processes and feelings towards the exercise and put into words if possible, the meaning behind their engravings.

Session 10:

Goals: understand impact, give a time to invest in what was created

This session would be to reflect on past artworks and a development of the relationship between the foster parent and child. They would be encouraged to reflect on different images and art processes. The art therapist would ask what was learned and questions about the session experiences. The participants would be asked how they may be able to continue the work going forward and the possibilities of future art would be discussed.

Concerns and Limitations

The ideas and art directives developed in the proposed intervention are specific to the foster care population based on a literature review and an interview with doctoral students; however, there is no recipe and art directives may need to be adapted depending on who the art therapist is working with. One needs to be aware of the power of the use of art in the manner discussed in this paper. The use of art in this type of therapeutic manner is best facilitated by a trained art therapist who is able to adapt to the different circumstances that may arise throughout an ongoing intervention due to the lack of equivalence between different foster families.

Conclusion

A literature review and interview was conducted in order to establish the capability and appropriateness of art therapy as an intervention within the foster care population to more specifically target the relationship between a foster parent and child. The purpose of the intervention is to facilitate a bond between foster families in order to provide resources for foster children to thrive and have support throughout their time in the foster care system.

The tools of art are used as an avenue for the foster parent and child to actively be creating together, for giving form to thoughts and feelings and to collaborate in communicating their current experience and their goals moving forward. Art is used to build self awareness, facilitate relationship development, and to develop trust and bonding.

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References

1. Adams, C. (2020). "Foster care crisis: More kids are entering, but fewer families are willing to take them in," NBC News, <https://www.nbcnews.com/news/nbcblk/foster-care-crisis-more-kids-are-entering-fewer-families-are-n125240>
2. Arrington, D.B. (2001) HOME IS WHERE THE ART IS: An Art Therapy Approach to Family Therapy. Illinois: Charles C Thomas
3. Barth, R. "On their own: The experience of youth after foster care," *Child and Adolescent Social Work Journal*, Vol. 7(5), Oct., 1990, 419-446. <https://doi.org/10.1007/BF00756380>
4. Bengtsson, T. T., & Luckow, S. T. (2020). Senses of belonging when living in foster care families: Insights from children's video diaries. *Childhood*, 27(1), 106–119. <https://doi.org/10.1177/0907568219881667>
5. Calman KC. (2005) The arts and humanities in health and medicine, *Public health* 2005; 119:958-9. doi: 10.1016/j.puhe.2005.08.006
6. Chartrand, T.L., Bargh, J.A. (1999). *The chameleon effect: the perception-behavior link and social interaction*. *J. Pers. Soc. Psychol*: 76, 893-910.
Google Scholar
7. Child Welfare Information Gateway (2021). Foster Care Statistics 2019. Child Welfare Information Gateway. <https://www.childwelfare.gov/pubs/factsheets/foster/>
8. Coholic, D., Lougheed, S., & Lebreton, J. (2009). *The Helpfulness of Holistic Arts-Based Group Work with Children Living in Foster Care*. *Social Work With Groups*, 32(1), 29–46. doi:10.1080/01609510802290966
9. Cossar, J., Brandon, M., and Jordan, P. (2016) 'You've got to trust her and she's got to trust you': children's views on participation in the child protection system. *Child & Family Social Work*, 21: 103– 112. doi: 10.1111/cfs.12115.
10. DeGarmo, J. (2017). "The Foster Care Crisis: The Shortage of Foster Parents", NFI. <https://nfi.org/the-foster-care-crisis-the-shortage-of-foster-parents-us-59072dcfe4b05279d4edbdd9/>
11. Dozier, M., Peloso, E., Lindheim, O., Gordon, M. K., Manni, M., Sepulveda, S., & Ackerman, J. (2006). *Developing evidence-based interventions for foster children: An example of a randomized clinical trial with infants and toddlers*. *Journal of Social Issues*, 62(4), 767-785. doi: 10.1007/s10560-009-0165-1
12. Flynn, B. (2019). "The Real "Crisis" in Foster Care," *Foster & Adoptive Care Coalition For Every Child...a Place to Call Home*. <https://www.foster-adopt.org/author/admin/>
13. Gauthier, Y., Fortin, G., & Jéliu, G. (2004). *Clinical application of attachment theory in permanency planning for children in foster care: The importance of continuity of care*. *Infant Mental Health Journal*, 25(4), 379–396. doi:10.1002/imhj.20012

14. Hedin, L. (2012). *A sense of belonging in a changeable everyday life - a follow-up study of young people in kinship, network, and traditional foster families*. *Child & Family Social Work, 19*(2), 165–173. doi:10.1111/j.1365-2206.2012.00887.x
15. Henley, D. (2005). *Attachment disorders in post-institutionalized adopted children: art therapy approaches to reactivity and detachment*. *The Arts in Psychotherapy, 32*(1), 29–46. doi:10.1016/j.aip.2004.11.002
16. Heyman, J. C., White-Ryan, L., Kelly, P., Farmer, G. L., Leaman, T. L., & Davis, H. J. (2020). *Voices about foster care: The value of trust*. *Children and Youth Services Review, 113*, 104991. doi:10.1016/j.childyouth.2020.104991
17. Howard, A.H..(n.d).”Mental Health Among Children in Foster Care”. Fostering, SAFY Blog. <https://www.safy.org/mental-health-among-children-in-foster-care/>
18. Kerr, C. (2008) *Family Art Therapy: Foundations of Theory and Practice*. New York: Taylor & Francis Group. <https://doi.org/10.1080/07421656.2014.847256>
19. Klorer, P. G. (2005). *Expressive therapy with severely maltreated children: Neuroscience contributions*. *Art Therapy: Journal of the American Art Therapy Association, 22*(4), 213-220. <https://doi.org/10.1080/07421656.2005.10129523>
20. Krikorian, M.J. (August 2008). *Exploring the Use of Art Therapy with Children in Treatment Foster Care: Addressing Issues of Self Concept*. Drexel University. <http://hdl.handle.net/1860/3067>
21. Kwiatkowska, H. Y. (1967). *Family Art Therapy*. *Family Process, 6*(1), 37–55. doi:10.1111/j.1545-5300.1967.00037.x
22. Levick, M. (1983). *They could not talk and so they drew: Children’s styles of coping and thinking*. Springfield, IL: Charles C. Thomas.
23. Lev-Wiesel, R. , & Liraz, R. (2007). *Drawings vs. narratives: Drawing as a tool to encourage verbalization in children whose fathers are drug abusers*. *Clinical Child Psychology and Psychiatry, 12*, 65-75. <https://doi.org/10.1177/1359104507071056>
24. Maaskant, A. M., van Rooij, F. B., Bos, H. M. W., & Hermans, J. M. A. (2015). *The wellbeing of foster children and their relationship with foster parents and biological parents: a child’s perspective*. *Journal of Social Work Practice, 30*(4), 379–395. doi:10.1080/02650533.2015.1092952
25. Malchiodi, C. A. (1990). *Breaking the silence: art therapy with children from violent homes*. New York: Brunner/Mazel.
Malchiodi, C.A., Crenshaw, D.A., (2014). *Creative Arts and Play Therapy for Attachment Problems*. New York:The Guilford Press.
26. Malloy, J. N. (2017). *Post-ASFA Permanency Planning for Children in Foster Care: Clinical and Ethical Considerations for Art Therapists*. *Art Therapy, 34*(3), 135–141. doi:10.1080/07421656.2017.1353334

27. Manicom, H., & Boronska, T. (2003). *Co-creating change within a child protection system: integrating art therapy with family therapy practice*. *Journal of Family Therapy*, 25(3), 217–232. doi:10.1111/1467-6427.00245
28. McNiff, S. (2007). *Empathy With the Shadow: Engaging and Transforming Difficulties Through Art*. *Journal of Humanistic Psychology*, 47(3), 392–399. doi:10.1177/0022167807302181
29. Melkowitz, A.T.K., (May 2008). *Art Therapy with an Adoptive Family: A Case Study of Adopted Children with Reactive Attachment Disorder*. Ursuline College Graduate Studies. https://etd.ohiolink.edu/apex-prod/rws_etd/send_file/send?accession=urs1210348357&disposition=inline
30. Moon, B.L. (2015). *Ethical Issues in Art Therapy*. Charles C Thomas Publisher, LTD.
[Google Scholar](#)
31. Moon, C.H. (2010). *A History of Materials and Media in Art Therapy*. In *Materials & Media in Art Therapy: Critical Understandings of Diverse Artistic Vocabularies*, Catherine Hyland Moon (ed.). Taylor & Francis, 3--48.
32. Naumburg, M. (1966). *Dynamically oriented art therapy: Its principles and practice*. New York: Grune and Stratton. <https://doi.org/10.1176/ps.18.12.383>
33. Phillips, J. (2006). *The use of art therapy in impacting individual and systemic issues in foster care*. In D. J. Betts (Ed.) *Creative arts therapies approaches in adoption and foster care: Contemporary strategies for working with individuals and families* (pp. 143-151). Springfield, IL: Charles C. Thomas Publishers.
34. Potash, J. S., Ho, R. T. H., Chick, J. K. Y., & Au Yeung, F. S. W. (2013). *Viewing and engaging in an art therapy exhibit by people living with mental illness: implications for empathy and social change*. *Public Health*, 127(8), 735–744. doi:10.1016/j.puhe.2013.05.004
35. Riley, S. (1988). *Adolescence and Family Art Therapy: Treating the “Adolescent Family” with Family Art Therapy*. *Art Therapy*, 5(2), 43–51. doi:10.1080/07421656.1988.10758
36. Riley S. (2001). *Art therapy with adolescents*. *The Western journal of medicine*, 175(1), 54–57. <https://doi.org/10.1136/ewjm.175.1.54>
37. Rubin, J. A. (1994). *Child art therapy: understanding and helping children grow through art* (2nd ed.). New York: Van Nostrand Reinhold.
38. Rubin, D. M., O’Reilly, A. L., Luan, X., & Localio, A. R. (2007). *The impact of placement stability on behavioral well-being for children in foster care*. *Pediatrics*, 119(2), 336-344, para. 3. doi: 10.1542/peds.2006-1995
39. Scheid, J.M.S.(May 15, 2020). *Challenges and Strategies in Foster Care: Psychiatric Times*, Vol 37, Issue 5. <https://www.psychiatristimes.com/view/challenges-and-strategies-foster-care>
40. Steenbakkens, A., Van Der Steen, S., & Grietens, H. (2018). *The Needs of Foster Children and How to Satisfy Them: A Systematic Review of Literature*. *Clinical child and family psychology review*, 21(1), 1–12. <https://doi.org/10.1007/s10567-017-0246-1>

41. Storer, H. L., Barkan, S. E., Sherman, E. L., Haggerty, K. P., & Mattos, L. M. (2012). *Promoting Relationship Building and Connection: Adapting an Evidence-Based Parenting Program for Families Involved in the Child Welfare System*. *Children and youth services review*, 34(9), 10.1016/j.chilyouth.2012.05.017. <https://doi.org/10.1016/j.chilyouth.2012.05.017>
42. Storer, H. L., Barkan, S. E., Stenhouse, L. L., Eichenlaub, C., Mallillin, A., & Haggerty, K. P. (2014). *In search of connection: The foster youth and caregiver relationship*. *Children and youth services review*, 42, 110–117. <https://doi.org/10.1016/j.chilyouth.2014.04.008>
43. Swann, C., & Michelle Sheran Sylvester. (2006). “The Foster Care Crisis: What Caused Caseloads to Grow?” Retrieved September 7, 2021, from <http://www.jstor.org/stable/4137200>
44. van Aniel, H. (2015). *Helping infants and toddlers in Foster family care: The evidence base of the Foster carer – Foster child Intervention*. [Groningen]: University of Groningen. <https://research.rug.nl/en/publications/helping-infants-and-toddlers-in-foster-family-care-the-evidence-b>