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Art Making for the Art Therapist: A Study on Clinical Insight, Therapist Identity, Self-Care, and Countertransference

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Art Making For The Art Therapist:

A Study On Clinical Insight, Therapist Identity, Self-Care, And Countertransference

by

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Signature Page

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Abstract

This arts-based and quantitative study looked at the effects of reflective art making as a tool for stress reduction, clinical insight and therapist identity formation. Research was completed by three Loyola Marymount University, art therapy graduate students. Data was collected over nine sessions consisting of inventory scores from the State-Trait Anxiety Inventory (STAI-Y), as well as artwork made in response to each participant's client presentation. The research questions answered were: How does the reflective art-making process inform clinical identity as an art therapist? What effect did regular self-exploration have on burnout for the art therapist, as indicated by scores on the State-Trait Anxiety Inventory (STAI-Y) (Spielberger, 1983)? How was the process for each participant? Thematic analysis was used to identify themes and patterns within the data. Major findings suggest that reflective art making is a promising intervention for clinical insight, and art therapists' identity formation. Furthermore, while the number of participants was not large enough to show statistical significance, there was a general decrease in anxiety among nearly all participants from the pre-test to the post-test. Practice implications are proposed and recommendations for further research are offered.

Disclaimer

This paper does not reflect the views of Loyola Marymount University nor the Department of Marital and Family Therapy.

Saira Crawford's Dedication

This paper is dedicated to the power of the art.

Let art be your solace, reflection, and identity.

Lupe Solis' Dedication

This paper is dedicated to mental health workers everywhere who strive to make a difference in people's lives. May you strive to implement the practice of self-care daily, so that you may keep the spark that drew you to this profession.

Eliza Pfister's Dedication

This paper is dedicated to the mother inside of us all, who teaches us that in order to care for others, we must continue to practice caring for ourselves.

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Table of Contents

List of Figures

Introduction

The Study Topic

The purpose of this research was to explore the clinical and personal usefulness of regular self-exploration through art making by an art therapist. While examining the role of art, this research also explored the development of a therapeutic relationship, issues of transference and counter-transference and effective preventative measures for burnout. The research questions we investigated are:

- How does the reflective art-making process inform clinical identity as an art therapist?

- What effect did regular self-exploration have on burnout for the art therapist, as indicated by scores on the State-Trait Anxiety Inventory (STAI-Y) (Spielberger, 1983)?

- How was the process for each participant?

Significance of Study

There is currently a lack of research on art making as an informative source (Ireland, 1999) and we intend to address this deficit through our research. We are interested in this topic because it is relevant our development as art therapists both clinically and personally.   In our research, we hope to find methods of self-care through the art-making process that will promote career longevity, as well as to help further promote the development of art therapy.

Background of Study Topic

The literature reviews the benefits of art therapy as a treatment modality for autism, behavioral diagnosis, and bereavement.

Autism is a neurodevelopmental disorder involving impairments in social interactions and communication and behavior (Bethea & Sikich, 2007). Autism is understood as existing along a spectrum, with a large range of symptoms and behaviors (Maenner et al., 2013; Tissot & Evans, 2003). Gender and cultural norms affect how the symptoms are perceived and treated. Boys are more often diagnosed than girls (Baird et al. 2006). Caucasians are identified earlier than African Americans and Latinos (Mandel et al., 2009). Cultural norms also affect how behaviors are identified (Kang-Yi et al., 2013; Zachor et al., 2011). Identifying and treating autism early is a national public heath objective in the United States (Maenner et al., 2013). Many individuals with autism are considered to be visual learners (Lee, 2011). Art therapy can be an effective way to connect with individuals with autism (Epp, 2008), though more research is needed.

Children who are diagnosed with behavioral disorders display noncompliance as a key problematic behavior (Barkley & Mash, 2006). Research has shown that psychopharmacology and behavior therapy as effective treatment modalities (Acad, 2007). Using behavioral therapy can assist families by incorporating token economy, using time-out efficiently, anticipating future misconduct and managing non-compliant behaviors in public settings (Acad, 2007).

Art therapy is a therapeutic modality in working with children who have been diagnosed with a behavioral disorder. Art therapy is ideal for working with aggressive children, as aggression is an abundant source of energy for creative activity (Nissimov-Nahum, 2008). Armstrong (2013) considers creative arts therapies to be more similar to the interactions between

children and their caregivers than other therapeutic environments because of the use of the body and of non-verbal communication.

Bereavement has been studied for several decades. Rubin, Malkinson and Witztum (2012), discuss the ways in which models of grieving have expanded and now include issues of attachment, meaning making, and psychological trauma and complicated grief relate to bereavement. According to Goodman (2004), the contemporary view of treatment is based on developmental processes and on the mastery tasks that require ongoing change and adjustment.

According to Le Count (2000), creative art therapies can help the child process their grief by creating a safe place for them to express their feelings and by supporting them through the stages of grief. Morgan and Roberts (2010) assert that young clients are able to utilize drawing as a mode to communicate their thoughts and feelings when they are otherwise unable to communicate verbally. Glazer (2003) concurs by adding that, a drawing expressing the story of the loss can aid the bereaved in processing the grief.

The literature also surveyed research suggesting that art therapists who study their own art making will bring greater insight and artistic sensibility to the work of art therapy, as stated in McNiff (1998a, 1998b). A number of authors reviewed have also discussed the benefits of art therapists continuing their art practice, such as: further developing the field of art therapy, helping the therapist understand their counter-transference, facilitating insight in supervision, providing an outlet of expression and containment for the feelings that arise in session, and nurturing the ability to form authentic relationships with ourselves and others (Allen, 1992; McNiff, 1998; Levick, 1975; Ireland & Weismann, 1999; Markin, McCarthy & Barber, 2013, Deaver & McAuliffe, 2009; Guiffrida et al., 2007; Harter, 2007; Jackson et al., 2008; Newsome

et al., 2005;).   The research shows the benefits of reflective art making are both personally and

clinically significant.

Regarding burnout, Ganim and Fox's (1999) research claims that creating art work that

represents stress-producing emotions could help reverse the body's stress response, which would

then reduce tension in the body, help ease pain, and enhance the immune system. As a result, it

is of critical importance for therapists to continue their artistic practices.

Despite the range of benefits, Allen (1992) contends that art therapy graduate students

and art therapist often cease their art-making practice. Allen (1992) further implicates

clinification syndrome as an impediment to the art therapist making art. Similarly, Aldridge

(1993) adds that art therapists are sometimes practicing in settings that are overtly

psychotherapeutic. Alridge further contends that some of those art therapists want to be

identified as psychotherapists while others however, decide view themselves as artists who use

art in a therapeutic manner.

Future research is recommended to explore the issues that impede an art therapist from

the art-making practice, as well as the impact on themselves, their clients and the art therapy

field (Brown, 2008). In addition, Orkibi (2012) recommends that graduate art therapy

administrators be surveyed to explore the policy and practice implications of increasing student's

personal art making.

Literature Review

Introduction

Art therapy is a way of bringing the unconscious to the conscious. In an article about art therapy Naumburg (1966) supported the idea that art therapy provides a direct channeling of unconscious dynamics into a permanent product that can be neither denied nor disowned. In this literature review, the focus will be on the value of art making for the art therapist.   In the first part of the literature review, the benefits of art therapy with autism, behavioral diagnoses and bereavement in childhood and adolescence will be explored. The second part of the literature review explores the benefits of art making and how it can help inform clinical work, address issues of transference and countertransference, promote well-being, and prevent burnout, as well as being a valuable research tool.

Autism

The term autism was first used in 1943 (Johnson, Giarelli, Lewis, & Rice, 2013; Osborne, 2003). Autism was initially categorized in the *Diagnostic and Statistical Manual* (DSM) as a form of early onset schizophrenia, until 1980 when it changed to a "pervasive developmental disorder" (PDD) (Johnson et al., 2013). The definition of autism is fairly consistent in the literature as a neurodevelopmental disorder involving impairments in social interactions and communication, along with the presence of repetitive or stereotyped behaviors (Bethea & Sikich, 2007; Maenner et al., 2013). The pathophysiology of autism remains largely unknown (Bethea & Sikich, 2007; Johnson et al., 2013). However, evidence is extensive that autism begins early in utero or during early postnatal development (Bethea & Sikich, 2007).

Possible factors for the current rise in autism diagnosis may be changes in the diagnostic criteria, different research methods, and variation in urban/rural settings (Baird et al.,

2006). Autism symptoms are described as being on a continuum (Maenner et al., 2013; Tissot &

Evans, 2003). How the individuals are affected by the symptoms vary significantly (Tissot &

Evans, 2003). To help create a clear picture of the vastness of the possible variations of

symptoms among people with the disorder, Maenner et al. (2013) calculated, "for the autistic

subtype alone, there are 616 possible combinations of the 12 behavioral features that meet the

minimum required number (6) and pattern of domain-specific criteria for a diagnosis" (p. 401).

Generally, individuals with autism have both similarities and differences with other

undiagnosed individuals. Children with autism spend more time by themselves, and are engaged

with more verbal aggression than children without autism (Humphrey & Symes,

2011). Adolescents on the autism spectrum reported poorer quality in their friendship than those

without (Whitehouse, Durkin, Jaquet & Ziatas, 2009). Both adolescents with autism and those

without have troubles with anxiety during adolescence (White, Oswald, Ollendick & Scahill,

2009). However, anxiety manifests differently in individuals with autism. Davis et al. (2011)

found that for individuals with autism, increased communication levels added more anxiety, and

lower communication levels resulted in decreased anxiety. The reverse is true for individuals

without autism.

Cultural considerations. Autism diagnosis is more prevalent in boys than girls (Baird et

al., 2006). Solomon (2012) found that girls are often less diagnosed because even when the girls

were demonstrating similar communication challenges as the boys, the teachers did not identify

the behaviors as problematic for the girls. The girls that are diagnosed with autism are generally

more severely impaired than boys because of differences in gender expectations (Solomon,

2012).

Race also plays a significant role in diagnosing autism (Mandell et al., 2009). African-Americans are generally identified at a later age than Caucasian, and African-Americans are more often than whites diagnosed with conduct disorder or adjustment disorder. African-Americans, Latinos and other non-white ethnicities are less likely than Caucasian to be identified and diagnosed with autism (Mandel et al., 2009). Cultural differences in how behaviors are perceived seem to create discrepancies of how children are diagnosed with autism (Mandell et al., 2009). The same behavior can be viewed and understood differently depending on the cultural context (Kang-Yi, Grinker & Mandell, 2013). For example, "…during assessments African American parents may describe some autistic behaviors in children as disruptive, while white parents describe the same behaviors as idiosyncrasies or social oddities, thus leading to more diagnoses of conduct disorder in African-American children" (Kang-Yi et al., 2013). The delayed and often missed diagnosis of non-Caucasian cultures is not limited to autism, but is common in the treatment of many health conditions (Mandel et al. 2013).

It is important to be aware of cultural norms and trends when considering treatment and diagnosis (Kang-Yi et al., 2011). However, it can be difficult to study trends across cultures because different countries often use different systems of measurement for behaviors and methods for research (Xiang et al. 2013). Cultural norms will affect how behaviors are identified (Kang-Yi et al., 2013; Zachor et al., 2011), and many norms are like unspoken rules that are often not explicitly taught and these particular cultural norms can be difficult for an individual with autism to recognize (Hyo Jung, 2011).

Autism treatment. Treatment of autism is challenging because the etiology and the natural history of the disorder is poorly understood (Levy et al., 2007). Another factor that makes treatment difficult is that autism manifests in many different ways, as the symptoms vary

from individual to individual (Maenner et al., 2013). Just as an individual grows and changes developmentally over time, an individual with autism may experience behaviors and symptoms that change over time, further affecting treatment (Bethea & Sikich, 2007).

When discussing autism treatment, many articles focus on the importance of early intervention (Bethea & Sikich, 2007; Maenner et al., 2013). Maenner et al. (2013) mention that diagnosing autism at younger ages is a national public health objective in the United States. At early ages, the individual's brain has more plasticity, and therefore is more susceptible to change (Bethea & Sikich, 2007).

Treatment approaches for autism vary from medicine to food (Bethea & Sikich 2007; Levy et al., 2007). Bethea and Sikich (2007) focus on early intervention with pharmaceutical treatment that can "compensate" for abnormal brain development (p. 522). Treatment also varies depending on cultural norms and preferences. How a culture deals with setbacks or hardships, stress and emotions all impact how a disorder is acknowledged and treated (Kang-Yi et al., 2013). For example, in Korea, treatment of autism is focused more on music therapy, massage therapy, play therapy, psychotherapy, and attachment promotion, as opposed to behavioral and developmental interventions that are popular in other countries (Kang-Yi et al., 2013).

Art therapy. Art therapy can be a beneficial treatment approach for many individuals with autism. Hyo Jung (2011) stresses the tendency for individuals with autism to be visual learners. Tissot and Evans (2003) describe visual learners as individuals who benefit from art as a form of teaching and therapy particularly when it may be difficult to understand verbal communication. Epp (2008) describes art as being able to connect with individuals on a more "visual/kinesthetic" level as opposed to the more traditional "cognitive/intuitive" level (p. 36). Visual cues can help individuals with autism understand and learn unspoken social cues and

norms that others simply pick up. While Tissot and Evans (2003) acknowledge that not all individuals with autism are visual learners, identifying different teaching methods and options can help treat more people effectively.

Behavioral Disorders

Children with general behavior issues typically display noncompliance as a key problematic behavior, and have increased risk for manifesting behavioral disorders including Attention Deficit Hyperactivity Disorder (ADHD), somatization disorders, substance abuse/dependency issues, academic underachievement and various internalizing disorders--such as anxiety and depressive disorders (Barkley & Mash, 2006; Hinshaw, 1992; Loeber & Keenan, 1994). ADHD is the most common condition associated with behavioral disorders and occurs in roughly 3-5% of school-aged children (Reid et al., 2000). The impulsivity, hyperactivity and/or difficult temperament are components of ADHD that may be the "motor" that drives the development of early onset or childhood behavioral disorders, especially for boys (Burns & Walsh, 2002; Loeber & Keenan, 1994). There is an increased correlation with behavioral and emotional disorders, like depressive and anxiety disorders, and somatization disorders (Loeber & Keenan, 1994; Zoccolillo, 1992). Children who have been diagnosed with a behavioral disorder are at significant risk for continuing to engage in more serious behaviors throughout adolescence and into adulthood (Farrington, 2003). Children who have not solidified their personalities can display disturbance in their behaviors. Whereas, adults manifest behavioral disorders as personality disorders.

Cultural considerations. Gender is the most consistently documented risk factor for a behavioral diagnosis (Robins, 1991). Reid et al explains, "ADHD is 4 to 9 times more frequent in males than females, and the possibility of under identification in females and over

identification in males has been suggested as an explanation for these statistics" (p. 38-48). This

may result in boys being referred for assessment more frequently than girls. Furthermore, the

symptoms of inattention are more prevalent in girls and are more covert than those of

hyperactivity and impulsivity, which are more common in boys. This may be why fewer girls

than boys might be diagnosed with the disorder (Biederman &Faraone, 2004).

Treatment. Treatment interventions for children with behavioral disorders are

determined by age, environment, facility, medication and diagnosis. Research has shown that

psychopharmacology and behavior therapy are effective treatment modalities (Acad,

2007). Behavioral therapy is usually used to decrease problem behaviors. Using behavioral

therapy can assist families by incorporating token economy, using time-out efficiently,

anticipating future misconduct and managing non-compliant behaviors in public settings (Acad,

2007). A social skill training with peers is another method that has been shown to be effective in

modifying behavior disorders in children. Stimulant medication has also been used as treatment

for behavioral disorders in children (Conner et al., 2002). In controlled trials of stimulants,

Conner et al. (2002) found a decline in overall aggressive acts and antisocial behaviors in

children who were given stimulant medication. The study also revealed that if a child decreases

problem behaviors by adolescence, stimulant medication can be stopped.

Art therapy. Art therapy is a therapeutic modality used with children who have been

diagnosed with a behavioral disorder. Tibbetts (1990) discusses a study conducted with children

with behavioral problems: "the art therapy process increased the subjects' awareness of their

own emotional conflicts and simultaneously reduced their ability to effectively utilize defensive

responses" (p. 139–146). Children with behavioral problems often present the therapist with

several dilemmas, such as how to respond when faced with symbolic or direct expressions of

aggression, and how to establish a treatment relationship when clients arouse strong emotions in the therapist. Art therapy is ideal for working with aggressive children, as aggression is an abundant source of energy for creative activity (Nissimov-Nahum, 2008). Nissimov-Nahum (2008) explains, "the challenge for therapists is to determine when to allow free expression and when and how to limit it, so that they do not provide too much freedom or, conversely, set limits that are too rigid" (p. 140-147). Therapists should aim to find balance between structure and free expression.

Furthermore, the art-making process can address behavior modification for children with behavioral disorders and attachment issues. Armstrong (2013) further states, "art therapy is appropriate for non-verbal attunement because it offers the opportunity for bodily movements and interaction" (p. 275–284). Armstrong considers creative arts therapies to be more similar to the interactions between children and their caregivers than other therapeutic environments because of the use of the body and of non-verbal communication. Spaniol (2001) explains that the working relationship in therapy is similar to familial support during childhood because, at their best, both offer unconditional regard that builds a strong sense of self and self-esteem.

Bereavement

Bereavement is a universal experience. Shear (2012) postulates that about 3% of the US population experiences bereavement yearly. Shear defines bereavement as the experience of losing someone close and that the reaction is categorized as grief. He further describes grief as consisting of emotions, thoughts and behavioral inclinations that change over time. The main emotions according to Shear are sadness, yearning and often times, anxiety. Le Count (2000) describes grief as being strong, complex, and that it affects our bodies and our lives.

The study of bereavement has spanned several decades. Rubin, Malkinson and Witztum (2012), determine that for most of the 20th century, the understanding of bereavement was divided into two movements: the psychoanalytic tradition pioneered by Sigmund Freud and the medical view that focused on the symptomology of grief. According to Le Count (2000), theories of grieving processes have been grounded on studies of patterns and similarities. The stage-centered model of Kubler-Ross (1982), views the bereaved as moving from shock and denial to searching, then anger followed by depression and guilt before reaching a stage of resolution. However, according to Bonanno (2001), there is no research evidence that corroborates Kubler-Ross' stage theory.

Rubin, Malkinson and Witztum (2012), discuss the ways in which models of grieving have expanded and now include issues of attachment, meaning making, and psychological trauma and complicated grief. According to Goodman (2004), the contemporary view of treatment is based on developmental processes and on the mastery tasks that require ongoing change and adjustment. Goodman goes on to state that the tasks to be mastered are:

accepting and experiencing feelings related to the death, adjusting one's identity, developing new relationships, engaging in life-affirming activities, maintaining an appropriate attachment to the deceased (as through memories), and continuing with developmental tasks (p. 200).

Aside from the various understandings of bereavement, the literature also discusses the differences in the way people express their grief. Children express their grief in a way that is different than adults, depending on their cognitive and developmental abilities. Morgan & Roberts (2010) states that in treating bereaved children, it is important to incorporate the child's developmental levels because it impacts the way they understand death. School-aged children

seven to eleven can grasp the finality of death, but commonly see it as something that happens to the old and weak (Morgan & Roberts, 2010). Morgan & Roberts further assert that at this age, death can also take on external forms, such ghosts and boogeymen that sometimes appear in the child's dreams. By age seven, Speece and Brent (1996) suggest that most children understand that death is universal, permanent, and has a specific cause and effect. Le Count (2000) states that children need to work through their grief in a safe environment and that when they do not express or process their loss, they may develop a pattern of withholding their feelings and get blocked in the grieving process. As a result, it can become difficult for them to learn and to behave appropriately.

      Cultural considerations. Morgan and Roberts (2010) advises counselors to understand the cultural factors that may influence their work with bereaved young people and their families. Similarly, Vasquez and Rosa (2011) review research that suggests that there are cultural differences in grief reactions and emotional expressions. Despite the findings, current grief process theories do not consider how Latinos living in the US manage grief (Rosenblatt, 2008; Stroebe & Stroebe, 1987; Stroebe, Hansson, Schut, & Stroebe, 2008). Vasquez & Rosa (2011) recommend that clinicians become mindful of how they approach treatment and if certain theoretical frameworks and interventions apply to their Latino clients, and that in doing so, they will support and empower their clients through the grief process.

      Bereavement treatment. Webb (2005) asserts that it can be challenging to support a bereaved child for many reasons including: wanting to protect a child from emotional pain, the clinicians own anxiety towards death, as well as feeling lost on how to help. Shear (2012) asserts that a clinician can support the bereaved through their grief and mourning by, "supporting acute grief in its cultural context, encouraging effective mourning, managing complications that

can derail mourning, recognizing and accurately diagnosing concurrent psychiatric and medical

conditions" (p. 463). Goodman (2004) describes bereavement interventions as including:

support groups, self-help groups, efforts in school, family, play and art therapy.

      Art therapy. An important goal of therapists who work with grieving children,

according to Glazer (1998) is to help the child express emotion and process grief. According to

Le Count (2000), creative art therapies can help the child process their grief by creating a safe

place for them to express their feelings and by supporting them through the stages of

grief. Morgan and Roberts (2010) assert that young clients are able to utilize drawing as a mode

to communicate their thoughts and feelings when they are otherwise unable to do it

verbally. Glazer (2003) concurs by adding that, a drawing expressing the story of the loss can

aid the bereaved in processing the grief.

Art Therapists Making Art

      Moon (2003) states that art therapists must make art for a variety of reasons: providing an

outlet of expression and containment of the feelings that arise in a therapeutic session, as a

means of investigating the therapeutic work, and to foster the ability to form authentic

relationships with ourselves and others. Wix (1995) similarly contends that the clinical benefits

the art therapist gains through reflective art making includes being better able to engage the

client in the art process. In addition, Moon (2003) contends that the practice increases empathy

and is another way of getting to know the client. Art making has been utilized in: supervision to

conceptualize casework, to increase knowledge about transference and countertransference, to

address and prevent burnout, as well as to promote the field and the dual identity of therapist and

artist.

Art-making in supervision. Clinical supervision for students and interns is a helpful tool to gain knowledge, insight, support and feedback to become more competent in their work as therapists (Deaver, 2011). The principal goals of supervision are to facilitate and support the supervisee's professional development and to oversee the quality of services provided by the supervisee to the clients being served (Bernard & Goodyear, 2004; Overholser, 2004). A variety of methods of reflection can be used in supervision including video/audio recordings, reviewing notes, live observations, roleplaying, analysis and art-making (Deaver, 2011; Goodyear, 2004; Overholser, 2004). Art making in supervision facilitates conceptualization, use of metaphors, unique insight, and exploration of the therapeutic bond (Deaver, 2011; Guiffrida et al., 2007; McAuliffe & Eriksen, 2011). The literature claims that art-making in the supervision context leads to supervisees' increased self-awareness (Deaver & McAuliffe, 2009; Guiffrida et al., 2007; Harter, 2007; Jackson et al., 2008; Newsome et al., 2005). Furthermore, McAuliffe and Eriksen (2009) stated that developing metaphorical thinking may be viewed as a constructive approach to case conceptualization, in that it is an active cognitive strategy for supervisees to understand their clinical experience through a personal analogy.

The verbal and visual metaphors developed for these case conceptualization techniques have the potential to bridge feeling and insight, influencing behavior and action (Robert & Kelly, 2010). Robert and Kelly (2010) state, "with the intentional use of metaphors, supervisors and students become more aware of client-generated metaphorical narratives, facilitating client case conceptualization, therapeutic relationship, and intervention strategies" (p. 53). However, effective use of metaphor in supervision is likely dependent upon a supervisee's ability to think abstractly and creatively. It is also depended upon the supervisor's level of expertise and comfort with creating ways of incorporating these techniques (Guiffrida et al., 2007). Some

considerations for supervision using art-based techniques include creating a safe, supportive

group environment, offering collage as a potentially less threatening alternative to drawing, and

reminding supervisees that artistic ability is not being evaluated. Initial awkwardness subsides

after some practice, and after being assured that the creative process rather than the end product

is of great potential value (Sullivan, 2006).

        Art making, transference and countertransference. Transference and

countertransference have historically been vital elements of psychoanalytic treatment. Anna

Freud (1966) states that the phenomenon of transference is what the patient experiences in

treatment, when not created in treatment, and that it has their source in the patient's earliest

object relations. The phenomena of transference is closely linked to countertransference. The

definition of countertransference has been controversial in the literature (Rosenberg & Hayes,

2002, Hayes & Gelso, 2001; Orr, 1954/1988; Wolstein, 1982). Langs (1974) defined

countertransference as being:

> those responses to the patient which, while prompted by some event within the therapy or
>
> the therapist's real life, are primarily based on [the therapist's] past significant
>
> relationships; basically, they gratify [the therapist's] needs rather than the patient's
>
> therapeutic endeavors (p. 298).

        Markin, McCarthy and Barber's (2013), research indicates that it is important to observe

the therapists' countertransference as well as client transference because they both appear to

influence session quality in short-term dynamic therapy. Nissimov-Nahum (2009) reviews

literature that further proposes that when countertransference material is not handled well by the

therapist, the process and outcome of the therapy can be negatively impacted.

Art therapy provides a way for clients to access and understand their transference experience. Naumburg (1966) suggests that clients were able to understand the source of their transference through free associations of images created in art therapy. Levick (1975) similarly observes that clients in art therapy are able to become aware of their transference through associations to drawings they created. Levick further suggests that art therapy can help patients recognize their transference experience more quickly than verbal psychotherapy.

In addition, art making can also help a therapist understand their counter-transference experience. Levick (1975), goes on to state that art therapist trainees are able to understand their countertransference experience by making their own art and in doing so are better able to recognize transference feelings in their patients' drawings. Ireland & Weismann (1999) further suggest that therapists' drawings of psychotherapy sessions can also be valuable by providing:

> increased sensitivity to the transference and counter-transference theme in the therapy, facilitation of case formulation, the extension of the use of the therapist as a clinical tool, enhanced access to non-verbal psychic material, and the creation of an accessible measure of therapeutic progress (pg. 83).

Art-making and preventative burnout. Burnout affects the individual both physically and emotionally (Keidel, 2002). Symptoms can be seen in the body, emotionally, cognitively, and socially with peers, friends and co-workers (Italia et al., 2007). Some people are more susceptible than others to compassion fatigue. Certain traits noted to make individuals more susceptible to compassion fatigue are rigidity and perfection (Keidel, 2002; Negash, 2011). Traits that can help combat compassion fatigue are maintaining personal boundaries, not internalizing or over identifying, and utilizing self-care (Negash, 2011). Making time for

emotional, spiritual and physical recovery is essential in combating burnout and compassion fatigue (Baumrucker, 2002).

Much of the literature about art therapy and burnout is centered in hospice work (Belfiore, 1994; Kennett, 2000; Salzano, Lindemann & Tronsky, 2013; Tyler, 1998) and work with cancer patients (Italia, Favara-Scacco, Di Cataldo, & Russo, 2007; Luquette, 2007; Wood, Molassiotis, & Payne, 1998). Professional burnout is not confined to palliative care or even to medicine (Baumrucker, 2002), though professionals working in the health field are particularly vulnerable (Italia et al., 2007).

Art-making and professional identity. Aside from the clinical and personal benefits of art making, the art therapist's art making is also relevant to the development of the field. According to McNiff (1998), "If we are to further the practice and the imagination of the profession, we must begin to use the languages, the ways of thinking, and the modes of creative transformation that constitute our collective being" (p. 31). Similarly, Allen (1992) argues that the continuation of the art therapy field is not contingent on certification or licensure, but on whether there are enough art therapists continuing their art practice. When an art therapist does not maintain their own art practice, Brown's (2008) research suggests that the art therapist is susceptible to, "depletion, anger, apathy, disconnection from ourselves, our work and patients" (p. 207).

Allen (1992) states that a reason behind the low numbers of art therapists who continue their art-making is clinification syndrome. Clinification syndrome is a process where art therapists gradually cease making art as clinical skills become the primary career focus (Allen, 1992). The tension suggested in clinification syndrome is reflective of the debate on the art

therapist dual identity of artist and therapist that has been documented in the literature (Aldridge, 1993; Ault, 1977; Fleming, 1993).

   Art-making and arts-based research. Using art as a reflective practice and as research can help the therapist understand cases, the therapeutic alliance, and interventions in alternate ways. "Artist have traditionally derived much of their understandings of the world from affective positions such as an autobiographical knowing linked to personal feelings, experiences and opinions informed by and beyond self to transpersonal understandings," (356) states Grushka in an article about art as a reflective practice. Grushka explains artistic practice presents a medium able to experience endless possibilities of insight. McNiff (1998) explains that arts-based research is, "a method of inquiry which uses the elements of the creative arts therapy experience, including the making of art by the researcher, as ways of understanding the significance of what we do within our practice" (p. 13). Art making is a way of understanding the applicability of research and of evaluating research education (Julliard et al., 2000).

Conclusions

   The literature has reviewed the benefits of art therapy as a treatment modality for autism, behavioral diagnosis, and bereavement. A number of authors reviewed have also discussed the benefits of art therapists continuing their art practice, such as: the development of the art therapy field, helping the therapist understand their counter-transference, facilitating insight in supervision, providing an outlet of expression and containment of the feelings that arise in a therapeutic session, and nurturing the ability to form authentic relationships with ourselves and others (Allen, 1992; McNiff, 1998; Levick, 1975; Ireland & Weismann, 1999; Markin, McCarthy & Barber, 2013; Deaver & McAuliffe, 2009; Guiffrida et al., 2007; Harter, 2007; Jackson et al., 2008; Newsome et al., 2005). Current research suggests that art therapists who

study their own art will bring greater insight and artistic sensibility to the work of art therapy

(McNiff, 1998). The research shows the benefits of reflective art making are both personally and

clinically significant.

Despite the various benefits, many art therapists do not continue to make art outside of

their clinical practice. Brown (2008) for example, has observed that his art therapy students and

colleagues have ceased to make art. Allen (1992) asserts that clinification syndrome is what

pressures many art therapist to focus on developing their clinical skills in order to prove

themselves as therapist, to the detriment of their art therapist identity. Addressing the issue,

Moon (2003) asserts that it is important to evenly balance the artistic self and the therapist self to

sustain professional identity as an art therapist. Taken together, the studies in this review

indicate that when the art therapist is able to continue their artistic practice, they have much to

gain.

Future research is recommended to further explore the issues that hinder an art therapist

from the art making practice, as well as the impact on themselves, their clients and the art

therapy field (Brown, 2008). Orkibi (2012) adds that since graduate art therapy students

decrease their personal art making during training, further research should survey administrators

and focus on the policy and practice implications that would encourage personal art making into

the program curriculum.

Research Approach

An arts-based approach was utilized to look at the importance of art making for an art therapist.   Since art making was the primary mode of inquiry, arts-based research was a suitable research approach because as Harvey (2000) stated, arts-based research focuses on art making as a way to gather, analyze and present data.

"For art therapists, the use of our own images to investigate and communicate our work parallels the way we work with clients. Response art offers therapists a way to contain, explore, or express clinical work. It is a form of active listening that uses imagery as well as words," said Fish (2011).

McNiff (1998) discussed the value of art-based research to deepen the clinical experience, making more effective art therapists. Art can be more than a representation of reality and can be used as a learning tool to gain insight (Kapitan, 2010). The arts-based research approach in this study also aimed to help strengthen and build the profession of art therapy as a whole (McNiff, 1998).

Methods

Definition of terms

Autism- The presence of markedly abnormal or impaired development in social interaction and communication and a markedly restricted repertoire of activity and interests (DSM IV, 2000).

Arts based research- The creation of knowledge using visual means within a research perspective (Sullivan, 2005).

Clinical identity- The theoretical orientation and perspective of the art therapist

Behavioral diagnosis- Any disorder of childhood characterized by prominent disruptive behavior. (American Psychiatric Association, 2013)

Bereavement- The experience of losing someone close and experiencing emotions (sadness, yearning and often times, anxiety), thoughts and behavioral inclinations that change over time (Shear, 2012)

Clinification syndrome- A process where art therapists gradually cease making art as clinical skills become the primary career focus (Allen, 1992).

Kubler-Ross model- 5 stages of grief model that views the bereaved as moving from shock and denial to searching, then anger followed by depression and guilt before reaching a stage of resolution (Kubler-Ross, 1982).

Reflective art-making- The process of the art therapist making art to inform both clinical and personal reflective work.

Design of Study

Participants who researched this study sought out to examine burnout, countertransference, identity, and client cases. The participants met together for nine sessions to make art that is inspired by a clients' artwork. The process and the artwork created will be discussed. During the research participants asked the following questions:

1) How does the reflective art making process inform clinical identity as an art therapist? 2) Is there an association between the reflective art making and anxiety levels in art therapy graduate students, as indicated by scores on the State-Trait Anxiety Inventory (STAI-Y) (Spielberger, 1983)?

3) How was the process for each participant?

Sampling. The participants are the subjects in the study. The participants gathered together to facilitate a reflective art-making process centered on client artwork. Because client artwork was be used, and their personal information may be revealed through their art, the clients were therefore considered subjects as well. Clients/caregivers were be asked whether or not they wanted to participate, and their confidentiality was respected throughout the process.

During the research, each of the three participants were graduate students in the Marriage and Family Therapy/Art Therapy program at LMU. The participants were conducting art therapy with children at three different practicum sites-- LAUSD School of Mental Health-Carson, Los Angeles Child Guidance Clinic-Day Treatment and Kayne Eras Exceptional Children's Foundation). The participant from the clients that they were working with in practicum selected clients for this research project.

The clients were male children ages 3-17 years old. Each participant selected one to three clients whose artwork she was interested in exploring. Clients who were already seen

clinically by the participant were considered based on several factors including: approval from site supervisor that the client was appropriate for research, clients with regular attendance, and the participant's particular interest in the client's art.

The parents/guardians of the client's were given an "informed consent form" giving permission for the client's artwork to be used in research, and the client was given a "research assent form" to explain their choice to be involved. Because the participants were already seeing the client as their art therapist, initial contact has already been made. The clients and their parents/guardians were be given a choice to participate in the research, and had the option to stop at any time. Clients and their parents were also be told that the research will not affect the course of treatment.

Gathering of data. Participants gathered data individually from clients' art, then brought it together to work with as a group. The methodology included live observations, analysis, art making and utilized nine pre and post stress-test designs. The instrumentation used in this study to measure the effects of reflective art making were the State-Trait Anxiety Inventory (STAI-Y) (Spielberger, 1983). STAI-Y is an anxiety inventory designed for adults, consisting of 40 questions, divided into two scales, T and S. The T-Anxiety scale identifies the participant's level of general, long-standing, trait anxiety. The S-Anxiety scale identifies the participant's level of temporary state-anxiety. The S-Anxiety scale has been shown to be a sensitive indicator of changes in transitory anxiety. The participants used both scales of the inventory. In the beginning of each session, participants completed the pre-test of both inventories. Following the reflective art making, participants were given post-test of both inventories.

The following is an outline of our research process:

- Set-up--individual stress test, individual scribble

- Opening ritual-- to help create sacred space to begin art process, a bell was rung and sage or incense was burned

- Identify Client-- age, race, gender, family constellation and presenting problem, show client artwork and talk about the session with the client, and the client's art making process.

- Art Response-- participants made art, with the option of doing a free-write at the beginning and end of session

- Process Discussion-- discuss themes in the artwork and art-making process for the participants

- Closing ritual (same as opening ritual)

- Clean-up--stress test, individual scribble

The total process lasted approximately two hours. Participants found that 20 minutes for identifying client, one hour for the art response and thirty minutes for process discussion was ideal.

Analysis of data. Participants met for a total of four times to analyze findings. Each participant answered the research questions:

1) How does the reflective art making process inform clinical identity as an art therapist?

2) Is there an association between the reflective art making and anxiety levels in art therapy graduate students, as indicated by scores on the State-Trait Anxiety Inventory (STAI-Y) (Spielberger, 1983)?

3) How was the process for each participant?

Over the course of the research, group discussion and individual reflection facilitated an exploration of each participant's clinical identity as an art therapist. Participants also analyzed data from stress tests to see how the art-making process affected stress. In order to answer question three, participants met for a final group session, *Session 10*, to create art that synthesized their research experience. Participants examined how the process varied for each researcher in terms of similarities, differences, group experience and reflective art practice. Over the course of nine sessions, participants coded their individual artwork as well as the themes that emerged in the group to find themes. Thematic analysis was used to identify themes, codes and patterns within the data.

Results

Presentation of Data

<div align="center">

Session #1
Client: "Marco"
Presenter: Saira
1/21/14

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Client Summary

Marco is a four year-old, Mexican-American male. Department of Child and Family

Services (DCFS) removed Marco from his biological parents at one year-old because of

domestic violence and physical abuse from his older siblings. He was placed with foster mother

when he was one year old. Marco has eight-hour visitations on Saturday with biological parents.

Foster mother has reported that she worries about his visits because he returns to foster family's

home using profanity has physical evidence of aggression or abuse. Marco also becomes more

physically aggressive with foster family. Marco was referred to intensive day treatment because

he does not follow directions, tantrums and needs help eating. Marco is non-compliant and can

tantrum for up to twenty minutes. Marco refuses to eat unless foster mother feeds him. Marco

has difficulty sleeping and takes about two to three hours to go to sleep. DCFS wants to reunite

the biological family, however biological mother has not been able to leave biological

father. DCFS has encouraged the biological mother to leave the father in order to regain custody

of her children. Marco has a custody hearing pending to determine which house he will be

placed into (biological family or foster family) and/or may be put into another foster home.

Presenting Question

Presenter is concerned about termination and client's placement in new home.
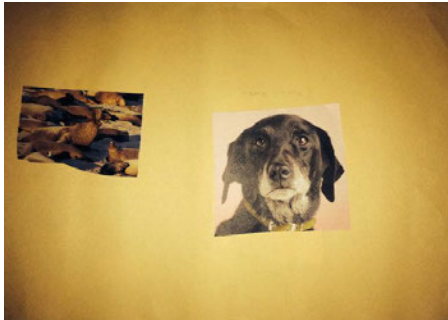
Client Marco Art

Figure 1a: Client Art

Figure 1b: Client Art

Figure 1c: Client Art

Saira's Session #1 Experience

Figure 1d: Biological Mother vs. Foster Mother

Process. I felt very rushed in my process of telling the Marco's story. I felt guilty about not being able to convey my entire message. I found that I had initial anxiety about art making in a limited time period and the pressure of creating in front/or with a group. I was aware of the noise I made as I sketched and erased the images. I had limited time to present Marco's history. I wanted to perform in front of my peers and was also reeling from the short five minute time period that I had to explain the client and history. I used pencil to sketch the figures. As I began to use the watercolor to fill in the images, my anxiety eased and I became more intent on the conflict between the two women. Then I became worried about the amount of time and was afraid I would not be able to finish. I worked until the last moments. I fully enjoyed the hour and a half of work. After the initial angst in creating the image, I felt that the process gave me a sense of calm.

Content. The shapes in this piece were round, parallel and organic, with curved continuous lines. The media used was watercolor and watercolor paper. The colors used were muted: beige, green, and red. The two forms are pregnant women facing each other.

Conversation. I discussed a sense of conflict and anger between the two figures. I realized in the viewing process one figure is more protective and the other figure seems jealous. I felt that the reflection was significant and meaningful. Through my own experience I felt the struggle of the two mothers and the two different types of nurturance. My work reflected the womb and ideas of similarity and difference in Marco's two homes, lives and mothers. I saw one mother as the nurturer who provided her womb and birthed him. I felt the other mother was the nurturer who allowed him to thrive after birth. I realized that the foster mother (identified as the figure holding her belly) held her hands around her stomach protectively and actively caring for Marco. In contrast the biological mother had a closed fist signifying anger. Simultaneously, as I

listened to my peers I felt an over-arching pain and despair for the child. The reflection that my peers provided, created an awareness and seriousness about the case. I wished I could save him from these two homes. Afterward I felt incredibly calm and had clarity about Marco.

Coded themes. Anxiety, duality, bodies, round, organic, muted, womb, nurturance, protection, anger and fear.

Eliza's Session #1 Experience
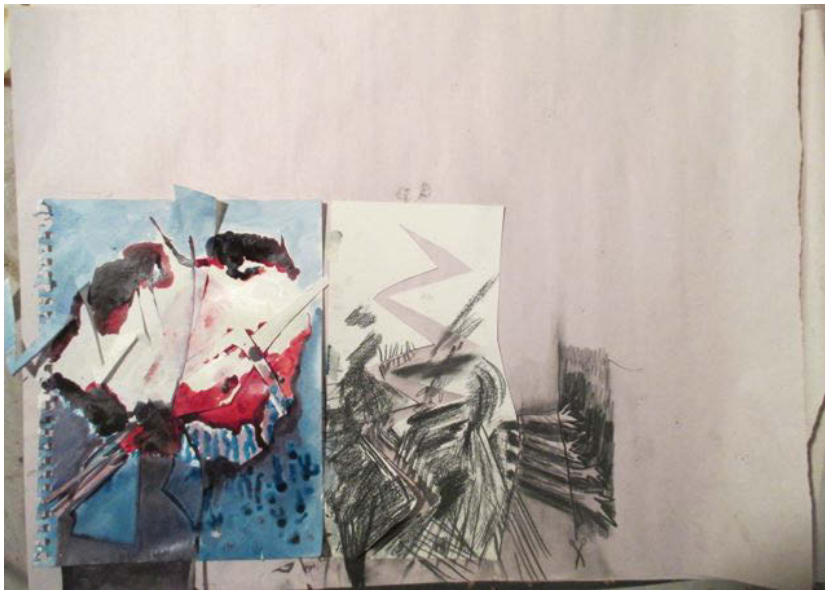
Figure 1e: Slash

Process. I felt some anxiousness in the space; it felt different working with a group and not alone. I felt fidgety at first, distracted, and had a hard time deciding on materials.   Eventually felt settled in. I enjoyed having the structure of a longer time to make the art.

Content. Two separate parts are presented, with a clear and harsh division of right and left side. Color on the left side that seems wet almost dripping and on the right dry shades of grey. Jagged lines, perhaps a wolf and birds, are hinted in the abstract images. The paper is cut and attached only on one side so that it can open like a door. The media is mixed; not all the page used, leaving room for empty space.

Conversation. I noticed that Lupe and my artwork contained similar colors and composition. Perhaps this is due to us not knowing the client as Saira, the presenter does? From free write noticed themes of sadness, loneliness, feeling lost, anger, yelling. Themes of struggling to protect an inside space, and holding on to parts that I didn't want. From the art, it feels intense, jagged, and bloody like a wound on one side. Two separate parts dense not integrated, a feeling that the part on the left was like unwanted things like the trash pile. I was surprised that that was where my focus was drawn to elaborating on this side. It felt like that was where the work and interest was.

Coded themes. Animals, birds, wolf, wound, bloody, duality, division, abstract, mixed media, contrast, inside/outside space, circular space, sad, lonely, anxiety.

Lupe's Session #1 Experience
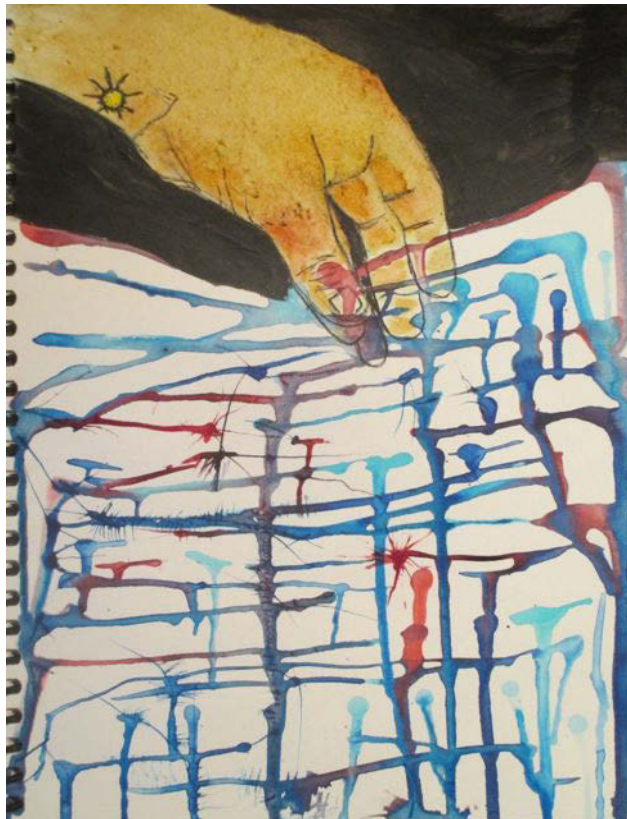

Figure 1f: Drips

Process. The process was slow and methodical. In the beginning, what I gathered from the presentation of the client left me with feelings of sadness and anger. I felt relaxed as I engaged in the art process. I finished the process fifteen minutes before the allocated time. I used the fifteen minutes to lie down and rest in the sofa in the studio.

Content. There is a hand shape in the image, along with several loose lines. Some of the lines appear as drips. The media used was ink, watercolor and pen.

Conversation. My understanding is that the child is experiencing a lot of change and a lack of control. There is sense a longing for control in the hand reaching for the sturdy lines that are moving away from it in drip forms.

Coded themes. Grief, loss, powerlessness, futility, blue, red and black.

Group Summary Session # 1

Participants discussed some initial apprehension about engaging in the art process as a group and uncertainty about being comfortable in the new space. The group experienced a shift in mood, some feeling more relaxed and others more energized.

The group discussed the artwork evoking issues of Marco's unstable living home and questioned Marco's attachment. The participants considered whether Marco's attachment was insecure and how this attachment might be affected by client's multiple changes in residence. Additional themes that emerged in all participants were: duality, violence, anxiety.

The artwork of the two non-presenters was similar in form and content. The group considered the potential significance of this, and wondered if it was because the person presenting knows and sees the client differently. Lupe and Eliza's messy and chaotic elements in the artwork seemed to parallel the presenter's descriptions of the client's home environment with his biological parents. In contrast, Saira's artwork reflected the relationship between the client's

biological and foster mother, and the different types of nurturance he received from each of them.

The group concluded with a reflection on the session format and agreed upon changes that addressed the need for more time for presentation of client (from 5 minutes to 15 minutes) and decreased time for art making (from two hours to one hour). Participant's realized that they had not allotted time for discussion during the first session. After making the artwork, participants gave twenty minutes to discuss artwork. After the session there was a collective excitement about what the process revealed especially noticing the themes that emerged within the group and the potential power of the work.

Insights gained. The art expressed the significance and intensity of the child's living situation. Presenter, Saira, gained insight around client's attachment/ ruptured attachment. Saira noticed the reflected aggression, chaos and tumultuousness. Saira increased her compassion for client and gained new understanding of client's past and present symptoms of PTSD and anger/depression. Saira also noticed the emotion associated with not having a stable and consistent attachment/caregiver. Saira hopes to provide stability and consistency while he is in treatment.

Collective coded themes. Grief, loss, powerlessness, futility, blue, red and black, animals, birds, wolf, wound, bloody, **division**, abstract, mixed media, contrast, inside/outside space, circular space, sad, lonely, **anxiety**, **duality**, bodies, round, organic, muted, womb, nurturance, protection, anger and fear.

*Themes in bold represent themes that were shared by at two or more presenters.

Session #2
Client: "David"
Presenter: Eliza
1/25/14

Client Summary

David is a twelve year-old male. His family is from Guatemala, El Salvador, Mexico and the United States. He attends a "non-public school" where he is able to get more structure and support than a public school. His parents are separated and he has difficulty talking about his father. David has been working with anger management problems, particularly at home, where his mom states he needs to be in control of the situation. His aggressive behaviors have decreased at school, though he seems to display autistic-like tendencies to perseverate, becoming extremely focused in his play.

Presenting Question

Eliza stated that she was consulting the group about her confusion about how much she is able to help the client. She is concerned that the plant that the client planted with her from seed may die and how to work with this therapeutically.

Client David's Art

(Note: Because of client's interest in the game "plants vs. zombies," client planted a pea plant seed that he took care of each session as part of his art therapy, providing water, support, measuring it and watching it grow.)

Figure 2a: Client Art

Eliza's Session #2 Experience

Figure 2b: Roots

Process. The process was intense and energetic. I was physically engaged with the rubbing and blending the charcoal.

Content. Charcoal representation of David's potted plant and a more abstract image of a plant, focusing on roots and what is happening under the ground line. The left side of the page is filled with small circles and dense layers of black and white charcoal.

Conversation. In my free write themes of growth, fragility, absence of father, and the need for support emerged. While making the art, I felt the goodness of the work we were doing. I felt like the time we are all thinking of David, is powerful and beneficial to him. When processing with the group, I was able to see David's situation in a new way. The group conversation inspired a big shift in my perspective. I realized I was holding on to something I realized I could perhaps let go of-- the success of the plant. Making my own art helped me to separate what was mine-- my own desire to nurture David and the plant-- and what was his-- his need to express his anger and loss in a safe way. I could find therapeutic value even if the plant died. I was able to relieve myself of the burden of keeping the plant alive, and focus on supporting the client though difficulty.

Coded themes. Roots, fragility, support, growth.

Lupe's Session #2 Experience

Figure 2c: Lines Of Support

   Process. I folded the paper in three times horizontal because I wanted to create order in

the layout. I then created a bean out of tissue paper and added further texture by creating

branches out of tape. I had a lot of energy that I wanted to incorporate as texture in the drawing. I

poked tiny holes all through out the background of the piece. My art process was loud and very

kinetic.

   Content. The piece contains a representation of a bean plant. The lines are jagged and

rough. The colors used were red and green and they were muted. There is a considerable

amount of negative space. There is a suggestion of 3D element in the work by the raised

branches and bottom section of the paper.

Conversation. My focus was on growth and the need for boundaries to support that growth. I created the dents in the paper to represent the latter boundaries. I thought about all the energy that a bean had in order to develop and grow and I compared it to the process I suspected was similar to David.

Coded themes. Growth, energy, life, force, bursting.

Saira's Session #2 Experience

Figure 2d: Expect It To Grow

Process. During this process I felt a connection and struggle of the client. In the art process I paralleled feelings of pressure, normalcy, expectation and comfort. The expectations I had of my own work were constantly appearing as I worked. I also used two mediums that do not normally work together. I used watercolor and acrylic. While switching back and forth from the two mediums, I would accidentally switch from one to the next. I would realize that I was

working with the wrong medium and become frustrated. This process reminded me of the client and how this client is trying to fit into a mold of a boy that his mother, teachers and peers may be imposing on him. I made noise during the process (sighing and grunting) and felt agitated. I was frustrated through the process, but realized what a profound insight was realized in making the work.

Content. The piece contains round shapes and straight lines. There is and organic and inorganic duality to the artwork. The art holds blurry and sharp line quality. The color palette use is dulled browns, blacks, greens, yellows and reds. The perspective is skewed revealing two different viewpoints.

Conversation. The piece reflects expectations and reality. Using the two mediums was illuminating because I had to remind myself that although they are different they can work together in a piece. However, to use both mediums it takes consciousness and attention, which is similar to the caregivers of the client. I also viewed the two perspectives of the pieces as a way to see the client. He is living in one reality and others are expecting him to respond and react to a different reality. This tension and struggle the client holds. I was also aware of how stubborn this client was and felt that there was a fragility in his stubbornness. During the process I felt like he was a square peg trying to fit into a round hole. Through the art I wished that he could gain hope and understanding for himself and his process and was certain that Eliza was providing that space for him.

Coded themes. Duality, expectation, growth, reality, perspective, fitting into a mold, viewpoint.

Group Summary Session #2

The process of the group art making was a louder, energetic, and more physical process for all participants. Lupe for example, poked holes in the paper, Eliza rubbed the charcoal with intensity, and Saira dynamically integrated watercolor and acrylic.

A similarity emerged between the two non-presenters. Lupe and Saira both orientated the paper vertically and used red, green and brown colors, whereas the presenter, Eliza, used black and white and orientated the paper horizontally. All the artwork contained the representation of a plant.

The group discussion focused on the symbolism of the plant roots. Presenter, Eliza, considered the importance of looking closer at the client's roots-- his father and his ethnic background. Lupe's roots were a metaphor for David's developmental stage. Saira's work expressed the expectation of David's growth and conformity to normal standards. Saira's contrast of media shows the difference between the relationships in David's life, for example Eliza vs. David's mother.

Insights gained. The session helped the presenter, Eliza, to separate her own needs from David's needs. She realized how invested she was in the plant and what she could and couldn't to do help it grow. While presenting the potted plant, Eliza's focus was on the delicacy of the plant and her concern that it would survive. She wanted to do more for the plant, like provide more structure for it to grow on, but struggled to understand how much intervention was appropriate what would be most therapeutic for the client.

The work of the group reflected the energy and intensity of the client and helped Eliza realize that the plant does not need to live for it to be successful work with the client. The participants helped the presenter separate her own expectations about growth and support. At the

end of the session, Eliza felt more open to supporting the client in his process, even if it

challenging or related to death or loss.

   Collective coded themes. Duality, expectation, ***growth**, realty, perspective, fitting into

a mold, viewpoint, **roots**, fragility, **support,** energy, life, force, bursting.

   *bold themes indicate a theme that was listed by more than one researcher.

Session #3
Client: "James"
Presenter: Lupe
1/25/14

Client Summary

James is a seven year old, Hispanic, male. James lives in a single head household, with biological Mother and four year old sister. James' Mother has a history of domestic violence with client's biological father and subsequent relationships. Parents separated when client was three years old and has no contact with biological father.

James was referred to treatment by his teacher. According to teacher, James has daily tantrums, does not complete class work, has difficulty concentrating, is impulsive, problem with peers, has hit her and other children in the classroom. According to mom, James makes up friends, expresses distress when separated from her, and is easily distracted. Client was diagnosed with Attention deficit hyperactive disorder (ADHD).

Presenting Question

Presenter is concerned about James's treatment objectives and his conflict in the school-based setting.

Client "James" Art

Figure 3a: Client Art

Lupe's Session #3 Experience

Figure 3b: Carnival

Process. In the beginning of process, I began a simply family drawing that was similar to one that had been created by James. I noticed that afterwards I wanted to write down words that James had said that stood out to me. I then found that I felt that I needed further stimulus and wanted to create and touch texture. What I realized in my process was that I became frustrated by a drawing pen drawing of a hummingbird because it did not come out the way that I wanted it

to. My frustration seemed to parallel my client's process. When he is unsatisfied with his drawing he tends to crumple it up and want to throw it away. I found that I almost did the same thing. My process was messy and changed from one media to another rather quickly.

Content. The piece contains several textures, from smooth paper, to bumps in the paper plate. Various media was employed including pen, oil pastel, marker, collage, tape, and acrylic. There are two hummingbirds images, along with three drawn stick figures, handwriting and circular shapes in the background. The dominant colors used in the piece were a vibrant blue and red.

Conversation. I found it difficult to focus during the art process due to my interest in exploring various media in the allotted time. I became frustrated by the piece because it appears to lack order and there is no place for my eyes to rest when I view it. Overall, the piece is too visually stimulating. I wondered if my frustration was a parallel process to James' experience in school and how easily he gets distracted. Also, my frustration seemed to be similar to James when he is unsatisfied with his drawing he tends to crumple it up and want to throw it away. I found that I almost did the same thing. My process further reminded me of James' desire to do well in school and his frustration with feeling that he is intrinsically a bad person.

Coded themes. Struggle, order, story, hurt, isolation, deprived, injustice, frustration, chaos.

Eliza's Session #3 Experience
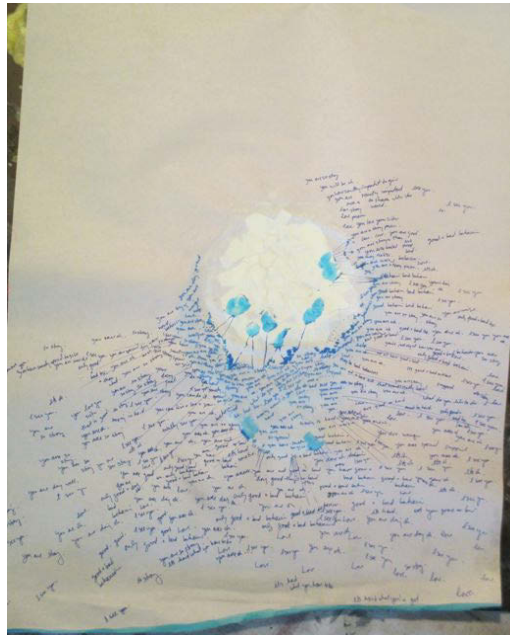
Figure 3c: Support

Process. The process of making this work felt very relaxed and meditative. Perhaps getting more comfortable with the process, perhaps related to the client. I felt a sadness for the client which evoked in me a feeling of wanting to mother him by caring for him, comforting him and witnessing him. I was working in a different part of the space, seated comfortable position and did not move from it. I was thinking of how to support the client while making the work, words of support and encouragement to build up the space. I felt like I was making a prayer of hope for the client, sending him support and encouragement, and reassurance that he is ok.

Content. There is a circular shape in the center of the page made by layering torn pieces of paper and acrylic medium. The circular shape is surrounded by words and phrases such as, "I see you," "you are strong," "you are unique," "you are not good or bad, only good and bad behavior."

Conversation. In the free write, I connected with the pain that I imagined that the client feels. I imagine feelings of being torn open, and being tangled up. Through the art, I wanted to

provide support for the client. The written words create the ground and almost appear like soil

that holds the center shape that represents the client. The center shape is made up of torn pieces

representing the layers and the pain that I imagined the client was experiencing.

      Coded themes. Torn apart, support, love, tangle, circular, words, root, nurturance.

Saira's Session #3 Experience

Figure 3d: Soda-Pop

      Process. The first image I thought of for James was a soda can. I imagined this client

feeling like a soda that had been shaken and was ready to explode. I felt this intensity of being

trapped inside of your body and being unable to express the underlying feelings. I thought of his

isolation at school as being like a desert. I created a desert scene with a soda can being

suspended by a balloon, which expresses, suspension, isolation, kinetic energy and tension. I

placed large rocks underneath the balloon. These gave the sense of stability and weight that may

be provided in treatment.

Content. The artwork contains all organic shapes. The colors used are saturated blue, orange, purple, brown and black. There are two intersecting straight lines. Each shape contains rapid brush strokes and an energetic quality. There is a desert landscape, a balloon, a coke can and a few rocks in the picture.

Conversation. I felt a similarity with the client that I have with many of my own clients. I also felt a similar countertransference to my clients, as Lupe expressed that she felt with this client. In making the art, I felt that I captured a still of a scene, which depicts potential/kinetic energy. This piece evoked feelings for me of being trapped inside and not having the words to express the emotions felt. I also felt a tension between good and bad or understood and misunderstood.

Coded themes. Trapped, tension, still, energy, physical reaction, intensity, reaction.

Group Discussion: Session # 3

The group observed the finished artworks in silence for a moment before discussing the similarities and differences amongst the pieces. It seemed to take longer to transition from the quiet introspection of the art making to the group discussion. Saira and Lupe's artwork had similar color themes. Lupe and Eliza's artwork were also similar in that the pieces were heavy in written text and had circular shapes in the center of the piece. All three participants created artwork that contained round shapes: the plate, rings of color, torn paper, sun and balloon.

Lupe's process further reminded her of James' desire to do well in school and his stated frustration that he is intrinsically a bad person. For Saira, the art piece evoked feelings of being full of energy. Saira wondered about if James felt trapped and did not have the words to express his emotions. Saira also felt a tension between good and bad, or understood and misunderstood. Eliza's artwork contained words of support for the client, emphasizing that his behaviors may be

good or bad but that he wasn't good or bad, and that he is seen and supported. All participants' art focused on James' perception of self and how others label him.

Insights gained. Lupe realized that it had been difficult to look past her client's anger outbursts. The session helped her to see past the referring problem and into the impact of the client's background on his current level of functioning. She realized that she had been focused on his behavior because that was the focus in the school setting in which I treat James. The group discussion increased Lupe's conceptualization of her client's treatment and increased her empathy for her client.

Collective group coding. Trapped, tension, still, energy, physical reaction, intensity, reaction, struggle, order, story, hurt, isolation, deprived, injustice, frustration, chaos, torn apart, support, love, tangle, circular, words, root, nurturance.

Session #4
Client: "Salvador"
Presenter: Saira
2/01/14

Client Summary

Salvador is a four year-old, Peruvian male. Salvador was referred to treatment after exhibiting behavioral problems at home. Salvador tantrums (screams, cries, throws himself on the ground) for up to an hour. Salvador's mother and father are going through a divorce. Parents have joint, weekly custody of Salvador. Salvador enjoys the art process. His father is an artist and has expressed that creating artwork "makes me happy." Salvador's mother is dating father's brother. Salvador frequently complains about going to mother's home after treatment. When mother cares for Salvador he is frequently unkempt and comes to clinic without showering. Therapist has worked with Salvador for nine months. Therapist has countertransference toward Salvador of nurturance, care, compassion and protectiveness. Therapist is concerned about Salvador's well being and possible neglect from mother. Salvador has identified therapist as a mother figure and frequently mirrors therapist's work. Client consistently creates two identical figures/characters in his work, one that represents himself and one that represents the therapist. Salvador may be attaching to therapist as a consistent, stable caregiver and provider of a safe space.

Presenting Question

Presenter stated that she was interested in gaining insight about treatment and countertransference.

Client Art

Figure 4a: Client Art

Saira's Session #4 Experience
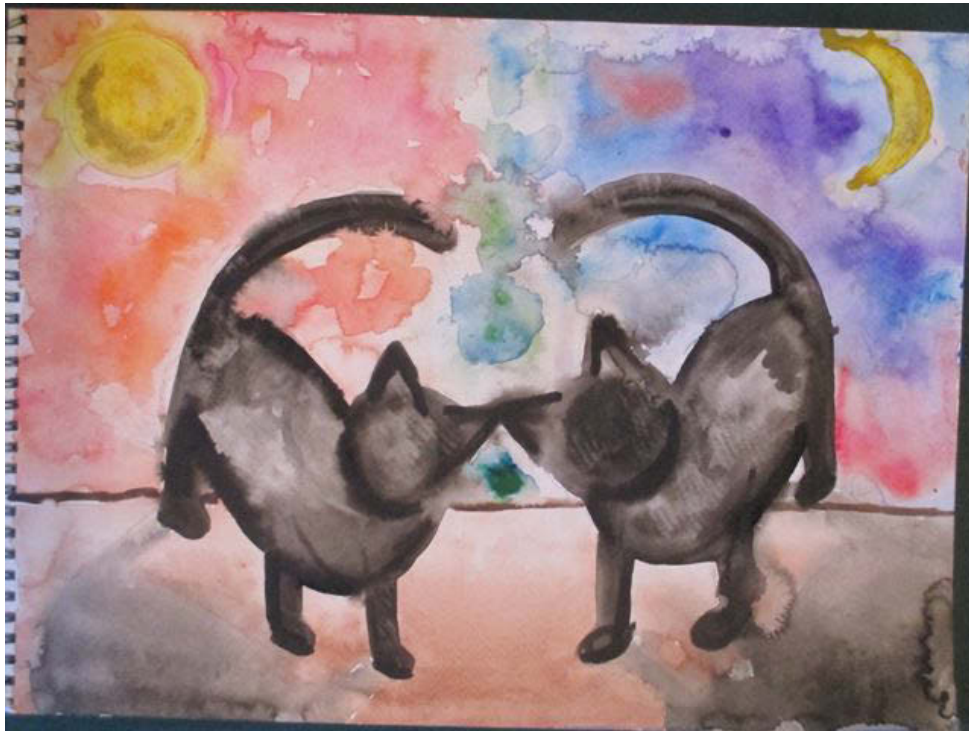
Figure 4b: Reflective Connection

Process. During this process I thought about the work Salvador and I had done together.

I thought about two of the characters in particular, which were two cats that looked exactly the

same. One of the cat's represented me and the other represented Salvador. I worked with watercolor and watercolor paper to create the art. I envisioned a mirrored image of the two cats. I thought about my counter-transference toward Salvador and thought about his ability to attach to a caregiver and possibly mirror that relationship in life. I thought about the connection as a possibility for growth. I created the sun and the moon, which are two symbols Salvador uses in his work frequently. I placed them to represent his awareness of day and night which may reflective of his parent's divorce and living in two houses. I felt a calm clarity as I worked and finished. Part of the work was recreating symbols Salvador had made in session and understanding them in a deeper way. As I worked with the watercolor the colors bled into each other, which seemed reflective of the therapeutic bond.

Content. The piece contains dual, reflective, mirror images. The artwork contains organic shapes and looks messy. The picture is out of focus and blurry. The color palette contains black, yellow, red, green, blue and purple. The colors are saturated. There are two black cats in the painting.

Conversation. In reflecting about the work with the participants, I realized the bond that I have created with Salvador. I realized that the therapeutic bond may be the most I can give as a therapist to Salvador. I also understood the symbols that Salvador used in a deeper, clear way. I focused on our relationship in the piece and in the discussion. I spoke to my peers about the awareness Salvador has about the cycles of days and weeks and supposed that this could reflect the parents custody.

Coded themes. Mirror, dual, focus, symbols, recreation, therapeutic bond, ability, sun, moon, masculine and feminine.

Eliza's Session #4 Experience

<div align="center">**Figure 4c: Rupture**</div>

Process. The process felt slow, methodical, detailed. I did not begin with a set plan of what the images I wanted to create, but let them emerge in the process, more like a stream of consciousness theme. I worked with acrylic paint on newsprint.

Content. Images seem abstract. In the central circular shape, one may see the hint of a heart, a hand, a phallic image, the beak of a crane, sperm.

Conversation. This session was particularly stirring for me. Putting the feelings into words was challenging. This section remains written with fragmented sentences: On mother, and challenges to provide. My own stuff came up for me regarding mother, anger, the unconditional unseen and sometimes taken for granted womb. Look at being the mother. Thick, intrusive, masculine vs. feminine. Surrounded boundaries destroy and contain. Penetrate boundaries. Pouring out holding. Reflections on being a mother. Feelings in the free write that emerged: frustration, dichotomy of the love and pain of mothering, the contrast of being torn

apart, and holding together, the womb that nurtures and holds and the destruction of birth, of life that follows. I was angry at the passivity of the womb, angry at the sacrifice. Feelings of masculine and feminine, and the feminine getting taken advantage of and used and set aside made me feel angry. The conversion with Lupe's artwork made me cry as I was touched by the images and discussion of mothering, unconditional love, and felt the pain that accompanies that in separation and growth and loss.

Coded themes. Mother, pain, boundaries, bursting, pouring, containing, holding, dichotomy-- life/death, masculine/feminine, inside/outside, round/sharp.

Lupe's Session #4 Experience

Figure 4d: Together and Apart

Process. During my art process I selected images of nurturance and mother figures and created a collage. The collage began on one 11"x18" size paper and but soon became too large to

contain and another 11"x18" paper had to be taped on. The majority of the art making time was spent in selecting the images.

Content. There are images of a female anthropologist with a young chimpanzee. The images show the woman and chimpanzee in close physical proximity to one another. There are also images of: an eagle, a mask, a body armor, a goddess statue with an angry expression, a couple in a tandem bike, a woman looking off to the distance, a child next to a beheaded woman and a woman standing next to a man at a beach. There are muted green and brown colors. There is little negative space.

Conversation. The images reflected my understanding that Salvador had a strong attachment to the therapist as a potential mother figure and that there was a strong therapeutic alliance. The image of the detached female represented the possible weak bond between mother and client. The mask and body armor suggested Salvador's defense mechanism. The fragmented images give me insight into my perception of Salvador's possible attachment style, avoidant-ambivalent.

Coded themes. Motherhood, attachment, mask, nurturance, attunement, detached, fragmented, armor, polarity.

Group Discussion: Session #4

The group discussed themes of duality and motherhood. Eliza and Saira's pieces contained the same colors: red, black and yellow. Both Saira's and Lupe's piece depicts animals, which led the group to discuss attachment and attunement.

For Eliza, dealing with issues of masculinity, femininity and motherhood was emotional and challenging. She was stirred by both her art making process and in witnessing Lupe's collage as it represented a mother's unconditional love and also the inevitable separation

between mother and child. Similarly, Saira felt emotional after making the artwork. Saira discussed the mirroring and attachment work with Salvador, and expressed the boundaries that she needed to reinforce in sessions.

Insights gained. Saira found in discussing the artwork that the therapeutic relationship was extremely important. She felt that the work created was very emotional and may reflect aspects of Salvador's current situation. Salvador may be recreating work to express his need for consistency that he does not receive at home. Saira also realized that the connection that Salvador has had with the artwork could also be his need to attach to his father. In reviewing this session Saira realized that attachment, attunement and consistency was very important in the work, but boundaries need to be reinforced.

Collective coded themes. Mirror, dual, dichotomy-- life/death, inside/outside, round/sharp, focus, symbols, recreation, therapeutic bond, ability, sun, moon, **masculine and feminine**, **motherhood,** attachment, mask, nurturance, attunement, detached, fragmented, armor, polarity, pain, boundaries, bursting, pouring, containing, holding.

Session#5
Client: "Angel"
Presenter: Lupe

2/01/14

Client Summary

Angel is a nine year-old, Mexican-American, male. Angel lives with biological mother and father. A has two older brothers, twenty-seven and eighteen years old. Angel had an older sister, twenty-five years old, who died suddenly of a brain stroke, approximately one year ago. Angel and Mother were first to discover sister following her stroke. Angel was referred for treatment by Mother and is being treated for bereavement.

Presenting Question

Lupe stated that she was consulting the group about the boundaries with Angel and the challenges of helping Angel process his sister's death.

Client "Angel's" Art

Figure 5a: Client Art
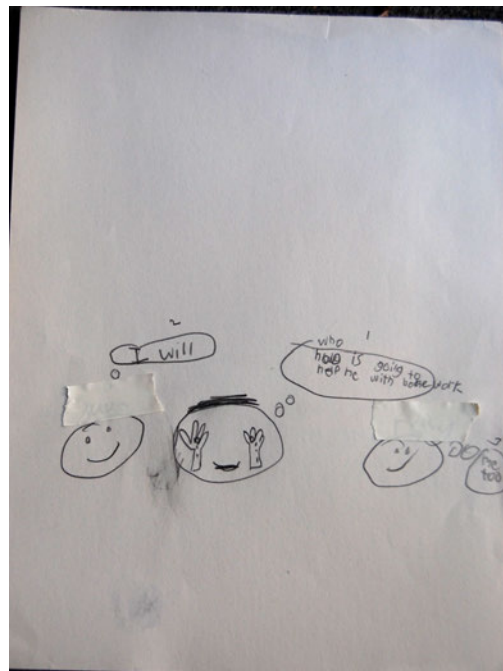
Lupe's Session #5 Experience

Figure 5b: Chaos and Rest

Process. I created a collage with magazine cut outs, watercolor and oil pastels. My process was slow and considerable time was spent planning out the layout of the images before they were glued down on the paper. After the images were placed, the negative spaces were filled in with watercolor and oil pastel.

Content. The prominent images are of a young boy, centered in the page, screaming and below him is an image of air force pilot with a stoic facial expression. The side images are: a young boy sleeping under a tree with a dog next to him, a young boy helping his mother in the kitchen, and air force pilots. The prevailing colors in the image are red, blue and black.

Conversation. The images used touched on the various themes and focus of treatment, which included Angel's grief, his isolation and challenges with peers and his close relationship with his mother. The collage layout reminded me of the way my client compartmentalized his feelings related to the death.

Coded themes. Shock, rupture, death, mortality, strength, machismo, mother and son.

Saira's Session #5 Experience

Figure 5c: Face the Trauma Head On

Process. I was struck by the trauma the client had endured. I thought about the death of the Angel's sister and how difficult the trauma of finding his sister must be for such a young boy.

In the artwork, I focused on the incident or memory of the trauma as my concept. I used acrylic paint and ink and saturated colors to portray the vivid moment. I painted the bathtub and phone. Then I used ink and acrylic on the background to show blood like droplets. I think cut out the telephone and bathtub and pasted them over the background.

Content. This artwork contains layered watercolor paper. The medium I used was acrylic and ink. The shapes in this piece are organic, round, and realistic. The colors used are red, blue, green and black. The colors are extremely saturated. The ink is used loosely and creates a drip-like effect on the background. There is a bathtub and a telephone in the painting.

Conversation. During the group discussion, I thought about the passing of the client's sister and how the family dynamic has changed. I thought of the phone as a representation of things that Angel may have heard while his mother was explaining the past trauma and/or recent family struggles. The phone also symbolizes the family story that is being told by his mother. I thought of the bathtub as a solidified image in the client's head of the trauma and depicted stale, cold water. This reflects the passing of time and resonance of the trauma. The artwork reveals a disconnect between the mother and son and calls for a sense of unity. I wondered about the "machismo" attitude the boy may be holding although he is processing the witnessing and death of his sister.

Coded themes. Saturated, intensity, trauma, realistic, layers, drip, connection, unite.

Eliza's Session #5 Experience

Figure 5d: Crab

Process. The process of making this work was challenging as it stirred up tough topics for me. My own challenge of knowing when to be more direct in the work with my client, when to steer and when to let them steer felt challenging to me. My art felt unfinished, and I left feeling stirred up

Content. A clear ground line is defined by cut out pieces of paper. A crab in black and white is cut out, not fully attached to the paper so can move about in the space. Some words are cut out that discuss the process of shedding and the exoskeletons of crabs.

Conversation. While looking at the art, I was most struck with an unfinished feeling evoked from the detached pieces. I felt uneasy with the unfinished quality of the piece. The intention with the art was to have the crab move around in the space, for the crab to have different places to go where he could express different emotions. The image of the crab suggests

something ancient that can be both strong and extremely vulnerable as its shell grows and molts. From the free write, themes emerged of fragility, the idea of being in process, still emerging, the cycling of emotions from strong to fragile, from hard to soft, and the need to have a safe place that where one can feel vulnerable and able to cry.

Coded themes. Movement, shedding, unfinished, torn, fragility, pieces, safe place, growth, vulnerable, emerging.

Group Discussion Session #5

The group placed the finished artwork next to each other and for a moment observed them in silence. All the pieces reflected a heavy feeling. Lupe's images contained a screaming child, and a funeral scene and were surrounded by black and red paint.

The group discussed the similarities in the group artwork in terms of media, color themes and content. A rich blood red are seen in both Saira and Lupe's artwork and is present, though with a little less intensity in Eliza's work. All three pieces used cut out images and placed them upon a background. There is also a similar between the layout of the artwork of the non-presenting participants. Eliza and Saira's art are oriented horizontally, whereas Lupe's is vertical.

Eliza's seems fragmented and unfinished with pieces that aren't fully attached. She used the metaphor of a crab molting and shedding its shell and the contrast of the hard shell at times and at other times the shell is soft and vulnerable. There appeared to be a theme of changes, and cycles. There was also a theme in her piece on movement and trying to find a safe place to be vulnerable.

Saira focused on depicting a traumatic experience. Saira also used a metaphor of a telephone to express the lack of communication between Angel and his mother. She thought of the phone as a representation of things Angel may have heard while his mother was talking on

the phone. The art reflects the past trauma and/or recent family struggles. Saira thought a lot about the trauma of A's sister's death and how the family dynamic has changed. The process was very intense and Saira expressed feeling drained afterwards.

The group discussed the element of outside stressors when beginning a session and wondered how it was worked through. The participants concluded that the structure of the sessions felt good and that it was able to withstand outside stresses.

Insights gained. Lupe, the presenter, realized that she had gone with Angel's avoidance of his sister's death because she felt guilty about having him focus on a topic that was challenging for him. Also, Lupe understood that seeing him struggle with his pain had been difficult for her to sit with. There is a lack of cohesion in all of the works and that helped Lupe to understand that the structure and consistency of their sessions were possibly creating a sense of safety for Angel and that termination planning would be very important.

Group coded themes. Movement, shedding, unfinished, torn, fragility, pieces, safe place, growth, vulnerable, emerging, saturated, intensity, trauma, realistic, layers, drip, connection, unite, shock, rupture, death, mortality, strength, machismo, mother and son.

Session #6
Client: "Teddy"
Presenter: Saira
2/15/14

Client Summary

Teddy is a four year-old, Mexican-American male. Teddy lives with his mother, father and younger sister. Teddy's parent's tried for over ten years, before they became pregnant. His parent's have reported that they were overjoyed to have him and think of him as a "miracle baby." Two years later they had Teddy's little sister. Teddy's problem behaviors began around the time his sister was born. Teddy was referred to treatment for displaying aggressive behaviors in preschool. His mother reported that Teddy was monolingual Spanish speaking and had difficulty communicating with peers and the teacher in preschool. Teddy began to grunt and hiss as an anger response to this experience. Teddy's mother believes that he internalized some of this anger because he was unable to communicate in English. Since preschool, Teddy has learned English. However, he still continues to display his anger through grunting, hissing, banging his head against the wall and yelling "never." Teddy frequently becomes angry at small events and is unable to verbally express himself. In treatment Teddy does not express a connection to therapist, however, he does enjoy the art process.

Presenting Question

Saira stated that she was consulting the group about art expression in treatment. Saira also wanted to reflect and gain insight about Teddy's behaviors.

Client Art

Figure 6a: Client Art

Figure 6b: Client Art

Saira's Session #6 Experience

Figure 6c: Toxic, Delicate And Whole

Process. During this process I thought about the anger Teddy has built inside. I felt a bottled up emotion and a need for verbal or nonverbal expression. Before I created the work I thought about Teddy's parents nurturance and the hope they have for him vs. his hardened exterior and defense. I use ink and acrylic paint to create a womb like circle. I put thick layers of paint onto the paper and then with a metal tool scrapped lines out of the paint to create a nest out of the colors. The nest is imprinted in the womb. I dripped ink into the womb. On a separate piece of paper I created an egg with acrylic paint and watercolor paper. I placed paint from the nest onto the egg. I cut the egg out and glued it inside the nest.

Content. The artwork is an image that has been cut out. It is very thick, round and layered. The media used are acrylic, ink and watercolor paper. The colors are green, black, red, blue and orange. The colors are very saturated. There are lines scratched out of the paint. There is an egg-like shape with dots on it.

Conversation. During our discussion I spoke about the layers of paint and womb. I saw these as the parents' dedication. I thought about anger that Teddy has inside and how it is depicted in the nest in the colors. I felt after making the piece that maybe this is the way that his personality and coping skills have developed. I thought about the delicacy of an egg and that he reflects this as a four-year-old boy. His is fragile, small and developing. His coping mechanism of trying to express himself may be enough. The edge pieces that I create are stabbing the womb/circle and reflect the therapist trying to probe him. I realized that I may be probing instead of supporting his process.

Coded themes. Intense, saturated, circular. expression, language, nest, egg, womb, development, coping skills.

Eliza's Session #6 Experience

Figure 6d: Periods

    Process. The process of creating this piece was dynamic and messy, involving a building up of tape, and then peeling it away, placing it in a different place. Dots of red ink were stamped on the tape and on the paper. These dots then seemed to be dismantled and reconfigured with the removal of the tape. The tape creates a ground line that is fragmented. A ball of tape is gathered on the left side of the picture and held together with an acrylic medium.

    Content. The abstract forms in the piece represent the client's life experience, including his mothers numerous unsuccessful attempts to get pregnant. The center sheet of paper represents the client and the mom's struggle to become pregnant was represented by the red dots. The birth story of the client seemed to be a fundamental part of the client's identity, because he was viewed as being a miracle. When his mother got pregnant again with his sister, the client's identity changed drastically. This huge family dynamic change was symbolized by the removal

of the tape that framed the centerpiece of paper, and the reconfiguring of the tape in a ball on the left side of the picture that signifies the sister.

Conversation. The free-write inspired feelings of anger and frustration at the idea of not having enough. I imagined the client feeling like he had no support, and being angry. I wanted to represent the client's experience, of being born a miracle after many months of his mother not getting pregnant. The red dots represents a menstrual period, a missed opportunity for pregnancy. The client is represented by the rectangular piece of paper in the center of the page. I imagined that the support and attention that he had from his mom was the tape that first framed the inner page. With the birth of his younger sister, I imagined that his moms support shifted, and therefore the client's identity of being the special miracle baby was dismantled. The ball of tape in the left corner represents his little sister. The client is left exposed with this new family dynamic. The piece expresses the rawness and vulnerability that I imagine is at the base of the client's behaviors.

Coded themes. Bloody, mess, overlap, layers, inside/outside, mess on the left, anger, torn apart.

Lupe's Session #6 Experience

Figure 6e: Destruction and Ink Tears

Process. My process was at first slow and careful as I drew a figure, cityscape and an octopus and traced line patterns using stencils. However, once I began to fill in the drawings with color, I began to work quicker and my line quality diminished. The layers of color began to feel overwhelming.

Content. There is an image of a creature with a human body and a monster or mask looking face. The creature is positioned at the bottom left of the image. There are a series of curves spiraling out of the creature's stomach, outward toward the top of the page. The other representational figure is a blue octopus at the top right of the page. The octopus is looking downward and has black, inky tears streaming from its eyes. There is also a cityscape at the

bottom right of the page. The prominent colors used were saturated blue, reds and yellows. The media used were oil pastel, ink, pen, and markers.

Conversation. I felt that there was anger but I was unsure about what was causing it. I also felt that Teddy might feel frustration about not being understood and that is why I depicted his anger in giant, orange lines. In the image of the octopus, I also saw a metaphor for Teddy's possible sadness, hurt and a need to feel empowered. It feels complicated, layered, uncertainty. The idea that the anger was a distraction, masking hurt emotions.

Coded themes. Sadness, duality, force, anger, strength, wild, energy, turbulence.

Group Discussion: Session # 6

Common themes emerged in the art, in particular a rich red color. Group also discussed a theme in the art of an inside space that is vulnerable, and an outer space. Also a theme of lacking body or structure evolved-- in Saira's piece the egg-like shape, and in Eliza's the dots. All the pieces have an element of chaos in the background.

Also, in terms of themes, Lupe used the image of the octopus as a metaphor for Teddy's possible sadness, hurt and a need to feel empowered. Eliza used mixed media to represent the intensity of Teddy's birth story with the red dots represents the challenges of Teddy's mother had in conceiving. Tape was laid out around the central paper and then removed to represent the significant change in structure when Teddy's sister was born and his behavioral problems emerged.

Saira thought about internal anger that Teddy may have. This is reflected in the depiction of the nest. Saira felt after making the piece that Teddy's expression and coping skills have developed may have developed differently as a response to his experience. She thought about the delicacy of an egg and how it reflects this four year-old boy. Teddy is fragile, small and

developing similar to the egg form. He may need emotional support and coaching instead of behavioral modification.

Insights gained. After the participants discussed the artwork, the presenter, Saira, realized that Teddy's is expressing himself through the artwork, even if he is unable to verbally express himself.   Saira felt a deep compassion for Teddy and realized she had been placing her expectations on him, which may be similar to the expectations of his mother and other staff at the clinic. Saira also realized that Teddy is communicating non-verbally, through the art process. She felt in reflection that he needs support and encouragement in expressing himself through the artwork.

Collective coded themes. Sadness, duality, force, **anger**, strength, wild, **energy**, turbulence, bloody, **mess**, **overlap**, layers, inside/outside, torn apart, intense, saturated, circular, expression, language, nest, egg, **womb**, development, coping skills, excess, structure, birthed, frame, color, kinetic energy, swirly, **red.**

Session #7
Client: "David"
Presenter: Eliza
2/15/14

Client Summary (Same Client As Session #2)

David is a twelve year-old male. His family is from Guatemala, El Salvador, Mexico and the United States. He attends a "non-public school" where he is able to get more structure and support than a public school. His parents are separated and he has difficulty talking about his father. David has been working with anger management problems, particularly at home, where his mom states he needs to be in control of the situation. His aggressive behaviors have decreased at school, though he seems to display autistic-like tendencies to perseverate, becoming extremely focused in his play.

Presenting Question

Eliza stated that she was consulting the group about thoughts of connecting with the client as we approach termination, and in particular how to deal with both the client's fragility and intense anger.

Client's Artwork

Figure 7a: Client Art

Figure 7b: Client Art
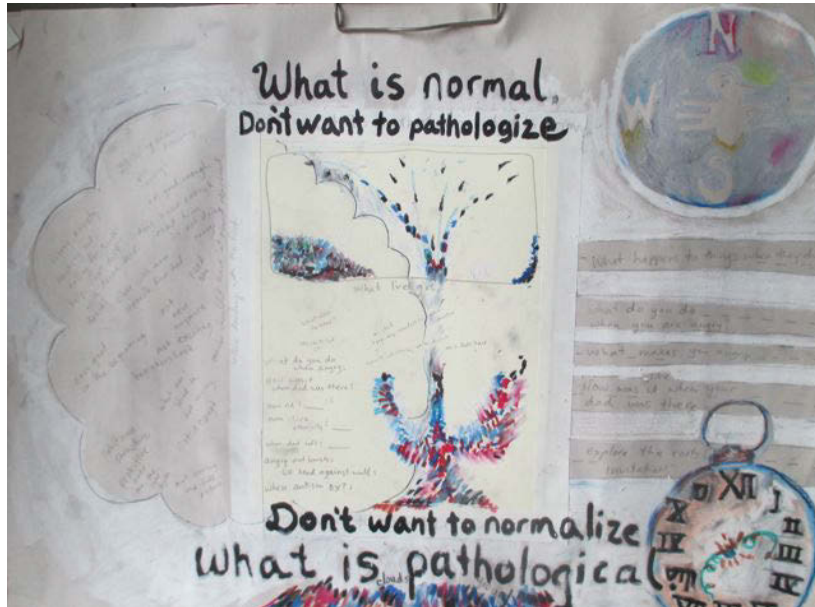
Eliza's Session #7 Experience

Figure 7c: Organize

Process. The art making process was layered and methodical. I used words to help organize my thoughts, and able to express worry and concern about my own capabilities as a therapist.

Content. Instruments to tell time and guide/direct-- a clock, a compass. Imagery that evokes growth and change-- trees, rain, clouds.

Conversation. The free-write helped me connect with my own fear around connection and separating with the client.   I was working to understand what I can do to help the client and where my boundaries and limitations are. I realized that it is hard for me to let go of the idea that it is not my job to fix the client. The art helps me to see more clearly my fears and concerns as a therapist and it serves to help me see and organize my thoughts. I was able to put words to my concerns, which for me means that I am beginning to see and understand them more clearly.

Coded themes. Structure, fear, growth, sensuality, dichotomy.

Lupe's Session #7 Experience

Figure 7d: Reaching

      Process. I focused on the relationship of the therapist and David. I decided to use collage because I wanted a quick way to create a metaphor for the relationship. There was constant, fast moving motion throughout my process. I had a lot of energy that I diffused in painting the background to the image.

      Content. There is a tree with an image of orangutan holding a young orangutan. Both the adult and the young orangutan appear to be reaching towards a branch for support. There is a contrast in line quality, from smooth and circular in the background to rough and jagged on the tree and branches. The dominant colors used are greens and red-orange. The color hues are saturated.

      Conversation. The image reflects the strong bond between the therapist and David. The lack of negative space creates suggest that the therapist and David are in a world of their own

when they are together. Visually, the lack of negative space also evokes a claustrophobic feeling and suggests that neither figures in the work are aware of an impending break in their activity. I am left with the understanding that termination reminders should be included in the sessions earlier than standard protocol dictates.

Coded themes. Support, child/adult, lost, balance, intimacy, strength, guidance.

Saira's Session #7 Experience

Figure 7e: Structured Illusion

Process. As I went to create this artwork I thought about the structure this client as created for himself. I thought about the ideas clinicians have about growth and if that is useful when applying it generally to clients. I first drew a road getting smaller in the distance to symbolize his trajectory. I then created buildings to line the street. Then I drew a long vine with a

hand reaching to touch the plant. I used watercolor to fill in the pieces. I wanted to make some pieces translucent and others opaque. Similarly to the first presentation of this client I became frustrated because the watercolor began to bleed and I wasn't able to control it. I also became lost in the process and made mistakes.

Content. The artwork contains rectangular prism shapes. It has sharp, structured lines and one organic shape. I used a dull color palette for most of the piece except for the plant, which is saturated. The color palette consisted on brown, grey, light blue and green.

Conversation. I wanted to show that clinicians, teachers and parents all have expectations of how children should preform. Children with autism are given the same rules as "normal" children, when their world is so different. The structures that I created for the buildings are "rainbow structure" or structure you can't touch. I played with the question of whose rules count while making this piece. Is it the normal rules of society or the ones we make for ourselves. This is shown in the client's rules, structure and need for repetition in therapy. I also thought about the connection between Eliza and the client and how she was "playing" by his rules and he was growing. His need for repetition of certain items had stopped and he was growing and learning in therapy.

Coded themes. Growth, connection, illusion, lines, rules, concrete, understanding, structure, touch, details, perfection, getting it right, attached to things.

Group Discussion: Session #7

The group discussed themes of sensuality, growth and connection between two parts. Around the theme as intervention, we talked about the importance of providing safety in structure for both the client and the presenter, Eliza.

Saira thought about the rules society places on people. This is shown in the client's rules, structure and need for repetition in therapy. Saira also thought about the connection between Eliza and the client and how she was "playing" by his rules and he was growing. His need for repetition of certain items had stopped and he was growing and learning in therapy.

There was a similarity in the colors used by the non-presenters art. Both participants used the color green and depicted outreached hands. In terms of layout, the non-presenters art were commonly vertical. Also, only the presenter incorporated words in her artwork.

Insights gained. The presenter, Eliza, gained insight into the client's growth. In particular, she gained more sensitivity to where the client is in his life, approaching puberty, delicate full of energy and growth and potential. The process helped Eliza appreciate and be more aware of the connection that has been forming with the client, and that the bonding and support is an important piece of the therapeutic relationship to help support the client's growth.

Collective coded themes. Growth, connection, illusion, lines, rules, concrete, understanding, structure, touch, details, perfection, getting it right, attached to things, structure, fear, sensuality, dichotomy.

Session #8
Client: "David"
Presenter: Eliza
2/22/14

Client Summary (Same Client Eliza Presented In Session # 2 And # 7)

David is a twelve year-old male. His family is from Guatemala, El Salvador, Mexico and the United States. He attends a "non-public school" where he is able to get more structure and support than a public school. His parents are separated and he has difficulty talking about his father. David has been working with anger management problems, particularly at home, where his mom states he needs to be in control of the situation. His aggressive behaviors have decreased at school, though he seems to display autistic-like tendencies to perseverate, becoming extremely focused in his play.

Presenting Question

Eliza consulted the group about upcoming termination and the difficulties she foresees in separating from him because she feels a connection with him. In addition to her own concerns, she asked the group to also consider her client and how to support his intense feelings of fragility, and anger.

Client's Artwork

Figure 8a: Client Art

Figure 8b: Client Art

Eliza's Session #8 Experience

Figure 8c: Shadows

Process. The process of creating this piece was fun. I was outside and tracing the shadows of the plants. I felt very present in the moment and enjoyed watching the shadows emerge as colors on the page and shift with time.

Content. Round shapes, colors, curved lines and hints of leaves are present.

Conversation. The artwork is dynamic, capturing the movement of the sun and the shadows. It feels open and free and still evolving.

Coded themes. Growth, movement, change, color, scale, universe.

Lupe's Session #8 Experience

Figure 8d: Galaxy In A Jar

Process. My process was slow and I worked in layers. I began by drawing circles and

spheres with soft pastels, markers and watercolor. I was drawn to the shape because they

reminded me of the client's galaxy interest shared by the presenter. On a separate paper, I drew a

jar on a flat surface. I then cut out the first drawing and placed it inside the jar layout. I cut out a

piece of bubble wrap and placed that on top of the drawing.

Content. There are circular shapes and clear, strong, solid lines in the image. The

dominant colors are saturated and are green, pink, orange and yellow. There is a representational

drawing of a jar on a flat surface. There is negative space around the jar.

Conversation. The image contained a metaphor for David and therapist relationship. The jar contents I connected to David because of the link to his interest in galaxies. The jar represented the therapist. There is a lid on the jar and that suggested the therapist's ability to create boundaries for David. The spheres also suggested a strong connection because there are no breaks in the line form. My understanding was that it was a positive event that David was able to form a relationship with the therapist and that it was a transferable skill.

Coded themes. Growth, perspective, termination, boundaries, anxiety, boundless, grounded, floating.

Saira's Session #8 Experience

Figure 8e: It's In Our Hands

Process. During this process I conceptualized the client's relationship to his father. I thought about how aware the client was about the natural disaster affecting his father, but how he did not emotionally show his worry/awareness. I created a pencil sketch of the different disasters: earthquake, typhoon, hurricane, tornado and tsunami. I then bled watercolor into the pencil drawing. I created similar colors in each disaster. I then used those colors for the background and the hand. I wanted to reflect the continuity between all of the elements in the picture and all of the things the client has done in session.

Content. The color palette is the same as two other paintings made in regards to David with dull browns, blue and green. There are hands in the artwork as well as small paintings of natural disasters. There is also a prism like shape in the center of the photo.

Conversation. I had a song in my head with the words "it's in our hands," which reflect the client trying to control things in his life. These disasters are out of the client's control. The client seemed to understand and connect to his father by these natural disasters. I thought of the connection between the father and son, although they are disconnected physically. I spoke a lot about the repetition in the therapy and artwork. I wondered about the client's need to repeat and understand ideas. I also thought of meeting the client where he is and understanding that wherever he is, is good enough. I wanted to convey that we do not need to impose our expectations on to the client.

Coded themes. Universe, difference, growth, hands, holding, relationships, consciousness, parents, disaster, figures, middle, at your own pace, expectations.

Group Discussion: Session #8

Again similarities existed between the two non-presenters. Both Lupe and Saira used a vertical layout and depicted a color spectrum, which is contained in the center of the

artwork. Eliza uses similar colors, however the colors extend throughout and off the page. Also, Lupe and Saira used representational images in their work, however, Eliza's was more abstract in form. All the pieces seem to have a universe theme with round images of planets.

Eliza presented this client in all three of her presentations. When reflecting on this final artwork, the group agreed that this series of artwork as a whole had a much different feel than the artwork of the previous sessions.

Saira concentrated on the pictures David created and wondered about the connection they may have had to his father. These disasters are out of the client's control. David understood that his father may have been affected by a hurricane and explained that hurricanes are the most dangerous. The client seemed to understand and connect to his father by these natural disasters. Saira thought of the connection between the father and son, although they are disconnected physically.

The participants discussed that the client had been able to form a relationship with the therapist and that it was a transferable skill, which helped the presenter, Eliza, to see some of the progress that has been made in the work.   Also the group discussed the challenges of termination, for the presenter, Eliza, who has grow close to the client.

Insights gained. The art helped the presenter, Eliza, gain an awareness of her comfort with loose structures and how that affects her as an art therapist. Both non-presenters depicted rainbow colors that are clearly contained. Eliza also depicted rainbow colors but hers extend beyond the page. By noticing the similarities and differences of the participants art, the presenter gained incite about her natural tendencies to find comfort in a more open structure.

Eliza became more aware of the closeness she feels with the client, which may make separation in termination particularly challenging. The group discussion helped shed insight on

separating what the presenter is working on individually as an art therapist, from the needs of the client. The artwork and the group discussion helped the presenter make space for and better understand both her own needs and the client's.

Collective coded themes. Termination, boundaries, **growth***, **perspective**, anxiety, boundless, grounded, floating, **universe***, hands, holding, relationships, consciousness, parents, disaster, figures, middle, at your own pace, expectations, containment, movement, change, color, scale.

*all three participants coded this theme

Session #9
Client: "James"
Presenter: Lupe
2/22/14

Client Summary

James is a seven year-old, Hispanic, male. James lives in a single head household, with biological Mother and four year-old sister. James' Mother has a history of domestic violence with client's biological father and subsequent relationships. Parents separated when client was three years old and has no contact with biological father.

James was referred to treatment by his teacher. According to teacher, James has daily tantrums, does not complete class work, has difficulty concentrating, is impulsive, problems with his peers, and he has hit his teacher and other children in the classroom. According to mom, James makes up friends, expresses distress when separated from her, and is easily distracted. Client was diagnosed with ADHD r/o.

Presenting Question

Presenter was consulting the group about the focus of treatment and on how to assist James transition from her office to his classroom.

Client "James" Artwork
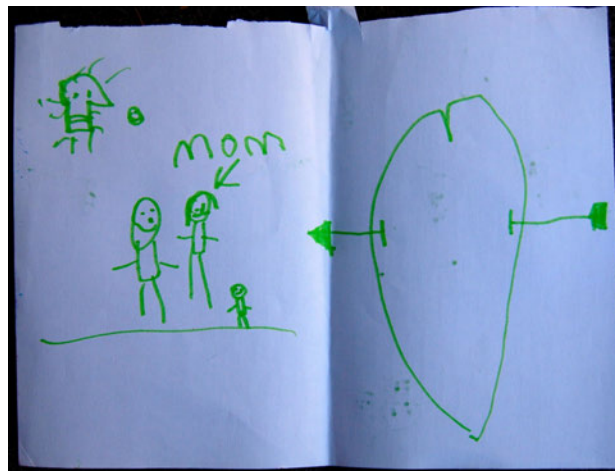

Figure 9a: Client Art

Figure 9b: Client Art

Figure 9c: Client Art

Lupe's Session #9 Experience

Figure 9d: Listening

     Process. I worked on different segments of the piece at a time. I began by creating a bird inside a nest out of lost and found objects; I then created a background for the nest. I felt focused and calm except for when I created the image of the hummingbird. I finished fifteen minutes early.

     Content. The piece contains a representation of a young woman, a bird in a nest and a hummingbird. There is a also a collage image of a tree with branches. The dominant colors are red, blue and green. The line quality in the image appears erratic, except for the image of the young woman.

Conversation. I related to the young woman sitting with the angry and needy bird on the nest. I felt that the bird was a metaphor for James. The image revealed my sense of futility in helping my James overcome several challenges. The young woman for example, sits and observes the bird who is wailing in pain, and who has a dangerous looking hummingbird coming right at it.

Coded themes

Observation, listening, attunement, danger, home, need, anger, insecurity, anxious.
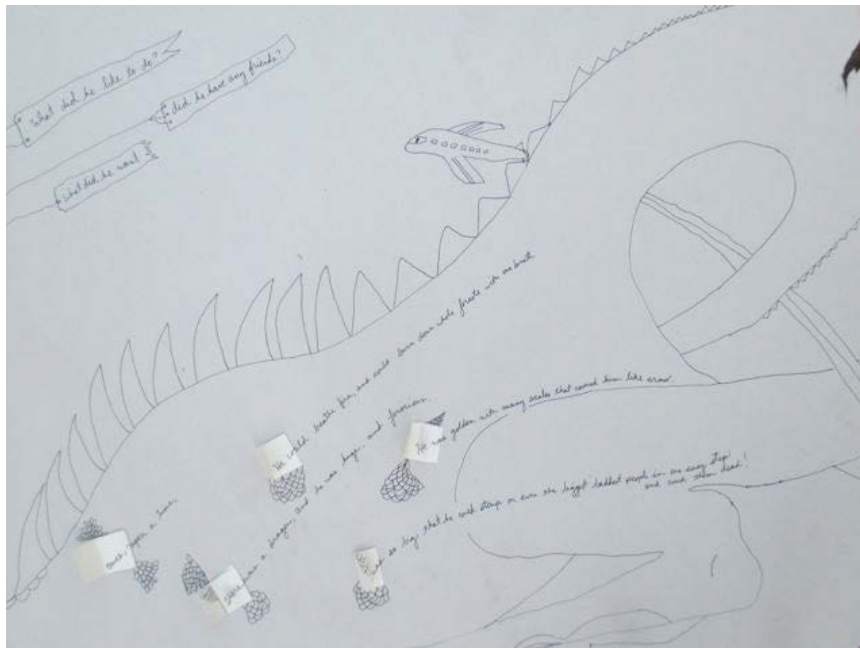
Eliza's Session #9 Experience

Figure 9e: Dragon

Process. The process felt playful imaginative. I tried to imagine the beginnings of a story that the client could add to and elaborate on about a huge powerful dragon to which the client could perhaps relate.

Content. A dragon winds around the page. It is so large that it is not entirely in view. Written words flow throughout the scene and, cut out pieces of paper add a three dimensional affect, resembling small books attached to the page.

Conversation. I was thinking of a way to tell a story with the client, as way to help the client express anger through the metaphor of the dragon. I depicted only part of the dragon, as if it was so big that it could not all be seen at once. I hoped with the story that the client could begin to see the full picture, and begin to understand him self more clearly.

Coded themes. Imagination, hope, dragon, plane, words, support, emerging, story, strength, perspective.

Saira's Session #9 Experience

Figure 9f: Which Way Out?

Process. In making this piece I thought a lot about the James' relationship to Lupe. I thought about him feeling safe with her and wanting to attach to her. I created a room in pencil

first. Then I added a skull shape and a circle. I used acrylic and plaster as the media. I painted the room and then the skull and fireball. While I worked the narrative of the piece started to develop. I realized that although there was a way out, the room still felt like the two inside were "trapped." I pictured the two figures as Lupe and James. I worked with the plaster and acrylic to create a thick 3D like object for the skull and fireball.

Content. The piece includes 3D and texture elements. The color palette is red, yellow, orange, black, white and brown. The piece has two doors in a room and one is boarded up and blocked.

Conversation. I spoke to the participants about the story the James told and the role of the therapist. It seems like the therapeutic relationship is very important to the James and he is trying to grasp or capture the therapist. The focus for me was about the wanting to hurt, trap and attach to the therapist.

Coded themes. Attach, therapeutic relationship, bonded, trap, capture, violence, skull, leave, cry mouth, fire sun, blocked, doors, red, balance, need.

Group Discussion: Session #9

Collectively the group did not know how to start the processing of this work. They stated that they were at a lack for words. The group observed similarities in the size contrast of small and big in the objects of all drawings. All participants created duality in their art. In Lupe's there is a small person observing a large bird. Saira's art has a small ball next to a larger skull. Eliza's has a small plane near a large, dragon like creature.

It was also suggested that the artwork suggested that James appeared to employ splitting, from his view of self good/bad, to bad teacher/good therapist. It was suggested James needed a

more integrated view of self. The group also focused on the nest in Lupe's work and wondered about how it may reflect the client's attachment style.

In terms of content, another similarity with all of the artwork was that they all had a 3D and textural element to them. Orange and yellow were colors used in both Lupe and Saira's work. In contrast, Eliza's artwork was colorless, and had words asking questions to James, imagining a story about a dragon and encouraging him to imagine a story about the dragon.

Also, all three artworks contained metaphors for the client/therapist relationship. Lupe's used the bird to represent James and a young woman to represent herself. Eliza's used the dragon and a person flying in an airplane, and Saira's used the sun and skull.

Insights gained. The size contrast of small and large that was a similarity in all researcher's art, suggested the power dynamic between James and therapist, and/or James and school personnel. Lupe also inferred that object relations theory would be beneficial in supporting a reparative process with James.

From her representation of James as a bird, Lupe realized that she viewed him as being developmentally younger than his chronicle age and that it could potentially explain a lot of the behavior that was creating educational problems for James.

From the themes of splitting present in the discussion, Lupe understood that James needed help developing a more integrated view of self. Lupe felt support from the group and after the discussion she sensed a reduction in my anxiety with the case.

Collective coded themes. Observation, listening, attunement, danger, home, **need**, anger, **red**, orange, **attach**, therapeutic relationship, bonded, trap, capture, violence, skull, leave, cry mouth, fire sun, blocked, doors, balance, imagination, hope, dragon, plane, words, support, emerging, story, strength, perspective.

Group Final Process Session
3/23/14
Researchers met for a final art making session to explore the following:
How did the reflective art making process inform your clinical work and clinical identity?

Eliza's Experience

Figure 10a: Fleurs

Process. The process of creating the clay flowers and painting the plate felt tender. I worked with slowly, with more care than usual, showing attention to detail, and a heightened awareness of the process.

Content. Three flowers are made out of clay and stained with ink. A paper plate is painted with color and was created to hold the flowers.

Conversation. I reflected on the group and how unique and valuable the experience had been. Thoughts of motherhood had been present throughout the semester, how to be a good mother to myself and feeling the wanting of being a mother. The flowers are like buds in bloom, representing fertile ground, beauty and growth.

Coded themes. Three, flowers, buds, growth, beauty, pregnancy, motherhood.

Lupe's Experience

Figure 10b: Support

Process. I felt tense at the beginning of the session due to personal conflict. I wanted to work out the heavy feelings in a tactile media, and therefore, chose to work with clay. I felt my body relax as I shaped and pounded the clay into a representation of a spine. I then wanted to create an environment and a narrative for the spine and proceeded to do so with a black pen and purple, red and yellow ink.

Content. The focal appears to be the clay representation of a spine. There are several factors that contribute to the latter including: the 3d aspect of the spine, bright hue color, and its center position in the page. There is also a drawing of lavender plants to the left of the spine and red poppies to the right. On the top of the drawing, there is a ground line, a tree, a cityscape and

a young girl falling into a hole in the ground. The girl has a balloon tied to her food. In one hand she holds her heart and in the other a folder with the words "client art."

Conversation. The spine represents the support system that I felt in meeting and making art during our research sessions. The spine, unlike the falling girl, appears secure because it is sitting on a ground line beneath the earth's surface. The spine position also reflects the sense of stability and calmness that followed the group sessions. The falling girl is an almost Alice and wonderland type figure in the sense that when I made art with the research group, I often felt like I was escaping into another mindset.

Coded themes. Support, growth, release, rejuvenate, serenity, free fall.

Saira's Experience

Figure 10c: A Place To Call Our Own

Process. In reflecting on this work I felt anxiety of having to end the group. I wanted to continue the process and hold on to the sacred space we had made together. I felt at ease and

wanted to savor the last meeting we had together. I used watercolor to calm my anxiety and express the relaxing sensation the work had given me over the past months.

Content. I felt that this process had given a space to emote about countertransference, creativity, diagnosis, personal struggles and clinical work. I immediately thought of the space we had created as an open room in which I could be. I used watercolor to create various pillows and rugs. On a separate piece of watercolor paper, I created an empty room with two large windows. Outside of the windows I made three threes that intersect, similarly to the three participants. I wanted to hold a space for myself and not forget the experience I had in this group. The three trees represent each person in the group and how we worked together to create this sacred space for ourselves, our clients and our art.

Conversation. In looking at the work, I felt comfortable, relaxed and curious about the intersection of the three pieces. I saw that each art piece had pieces that I immediately resonated with. I could almost insert my own narrative of sacred space, strength and harmony onto each of the pieces. In this way it seemed like we had created a synchronicity in the work and with each other. Lupe noticed that the windows in the painting were similar to the windows in Eliza's studio where we had been working. We all reflected similarities about color, shape and most importantly the message in our artwork.

Coded themes. Synchronicity, relax, sacred, space, emote, let go, hold on, curious, narrative, strength, harmony.

Group Final Session Discussion

Themes emerged about wanting to continue this process in the future, as it's been so valuable for us all. We talked about the amazing potential for the art to hold both us as individuals, art therapist, artists, and to hold our clients. We reflected on how the work felt so

helpful for the client as well as for ourselves. The sessions helped to tease out what are our own issues and what are the client's. Having this time and space to work and process seemed to help all of us to better meet our clients where they are, and not to try to impose our agenda or our own wants and hopes on them. This process was stress relieving, in that it provided us the time and the space to honor the process of art making. Having the extended time to make art felt good, the art guided us, informed us and lead us, helping us to really see and understand our clients and ourselves in a new way.

In the artwork, we all had in common two different elements: Saira with cut out pillow shapes on paper, Lupe with a clay form on paper, and Eliza with clay flowers and paper. All the pieces had in common a feeling of spaciousness. The group discussed the importance of having this space to work, and how it was a relief to have this space to work.

Participants also discussed how this process served as self-care for us all, and provided time for us to engage in the art process which is an important part of all of our identities as art therapists.

Collective coded themes. Synchronicity, relax, sacred, space, emote, let go, hold on, curious, narrative, strength, and harmony.
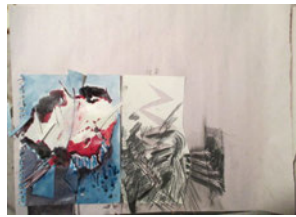
Artwork Summary

Figure 1f

Figure 1e

Figure 1d

Figure 2c

Figure 2b

Figure 2d

Figure 3b
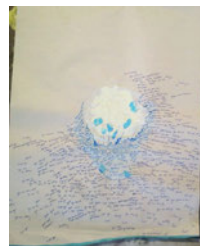
Figure 3c

Figure 3d

Figure 4d

Figure 4c
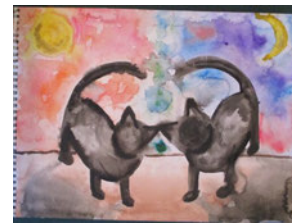
Figure 4b

Figure 5b

Figure 5d

Figure 5e

Figure 6e

Figure 6d
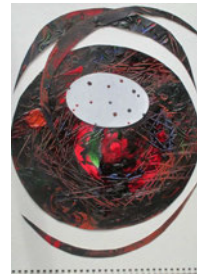
Figure 6c

Figure 7d

Figure 7c
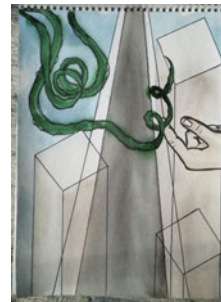
Figure 7e

Figure 8d

Figure 8c

Figure 8e

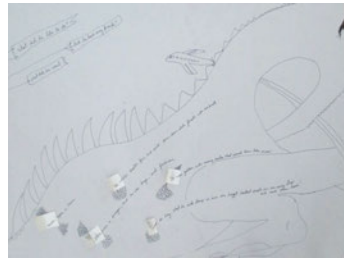**Figure 9d**

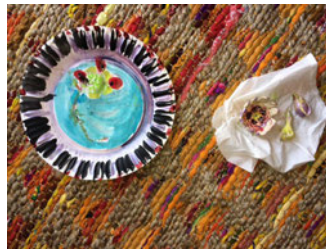
Figure 9e

Figure 9f

Figure 10b

Figure 10a

Figure 10c

Analysis of Data

   1. How did the reflective art-making process inform clinical identity as an art

therapist?

   Saira. The reflective art-making experience informed me of my own orientation as a

therapist, my view of an art therapist and strengthened my identity as an artist. The coded themes

in my art included: connection, duality, perspective and growth. I found that at my practicum

site, Los Angeles Child Guidance Clinic, the population of clients (2-6 year-old children)

influenced my theoretical orientation. Using early intervention therapy with young children may

have influenced my client centered, object relation, play and narrative therapy approach. In

looking at the themes I found that they directly related to not only the population, but to the

choices I made for my orientation at this particular agency.

   In my work, connection was an important part of not only the therapeutic bond, but also

the growth and insight of the client. The research process clarified my understanding of my own

theoretical position as an art therapist because of the reflection in the artwork and process work

with other participants. When discussing artwork with participants it became clear that my need

for connection with clients was the base of my work. I realized that I conceptualized growth as a

result of the therapeutic connection/bond.

   Through the research process, I found that I held a fear that my clients may feel

disconnection, abandonment and dismissal. I felt strong emotions about mothering and

connecting to my clients because of their impoverished environments. I felt that I needed to

provide connection for my clients that they may not have with their caregivers. This may be

because these clients have been taken from their home, placed in foster care, or because their

parents are disconnected from parenting. After reflecting on my art, I understood that creation of

a support system with boundaries will be important in my clinical work moving forward. I

realized that that without boundaries and context it may be difficult for me to disconnect with my clients or terminate.

I found the research process reflected on my role as an art therapist and strengthened my beliefs around the art-making process. In examining the art, I was able to reconnect not only to the client, but to myself as an artist. The time spent in the research group became a ritual of self-care, reflection, camaraderie and identity development.

Lupe. The reflective art-making process was critical to my insight into my theoretical orientation. It also strengthened my belief that continuing my art practice is essential in my role as art therapist and artist. In reviewing my codes, there are seven themes that I noticed: growth, strength, nurturing, release, empathy, mindfulness and support. These seven categories reveal that as a therapist, I embrace a strength-based perspective, as well as a humanistic theoretical orientation. These themes supported the way I had viewed therapy.

The themes that emerged also suggest that when I conceptualized and practiced therapy, I attempted to view the world through the eyes of the client. My experiences as a therapist reflect that I have operated from a humanistic orientation. I have learned that I seek to provide empathy, openness, and unconditional positive regard. I also operate from a strength-based perspective, which has been highly influenced by my practicum setting at Los Angeles Unified School District School of Mental Health. While working in the school settings, I was trained to view children, youth, and their families as having strengths, resources and the ability to recover from adversity. I am aware that I operated from the belief that the client had the power to help themselves, and that my role as a therapist was that of a partner rather than as an expert of the change process.

I looked to my individual themes to explore where my clinical fears lay. When I looked

at my themes, I found that they contained a fear that my clients would be too reliant on me. The

images in my art suggested that I needed them to learn resiliency and that I felt the need to offer

them those skills. After reviewing the emerging themes, personal background of my clients and

myself, I understood that it was important for me to focus on capacity building with my clients

because I felt it was key in overcoming adversity. The reflection process also helped me

understand that as a result of my early life experiences I was drawn towards a strength-based,

humanistic approach.

A few times in the group discussion my theoretical orientation created an interesting

tension. For example, in *Session 4*, there was tension when discussing treatment goals with the

presenter, Saira. I shared my observation of the strong bond between Saira and her client and

suggested that she consider focusing on capacity building in her treatment goals. I believe the

tension arose because my strength-based perspective was different from Saira's focus on

building a reparative bond with her client. During the group discussion however, we were not

aware of our different theoretical orientations that we were operating from and therefore, were

not able to make the connection as to why our perspectives were different. It was not until the

analysis that the participants were able to recognize their theoretical orientations.

Eliza. My approach was influenced by my practicum setting at Kayne Eras Center,

where I worked as an adjunct therapist. I was able to do more client-focused work because of

my position as an adjunct therapist.

The clinical fear that arose for me during this process was about having a lack of

boundaries.   It felt hard for me to know when I needed to provide more structure or containment

for the client. I realized I needed to work on creating these boundaries or I would become

drained by holding too much for the client. While my natural tendency is to let the client lead and witness them where they are, this arts-based research helped me see more clearly my desire to balance this openness with the strength and ability to provide structure within the holding environment.

Having my own art process is an important part of my clinical identity as an art therapist. This experience enabled me to deepen my own art process because I was working with a group instead of working alone. Working with the group helped me understand my art in deeper ways, by hearing the other participant's insights, and by seeing the similarities and differences in our artwork. The participants provided a context that helped me see my art and my self more clearly.

The codes that emerged in my art were: perspective, growth, structure, perfection, connection, therapeutic relationship and unable to hold. My art showed an ability to hold the space even when it was wild and huge. I considered the idea of the therapist as "mother," as container, providing unconditional love and support, being able to hold it all no matter what. I thought of the book I read growing up, *The Giving Tree,* where the tree continued to provide for the boy until there was nothing left of the tree to give. This story parallels the role of a therapist as provider and illuminates for me the idea of giving until there is nothing left to give. While my natural tendencies are to provide unconditional support and witness the client, I am aware of the limitations of this. While unconditional holding can be powerful and beneficial, I would like to feel more comfortable with the ability to contain and to be able provide more structure when it feels necessary, for my benefit and for my client.

Group. Participants identified the art process as a crucial part in informing their clinical identity. When reviewing the emerging codes in the art, participants realized that they had all

conceptualized therapy as aiding in growth. However, there was a difference in how that growth was conceptualized amongst all three. Eliza focused on joining with the client to provide an environment for him to be seen and heard. Lupe viewed growth as nurturer, but focused on strength, release and the empathetic experience. Saira conceptualized growth and repair as a result of the therapeutic connection/bond.

They were able to see that their differing opinions were illuminated through the symbols in the art. Furthermore, participants were able to gain further understanding about their clinical orientation and treatment goals. Lupe created grounded concrete images, such as a hand (See p. 46), a plant (See p. 52) and a jar (See p. 95). For her, the independent images were symbolic of the sense of personal empowerment that she wants her clients to gain from therapy. Saira expressed healing through connection, as well as the moment of being witnessed by herself as a therapist. She provided the connection as a model for what the world can provide for the client. Her images reflected this message of connection and repair: cats (See p. 65), skull and sun (See p. 104), plants (See p. 89), and hands (See p. 96). Eliza's theme and art suggests that she wants her clients to feel witnessed and contained. In Session 3 (See p. 60) words seem to hold the central image creating an environment of support for the client. Her art in Session 4 (See p. 67) depicted a womb-like shape whose boundaries are being tested and obliterated. These images reflected ideas of Eliza's client-centered approach.

The difference in therapeutic approaches amongst the participants was particularly evident in Session 4.   Participants discussed the differences in how they had depicted Saira's connection to her client. Saira's watercolor painting (See p. 67) contained symbols that represented a close connection between the client and herself, which supported Saira's understanding of connection as a way of growth. In contrast, in Lupe's art piece, (See p. 68) she

used collage images to represent her focus on building the client's capacity, rather than depending on the therapist. This was key to her understanding of working within the strength-based model. Eliza's work seemed to express a tension between providing nurturance for the client and supporting independence. Eliza used imagery (See p. 67) that depicted a womb-like environment for the client. These different perspectives of the client and treatment were held in the art and reflected back to the participants.

When researchers looked at all of the themes together, they also noted the variety in how containment was conceptualized, which further highlighted each participants clinical identity as an art therapist. Eliza's art had an abstraction of space that appears to hold different ideas and projections. Her work was contained by using the same size paper in all of the sessions. Similarly, Saira contained her work on the same watercolor paper every session, which related to the structure, consistency and the space she provided in sessions. In contrast, Lupe used various sized paper, clay and paper plates. This depended on how much she needed to contain. Despite the differences in orientation, the participants found that the group work provided a greater context that helped gain insight into their clinical identity.

2. What effect did regular self-exploration have on burnout for the art therapist, as indicated by scores on the State-Trait Anxiety Inventory (STAI-Y) (Spielberger, 1983)?

Due to the low number of participants in this study, it is not possible to show statistical significance, nor is it possible to generalize from the participants in this study to other graduate art students as a whole. However, it is still possible to infer certain conclusions from the changes in data.

The data was analyzed using paired T-Tests comparing inventory scores between testing periods for each of the dependent variables. These scores are listed on Table 1. The scores do not include data from sessions 2-3, and 8 because the participants did not complete post-tests.

Table 1.

Inventory	Saira's Average Change	Eliza's Average Change	Lupe's Average Change
STAI-T	-8.6	7.83	-7.28
STAI-S	-7.67	.66	-8.71

The general trend within the scores on the State-Trait Anxiety Inventory was a decline from pre-test to post test for both the State and Trait scales. However, there was an exception for one participant, Eliza, whose scores showed an increase from pre-test to post-test, beginning in *Session 5* (See Fig. 13) and ending in *Session 9*. Eliza's increase in stress-levels was perhaps due to an awareness that was brought about through the group processing in Session 4. For Eliza, *Session 4* revealed the differences in her theoretical orientation from the other participants. The art and the group processing helped her connect more deeply with her own countertransference and facilitate mindfulness. After this awareness in *Session 4*, Eliza's stress test numbers seemed to increase after processing the artwork. The art helped her to gain more insight into her countertransference and provided opportunity for self-examination.

Saira's scores decreased in all sessions except one. The session in which her stress score increased was *Session 9* (See Fig. 15). This may have been because of her countertransference toward the client and diagnosis. The client that was presented was similar in diagnosis and behavior to the clients that she worked with at her agency. The increase in stress scores may have also been from anxiety of ending the research process. In most sessions, her stress results decreased during each presentation. Generally, when there were two sessions in one day, overall stress levels decreased. However there was usually a slight increase in between the two client

sessions. Saira's stress scores may have this slight increase because of the initial anxiety of art making and stress of starting a new client session.

During the nine sessions, all three participants experienced and increase in stress. Similar to Eliza, another participant, experienced an increase of stress during and after group discussion. Lupe experienced an increased stress in *Session 4* when she realized that her theoretical orientation was different from other participants. In contrast, Saira experienced an increase in stress after the last meeting. The increase in stress for her was due to the anxiety of ending the group.

It is possible that with larger number of participants, or a greater number of sessions, more meaningful results could be seen.

3. How was the process different for each participant?

Eliza. By presenting the same client three times, I was able to identify my countertransference. This process of understanding my countertransference was challenging and intense. The art clearly reflected conflict around containment, holding space for the client, and my own thoughts about "mother" as an unconditional provider. The group work provided a supportive space for personal reflection and therapeutic insight.

In *Session 8* I experienced a contrast in the feeling of making the art, which felt relaxing and comfortable, with the group processing which felt intense and challenging. The group processing helped me to see that my perspective and open structure was different from the other participants, who depicted more clear containment in their art. Without the presence of the other participants, I would not have gained this new layer of awareness about my own process.

The final group session felt to me like a quiet celebration and appreciation for all the work we had done together. I created three small flowers out of clay, which captured the beauty

and delicacy of this process. Throughout the research process, I felt free to be myself and to express myself freely within the group. This was special experience for me as I often experienced this freedom of expression while making artwork alone and had more challenges finding this with others.

In this group, I felt witnessed and held, supported, and not judged or overly guided. This idea of being witnessed is important to me and was a foundation of what I would like to provide in my own therapeutic work. The focus of the discussion and the insights was on the art, which helped me to look at difficult and deep themes and fears around attachment in a less threatening way. I am grateful for this experience that helped me get to know the other participants, and myself more deeply. This process also shifted my work with the client. As I began to be more aware of my own countertransference tendencies about containment, I felt like I was able to give the client more space, so I could better witness and support him.

Lupe. The process provided support, stress relief, informed my clinical identity and strengthened my identity as an artist. The process became one that I found myself looking forward to for the support, stress relief, and the connection to myself as an artist that I experienced.

The themes that emerged in my art were a synthesis of my experience in the group. They included: support, growth, release, rejuvenate, serenity, and going with the flow. I felt my body relax and the tension decrease as I engaged in the art process and this was a common occurrence in all of the sessions. In my final art piece (See p. 108) I created a spine out of clay. The spine represents the support system that I felt in meeting and making art. The spine appears secure because it is sitting on a ground line beneath the earth's surface. The spine position also reflects the sense of stability and calmness that followed the group sessions.

The spine structure is accompanied by a pen and ink drawing. The drawing is of a falling girl, who is similar to Alice in Wonderland. The girl is similar in the sense that when I made art with the research group, I often felt like I was escaping into another mindset. The posture of the figure reflects the feelings that I experienced after I met with the group, a sense of going with the flow and of releasing tension. This experience was felt especially when I presented my client James for the second time. My client's behavior had escalated and had begun to take an emotional toll on me. It helped to know that I was going to consult with the group and that I had their support. I enjoyed that session in particular because we switched locations from the studio to an outdoor space. I depicted a lavender plant in my final art piece as a symbol for the peace and calm that I was beginning to internalize.

I found myself looking forward to presenting. After presenting my first client, I felt the desire to present all of my clients because I found the process to be beneficial in the clinical insight gained and also in reducing my emotional stress. I felt that it was beneficial to present a client more than once, although I did gain insight from presenting my client only once.

Also integral to my self-care, was the reinforcement of my artist identity that occurred as a result of making art with the group. Prior to the research group, I felt myself experience clarification, because the classes and practicum settings were focused on clinical skills. I was the only art therapist in my practicum and I felt the pressure to prove myself as a clinician. Yet after I begun to meet with the group, I experienced a turning point. I felt catharsis in the art process; it strengthened my belief that making art is a healing process. As a result, I felt that the process strengthened my identity as an art therapist and as an artist.

Saira. My experience during the research process was different from the other presenters in that I presented three different clients. I found that the reflection of my clients was helpful in

applying my insights gained into my clinical work. I reflected on how each client brought out various aspects of myself as a therapist. For instance, all three clients that I presented had common themes of connection, perspective and growth. In analyzing the data I thought that this could speak to my role as a therapist working with young children. My aim was to provide a connection to encourage individual repair and possibly growth. Furthermore, I felt that these elements of focus were not only shaped by the agency I worked for, but also by the age range of clients.

In viewing the art pieces in each session, I found moments of clarity, not only when I presented, but when the other participants presented as well. For instance, when listening to Lupe's client, James' story, I felt as if I knew him because of my experience with a previous client. This was revealed in the artwork with the desert scene and the soda can (See p. 61). I reflected on the countertransference that I had to the client, to my client and the art. I examined my previous client further and gained new insights in listening to Lupe process her artwork. Furthermore, when the participants were processing during the session, I was able to listen to inventions, strategies and treatment goals that were different from mine. In this way making art not only created an understanding for me as the presenter, but also as the participant.

The analysis helped to synthesize various aspects of my identity: my therapist-self, artist self and personal self. I am beginning my career in art therapy and have already experienced the overwhelming nature of the work. For me, it was an important space to reflect on client cases, without the pressure to perform or impress supervisors or co-workers. Many times in my traineeship my supervisor has also been my employer or teacher, which skews the perspective of unbiased case presentations. In the research process, I was able to have a space for my thoughts, anxieties and countertransference without judgment.

I used watercolor for my final piece, which was depicted as a large room. On a separate piece of paper she painted and cut out pieces of paper that depicted simple comforts. In the room she painted a window that looked out to three trees that represented the research participants. The trees are connected and seen outside of an open window that represents the space the group provided. The trees represent the support of the supervisory group as a way of knowing the self and gaining clinical insights.

I found after making this piece that the idea of connection spreads throughout my identity as a clinician and artist. The objects I painted in the room were representations of pillows and a yoga mat. These objects represent the simplicity in art and how we tend to ignore and overlook its importance in our own self-care. The open space of the room speaks to the area that we need to provide for ourselves to grow. I felt that the research process was a way for me to understand that aspect of myself. I understood the research process as a necessity, in terms of supervision, personal reflection, identity and countertransference.

Group. Generally, the process was beneficial for all three participants in terms of gains in various areas including: clinical insight, stress decrease, greater case conceptualization, mindfulness, art therapist identity and peer support. Participants also discussed their various experiences in the number of times they presented a client.

In the final session, *Session 9*, participants were confronted with not only their findings about the research, but also with their individual and clinical identity. In Eliza's final piece (See p. 107), she used clay to make three flowers that represented each participant in the group, honoring the commonality and the differences between the participants. She also created painted plate as a holding space that could hold the flowers. This was the first time in the process that she did not work on the same size paper, suggesting perhaps that this process encouraged her to let

go of the familiar external structure that the paper had provided. For Lupe, the themes that

emerged in her final art piece (See p. 108) were a synthesis of her experience in the group. She

created a spine, which represented the support that she felt the other participants provided in

sessions. Saira created a watercolor painting (See p. 109) of an open room that looked out to

three trees, which represented the three participants. This parallels her communication in her

personal and clinical work about connection as a source of growth. This was a realization about

not only what she gave to her clients, but also what she received from the group and within the

art.

Findings

     Participants found that the art-making process was beneficial for the art therapist

regarding: countertranference, case conceptualization, treatment, developing clinical identity,

self-care, and the importance of continuing their own art practice. Participants experienced

insights during various points in the research process including: individual art making,

witnessing of the artwork, group processing and analysis of data. Participants noticed that the

artwork was revealing of both the therapist and the client. These understandings helped to

uncover participants' clinical identity and theoretical approach.

     All three participants found that they gained clinical insights regardless of the number of

times they presented a client. It is important to consider the various benefits of presenting a

client one time or multiple times. Participant, Lupe, had the experience of being able to compare

the information gained from presenting a client once in *Session 5* and another client twice in

Session 3 and *9*. She found that she gained more clinical insight from presenting a client more

than once.

The reflective art-making group was also a helpful tool for a beginning art therapist to consider their clinical identity. All three participants saw their work as an art therapist as aiding in growth, although each person viewed it differently. By processing their artwork together, participants were able to identify their own theoretical orientations and understanding of cases. Similarly, all participants conceptualized containment from various perspectives that paralleled their clinical orientations.

Furthermore, participants found that the research process encouraged their identity as artists, strengthened their belief in arts-based research methodology, provided a tool for clinical insight and an opportunity for self-discovery. The final art-making session encompassed all of the latter benefits. For Lupe, her final art piece (See p. 108) was a synthesis of her experience in the group. She created the base of a spine out of clay, which represented the support that she felt the other participants provided. In Eliza's final piece (See p. 107), she used clay to make three flowers that represented each participant in the group, honoring the commonality and the differences between the participants. She reflected on the power of the research process and how she felt supported and witnessed. This was what she had wanted to provide for her client. Saira created a watercolor painting (See p. 104) of an open room that looked out to three trees, which represented the three participants. This parallels her communication in her personal and clinical work about connection as a source of growth. This was a realization about not only what she gave to her clients, but also what she received from the group and within the art.

All participants agreed that the art-making process was also a beneficial form of self-care. The general trend within the scores on the State-Trait Anxiety Inventory for both the State and Trait scales was a decline from pretest to post-test. On average Saira and Lupe's stress tests revealed that they reduced stress after each art-making session. The exception appeared to be in

Sessions 5-9 (See Fig. 13) of Eliza's data, which indicated that her anxiety increased. Upon

reflection, Eliza concluded that the group discussion had raised an awareness regarding her

therapeutic orientation and countertransference that was at first challenging to hold. However,

despite the difficult or unpleasantness of her learning experience, Eliza deemed the process

valuable. Similar to Eliza, Lupe experienced an increase in stress after the group discussion in

Session 4 (See Fig. 14), when she realized that her theoretical orientation and treatment approach

was different from the other participants.

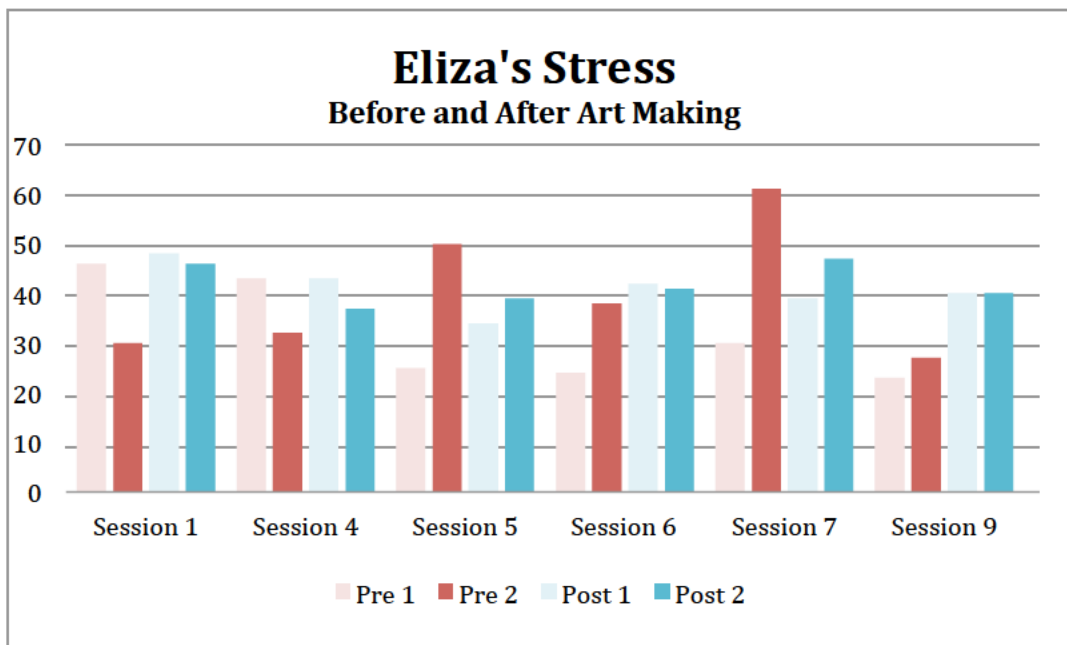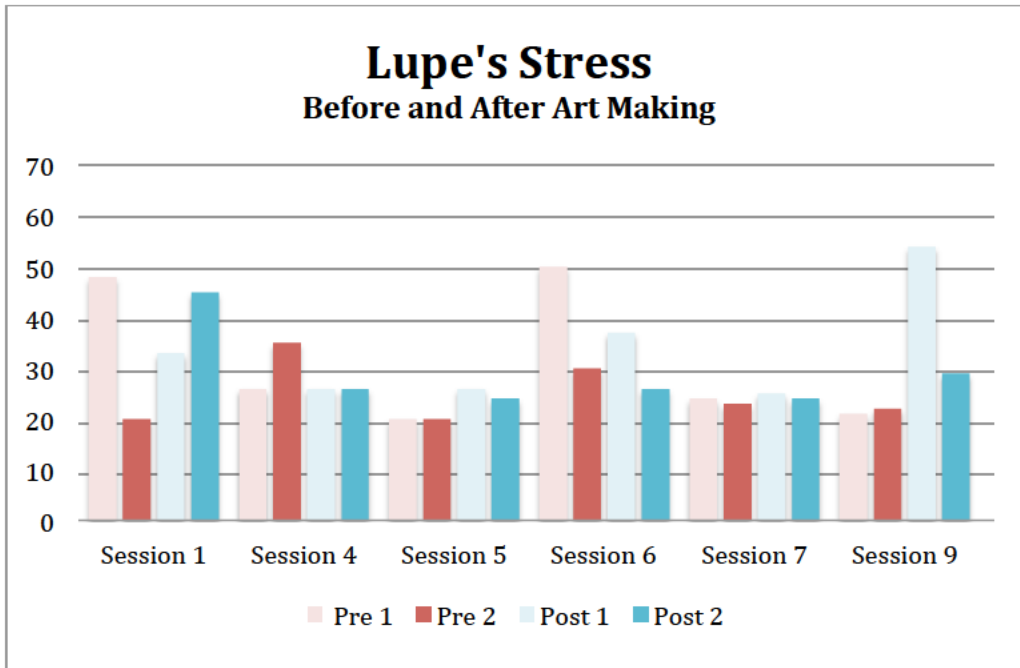**Figure 13: Eliza's Chart 1**

Lupe's Stress
Before and After Art Making

Figure 14: Lupe's Chart 1

Saira's Stress
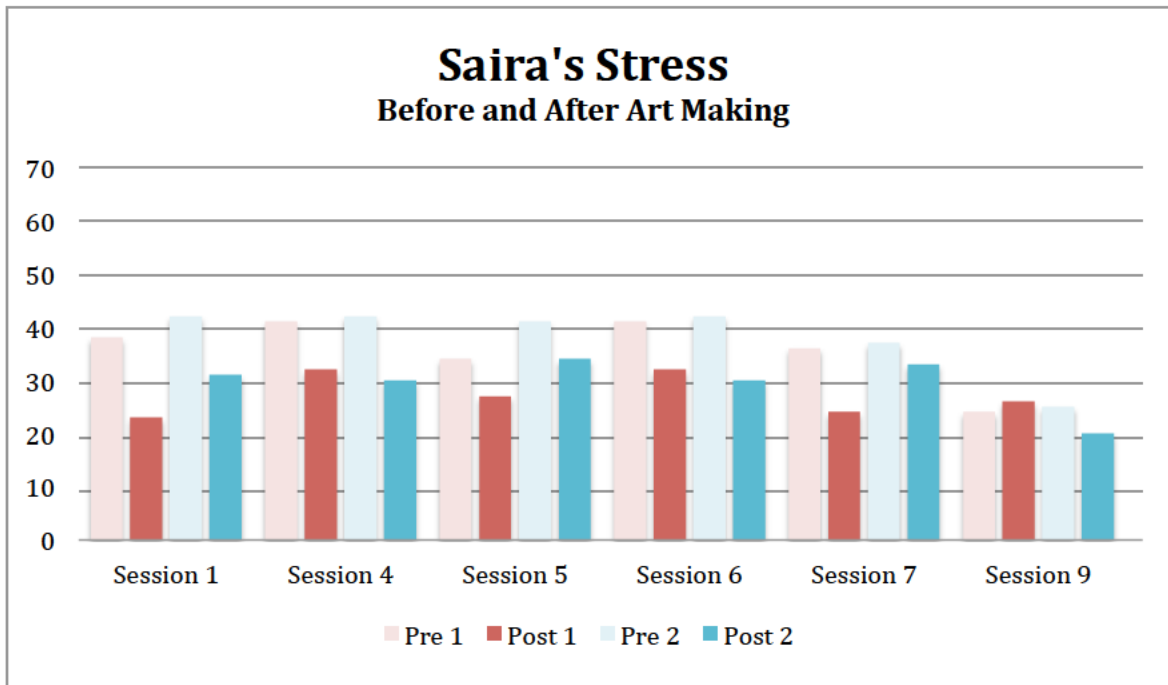## Before and After Art Making

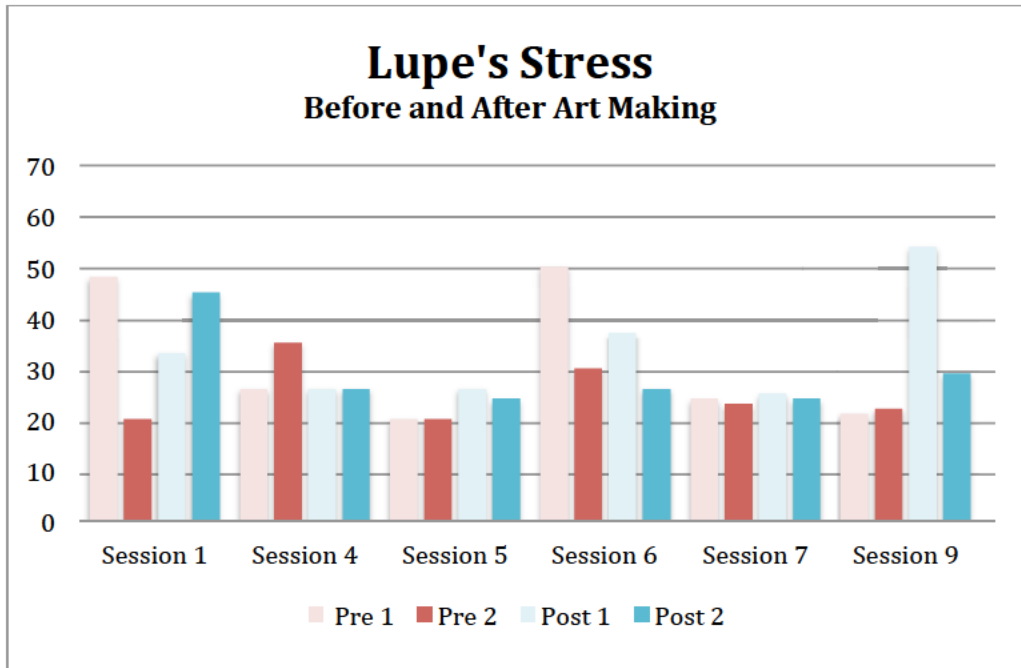

Figure 15: Saira's Chart 1

Figure 14: Lupe's Chart 1
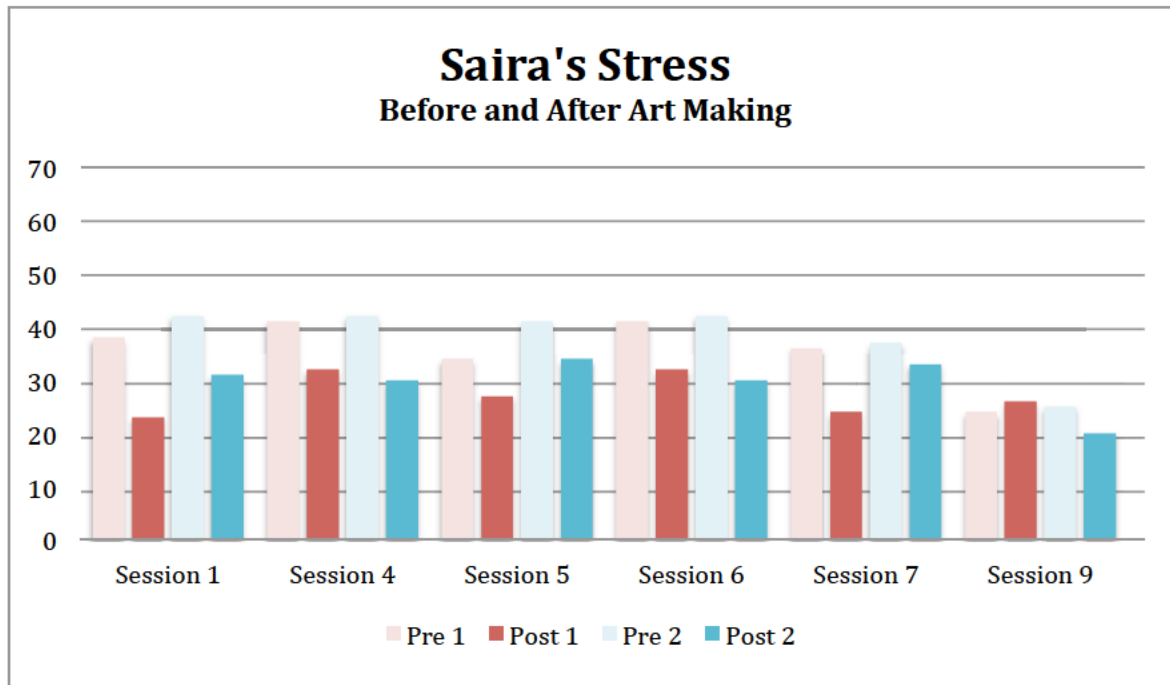
Figure 15: Saira's Chart 1

Despite the moments of tension, the supportive group process appears to have helped the members sustain group cohesion, even when their divergent theoretical orientations and worldviews became apparent. What appeared to contribute to the supportive atmosphere was the shared belief that art is powerful and valuable in many ways. They also had the common understanding of the use of sage, incense, and the ringing of a bell as a form of cleansing a person and purifying a space, which helped the group work through moments of emotional or mental strain. Furthermore, group cohesion appeared to facilitate insight in the data collection process.

Participants also found that being flexible with the methodology was helpful in creating a supportive environment for all participants. For example, in the first session, participant Saira communicated to the group that she felt they needed more time to present a client. The group listened to her concerns and responded by making changes to the methodology.

Conclusions

The findings support literature that states art making is a way of reflective, cathartic practice. For the participants, the reflective art making process proved to be a beneficial process for clinical insights, self-care, peer support, and for strengthening the art therapist identity.

Possible considerations for future research include art space and methodology. The space should have enough room for each participant to create their work individually, so that they can more deeply connect with their own process and not be influenced by the other participants' work. These elements may aid in holding the artwork, promoting the artist identity and providing a safe space to create. In addition, the dedicated art space should be uninterrupted and private.

This group shared a common cultural belief, which consisted of a spiritual practice in thoughtfully transitioning into and out of the art-making process and the group discussions through the use of incense, sage and the ringing of a bell. Future research may substitute bell and incense/sage with another marker or ritual to designate time and space to honor the process and client.

In terms of methodology, future research may find it beneficial to present one client per meeting in order to separate insights and emotions from session to session. Future participants may translate free writes into journal entries, in order to check in during each session and understand stress scores. This may help to contextualize the participants stress upon entering and leaving sessions. Journal entries may also help to capture experience after making art and after processing the work. Participants in future research may omit scribble drawings, as participants found them to be least helpful of all of the data collected.

It is further suggested that art therapy graduate programs would benefit from incorporating this methodology in their art therapy supervision. Based on these findings, the research supports that it is beneficial for the art therapist to continuously make art with the support of other art therapists.

References

Allen, P. B. (1992). Artist-in residence: An alternative to 'Clinification' for Art

Therapists. *Art Therapy*, *9*(1), 22-29. doi: 10.1080/07421656.1992.10758933

Aldridge, D. (1993). Artist or psychotherapist? *The Arts in Psychotherapy, 20(3)*, 199–

200. http://dx.doi.org/10.1016/0197-4556(93)90013-R

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental

disorders (5th ed.). Arlington, VA: American Psychiatric Publishing.

Armstrong, V. (2013). Modeling attuned relationships in art psychotherapy with children

who have had poor early experiences. *The Arts in Psychotherapy, 40*(3), 275–

284. http://dx.doi.org/10.1016/j.aip.2013.04.002

Ault, R. (1977). *Are you an artist or therapist: A professional dilemma of art therapists.*

In R. H. Shoemaker, & S. E. Gonick-Barris (Eds.), Creativity and the art therapist's

identity: Proceedings of the 7th annual AATA conference 1976 (pp. 53–56). Baltimore,

MD: American Art Therapy Association.

Baird, G., Simonoff, E., Pickles, A., Chandler, S., Loucas, T., Meldrum, D., & Charman,

T. (2006). Prevalence of disorders of the autism spectrum in a population cohort of

children in South Thames: the Special Needs and Autism Project (SNAP). *Lancet,

368*(9531), 210-215. doi:10.1016/S0140-6736(06)69041-7

Barish, K. (2004) What is therapeutic in child therapy? *Psychoanalytic Psychology 21*,

385-401.

Bernard, J., & Goodyear , R. (2004). *Fundamentals of clinical supervision*, 225-310.

New York : Pearson Educational Institute.

Bethea, T., & Sikich, L. (2007). Early pharmacological treatment of autism: A rationale

for developmental treatment. *Biological Psychiatry*, *61*(4), 521-537.

Biederman J, Faraone SV. (2004). The Massachusetts General Hospital studies of gender

    Influences on attention-deficit/hyperactivity disorder in youth and relatives. *Psychiatric*

    Clinic of North America, 27, 225–232. doi:10.1016/S0140-6736(05)66915-2

Bonanno, G.A (2001). *Grief and emotion: A social-functional perspective.* In M.S.

    Stroebe, R.O. Hansson, W.Stroebe, & H. Schut (Eds.), Handbook of bereavement

    research consequences, coping and care (pp.493-516). Washington,

    DC: American Psychological Association.

Brown, C. (2008). The importance of making art for the creative arts therapist: An

    artistic inquiry. *Arts In Psychotherapy*, *35*(3), 201-208. doi: 10.1016/j.aip.2008.04.002

Burns, G.L. & Walsh, J.A. (2002). The influence of ADHD-hyperactivity/impulsivity

    symptoms on the development of oppositional defiant disorder symptoms in a 2-

    year longitudinal study. *Journal Of Abnormal Child Psychology, 30*(3), 245-257.

Connor, D. F. (2002). Preschool attention deficit hyperactivity disorder: a review of

    prevalence, diagnosis, neurobiology, and stimulant treatment. *Journal of*

    Developmental and Behavioral Pediatrics (23)1, (1-9).

Davis, T. E., Moree, B. N., Dempsey, T., Reuther, E.T., Fodstad, J. C., Hess, J. A.,

    Jenkins, W.S., Matson, J. L., (2011). The relationship between autism spectrum

    disorders and anxiety: The moderating effect of communication. *Research in Autism*

    Spectrum Disorders, 5(1), 324–329.

Deaver, S., & McAuliffe, G. (2009). Reflective visual journaling during art therapy and

    counseling internships: A qualitative study. *Reflective Practice*, *10*(5), 615 –

    632. doi:10.1080/14623940903290687

Deaver, S. (2011). Art-Based Supervision Techniques. *The Clinical Supervisor 30, (2)* 257–276.

      doi:10.1080/07325223.2011.619456

Epp, K. (2008). Outcome-Based Evaluation of a Social Skills Program Using Art

      Therapy and Group Therapy for Children on the Autism Spectrum. *Children & Schools,*

      30(1), 27-36.

Farrington, D. P.(2003). Developmental and life-course criminology: key theoretical and

      empirical issues-the 2002 sutherland award address. *Criminology, 41*, 221–225.

      doi: 10.1111/j.1745-9125.2003.tb00987.x

Fleming, M. M. (1993). From clinician to artist; from artist to clinician: Part I. *American*

      Journal of Art Therapy, 31(3), 70–75.

Freud, A. (1966). *The Ego and Mechanisms of Defense*. (Baines, C, Trans.) New York:

      International Universities Press. (Original work published in 1936).

Frick, Paul J., Lahey, Benjamin B., Loeber, Rolf, Green, Stephanie M., and McBurnett,

      Keith. (2000). Findings on Disruptive Behavior Disorders from the First Decade

      of the Developmental Trends Study. *Clinical Child and Family Psychology Review, 3(1),*

      53-68.

Glazer, H. R., & Marcum, D. (2003). Expressing Grief through Storytelling. *Journal of*

      Humanistic Counseling, Education And Development, 42(2), 131-38.

Goodman, R.F., Morgan, A.V., Juriga, S., & Brown, E.J. (2004). Letting the story

      unfold: A case study of client-centered for childhood traumatic grief. *Harvard Review of*

      Psychiatry, 12(4), 199-212. doi:10.1080/10673220490509534

Grushka, K. (2005). Artists as reflective self-learners and cultural communicators: an

exploration of the qualitative aesthetic dimension of knowing self through reflective practice in art-making. *Reflective Practice, 6 (3)*. 356-366. doi: 10.1080/14623940500220111

Guiffrida, D. Jordan, R., Saiz, S., & Barnes, K. (2007). The use of metaphor in clinical supervision. *Journal of Counseling & Development*, *85*, 393 – 400.

Harter, S. (2007). Visual art making for therapist growth and self care. *Journal of Constructivist Psychology*, *20*, 167 – 182. doi:10.1080/10720530601074721

Howe, D. (2006). Developmental attachment psychotherapy with fostered and adopted children. *Child and Adolescent Mental Health, 11*(3), 128–134. doi: 10.1111/j.1475-3588.2006.00393.x

Hervey, L.W. (2000). Artistic inquiry in dance/movement therapy. Springfield, IL: Charles C. Thomas.

Hinshaw, S. P. (1992). Externalizing behavior problems and academic underachievement in childhood and adolescence: causal relationships and underlying mechanisms. *Journal of Positive Behavior Interventions, 111(1),* 127-55. doi: 10.1177/1098300709359084

Hyo Jung, L. (2011). Cultural Factors Related to the Hidden Curriculum for Students With Autism and Related Disabilities. *Intervention in School & Clinic, 46*(3), 141. doi:10.1177/1053451210378162

Ireland, M. S., & Weismann, M. A. (1999). Visions of Transference and Counter-Transference: The Use of Drawings in the Clinical Supervision of Psychoanalytic Practitioners. *American Journal Of Art Therapy*, *37*(3), 74.

Jackson, S., Muro, J., Lee, Y., & DeOrnellas, K. (2008). The sacred circle: Using

mandalas in counselor supervision. *Journal of Creativity in Mental Health*, *3*, 201 – 211.

doi:10.1080/15401380802369164

Johnson, N. L., Giarelli, E., Lewis, C., & Rice, C. E. (2013). Genomics and Autism

Spectrum Disorder. *Journal Of Nursing Scholarship, 45*(1), 69-78.

Kang-Yi, C., Grinker, R., & Mandell, D. (2013). Korean Culture and Autism Spectrum

Disorders. *Journal Of Autism & Developmental Disorders, 43*(3), 503-520. doi:

10.1007/s10803-012-1570-4

Kapitan, L. (2010). Introduction to art therapy research. New York, NY: Taylor &

Francis Group.

Kubler-Ross, E. (1969). *On Death and Dying*. New York, NY: Scribner.

Langs, R. J. (1974). *The technique of psychoanalytic psychotherapy,*v.2. New

York: Jason Aronson.

Le Count, D. (2000). Working with 'Difficult' Children from the Inside Out: Loss and

Bereavement and how the Creative Arts can Help. *Pastoral Care in Education, 18(2)*,

17-27. doi:10.1111/1468-0122.00157

Levick, M. (1975). Transference and counter-transference as manifested in graphic

productions. *Art Psychotherapy*, *2*(3-4), 203-215. doi: 10.1016/0090-9092(75)90004-6

Levy, S. E., Souders, M.C., Ittenbach, R. E., Giarelli, E., Mulberg, A. E., & Pinto-

Martin, J. A. (2007). Relationship of Dietary Intake to Gastrointestinal Symptoms

in Children with Autistic Spectrum Disorders. *Biological Psychiatry, 61*(4), 492-497.

doi: 10.1016/j.biopsych.2006.07.013

Loeber, R., and Keenan, K. (1994). The interaction between conduct disorder and its

comorbid conditions: Effects of age and gender. Clinical Psychology Review, 14, 497-523.

Luquette, J. (2007). STRESS, COMPASSION FATIGUE, AND BURNOUT: EFFECTIVE SELF-CARE TECHNIQUES FOR ONCOLOGY NURSES. *Oncology Nursing Forum 34*(2), 490.

Maenner, M., Schieve, L., Rice, C., Cunniff, C., Giarelli, E., Kirby, R., Lee, L., Nicholas, J., Wingate, M. & Durkin, M. (2013). Frequency and Pattern of Documented Diagnostic Features and the Age of Autism Identification. *Journal Of the American Academy Of Child & Adolescent Psychiatry, 52*(4), 401-413e8.

Mandell, D. S., Wiggins, L. D., Yeargin-Allsopp, M., Carpenter, L., Daniels, J., Thomas, K. C., & … Kirby, R. S. (2009). Racial/Ethnic Disparities in the Identification of Children With Autism Spectrum Disorders. *American Journal Of Public Health, 99*(3), 493-498. doi:10.2105/AJPH.2007.131243

Markin, R.D., McCarthy, K.S., & Barber, J.P. (2013). Transference, countertransference, emotional expression, and session quality over the course of supportive expressive therapy: the rater's perspective. *Psychotherapy Research, 23*, 152-168. http://dx.doi.org/10.1080/10503307/2012.747013

Marshall, J. (2007). Image as insight: Visual images in practice-based research. *Studies in Art Education*, *49,* 23 – 41.

Mash, E.J., & Barkley, R. A. (Eds.). (2006). *Treatment of Childhood Disorders.* New York, NY, USA: Guilford Press.

Maxie, A.C., Arnold, D.H. and Stephenson, M. (2006) Do therapists address ethnic and racial differences in cross-cultural psychotherapy? *Psychotherapy: Theory,*

Research, Practice, Training 1, 85-98. doi: 10.1037/0033-3204.43.1.85

McNiff, S. (1998). *Arts-based research*. London: Jessica Kingsley.

Morgan, J.P. & Roberts, J.E. (2010). Helping Bereaved Children and

   Adolescents: Strategies and Implications for Counselors. *Journal Of Mental Health*

   Counseling, 32(3), 206-217.

Naumberg, M. (1966). The nature and purpose of dynamically oriented art therapy.

   Psychiatric Opinion Journal, 2, 5-19.

Nissimov-Nahum, E. (2008). A model for art therapy in educational settings with

   children who behave aggressively. *The Arts in Psychotherapy, 35*(5), 341–348.

   doi:10.1016/j.aip.2008.07.003

Nissimov-Nahum, E. (2009). Use of a drawing task to study art therapist's personal

   experiences in treating children. *The Arts in Psychotherapy, 36*, 140-

   147. doi:10.1016/j.aip.2008.12.001

Orkibi, H. (2012). Students' artistic experience before and during graduate training.

   The Arts In Psychotherapy, *39*(5), 428-

   435**.** http://dx.doi.org/10.1016/j.aip.2012.06.007

Osborne, J. (2003). Art and the Child with Autism: Therapy or education? *Early Child*

   Development and Care, 173(4), 411-423. doi:10.1080/0300443032000079096

Overholser, J. (2004). The four pillars of psychotherapy supervision . *The Clinical*

   Supervisor, *23*(1), 1 – 13. doi: 10.1300/J001v23n01_01

Perry, J. (2011). When Race and Culture Matter in Psychodynamic Child Therapy:

   Considerations of Theory, Process and Technique. *Psychoanalysis, Culture &*

   Society, 16(2), 179-95.

Rayna, D.M., McCarthy, K.S. & Barber, J. P. (2013). Transference, countertransference,

emotional expression, and session quality over the course of supportive expressive

therapy: The raters' perspective. *Psychotherapy Research, 23:2*, 152-168.

Reid, R., Riccio, C.A., Kessler, R.H., DuPaul, G.J., Power, T.J., Anastopoulos, A.D.,

Rogers- Adkinson, D., & Noll, M.B. (2000). Gender and ethnic differences in

ADHD as assessed by behavior ratings. *Journal of Emotional and Behavioral Disorders,*

8, 38-48.

Robins, L. N. (1991). Conduct Disorder. *Journal of Child Psychology and*

*Psychiatry, 32,*193–212. doi: 10.1111/j.1469-7610.1991.tb00008.x

Rosenberger, E.W, & Hayes, J.A. (2002). Origins, consequences, and management of

countertransference: a case study. *Journal of counseling psychology,*

29(2), 221-232.

Rosenblatt, P.C. (2008). Grief across cultures: A review and research agenda. In

Stroebe, M.S., Hansoon, R.O, Schut, H., & Stroebe, W. (Eds.), *Handbook of*

bereavement research and practice: Advances in theory and intervention (pp.207-

222). Washington, D.C: American Psychological Association.

Rubin, S.S., Malkinson, R., & Witztum, E. (2012). *Working with the Bereaved: Multiple*

Lenses on Loss and Mourning. New York, NY: Routledge, Taylor & Francis Group.

Shear, K.M. (2012). Getting straight about grief. *Depression and Anxiety, 29*, 461-

464. doi: 10.1002/da.21963

Solomon, M., Miller, M., Taylor, S., Hinshaw, S., & Carter, C. (2012). Autism

Symptoms and Internalizing Psychopathology in Girls and Boys with Autism

Spectrum Disorders. *Journal Of Autism and Developmental Disorders, 42*(1), 48-

59. doi: 10.1007/s10803-011-1215-z

Spaniol, S. (2001). Art and mental illness: where is the link? *The Arts in Psychotherapy,*

28(4), 221–231. http://dx.doi.org/10.1016/S0197-4556(01)00108-3

Speece, M.W., & Brent, S.B. (1996). The development of children's understanding of

death. In C.A. Corr & D. M. Corr (Eds.), *Handbook of childhood death and*

bereavement (pp.29-50). New York: Springer.

Spielberger, C. D. (1983). The state-trait anxiety inventory for adults. Redwood City,

CA: Mind Garden, Inc.

Stroebe, M.S., Hansson, R.O., Schut, H., & Stroebe, W. (Eds.). (2008). *Handbook of*

bereavement research and practice: Advances in theory and intervention. Washington,

DC: American Psychological Association.

Sullivan, G. (2005). Art practice as research: Inquiry in the visual arts. *Thousand Oaks,*

CA: Sage publications. (25-38).

Tibbetts, T and Stone, B. (1990). Short-term art therapy with seriously emotionally

disturbed adolescents. *The Arts in Psychotherapy, 17*(2),139–146.

Tissot, C., & Evans, R. (2003). Visual Teaching Strategies for Children with

Autism. *Early Child Development and Care*, 173(4), 425-433. doi:

10.1080/0300443032000079104

Vasques, C. & Rosa, D. (2011). *Grief therapy with Latinos.* New York, NY: Springer

Publishing Company, LLC.

Webb, N. B. (Ed.). (2005). *Helping bereaved children: A handbook for practitioners* (2nd

ed.). NewYork: Guilford.

White, S., Oswald, D., Ollendick, T., & Scahill, L. (2009). Anxiety in children and

adolescents with autism spectrum disorders. *Clinical Psychology Review, 29*(3)*,* 216–

229.

Whitehouse, A., Durkin, K., Jaquet, E., & Ziatas, K. (2009). Friendship, loneliness and

depression in adolescents with Asperger's Syndrome. *Journal Of Adolescence, 32*(2)*,*

309-322.

Wix, L. (1995). The intern studio: A pilot study. *Art Therapy: Journal of the American

Art Therapy Association, 12(3),* 175–178. doi:10.1080/07421656.1995.10759155

Xiang, S., Allison, C., Matthews, F., Sharp, S., Auyeung, B., Baron-Cohen, S. & Brayne,

C. (2013). Prevalence of autism in mainland China, Hong Kong and Taiwan: a systematic

review and meta-analysis. *Molecular Autism*, *4*(1), 1-13. doi:10.1186/2040-2392-4-7

Zachor, D., Yang, J., Itzchak, E., Furniss, F., Pegg, E., Matson, J. L., & Jung, W.

(2011). Cross-cultural differences in comorbid symptoms of children with autism

spectrum disorders: An international examination between Israel, South Korea, the

United Kingdom and the United States of America. *Developmental Neurorehabilitation,

14*(4), 215-220. doi:10.3109/17518423.2011.568468

Zoccolillo, M. (1992). Co-occurrence of conduct disorder and its adult outcomes with

depressive and anxiety disorders: a review. *Child Adolescent Psychiatry, 31*(3), 547-56.

doi: 10.1037/0012-1649.32.4.717

Research Assent Form

What is a research study?

Research studies help us learn new things. We can test new ideas. First, we ask a question. Then we try to find the answer.

This paper talks about our research and the choice that you have to take part in it. We want you to ask us any questions that you have. You can ask questions any time.

Important things to know…
- You get to decide if you want to take part.
- You can say 'No' or you can say 'Yes'.
- No one will be upset if you say 'No'.
- If you say 'Yes', you can always say 'No' later.
- You can say 'No' at anytime.
- We would still take good care of you no matter what you decide.

Why are we doing this research?

We are doing this research to find out what information an art therapist gets if they also make art about their sessions.

What would happen if I join this research?

There will be nothing done differently! You will still see your counselor, talk together about what is going on, and create art! The only difference will be that your art and notes might be included in a research paper. Your counselor will make sure your name and other private information is not included in the paper.

Could the research help me?

Though we believe therapy itself to be helpful, remember- your counselor will not ask you to do anything different, and nothing will change about your sessions.

What else should I know about this research?

If you don't want to be in the study, you don't have to be.

It is also OK to say yes and change your mind later. You can stop being in the research at any time. If you want to stop, please tell your counselor.

You can ask your counselor questions at any time. Ask us any questions you have. Take the time you need to make your choice.

Is there anything else?

If you want to be in the research after we talk, please write your name below. I will write my name too. This shows we talked about the research and that you want to take part.

Name of Participant _____
(To be written by child/adolescent)

Printed Name of Researcher _ Eliza Pfister_____

Signature of Researcher _*Elj Pfit*_____

*10/31/13*_____   _____ _____
Date   **Time**

Interpreter Information *(applicable if LEP participant)*

_____
Printed Name of Interpreter during initial presentation of study   *Date*

_____
Printed Name of Interpreter when translated form is presented   *Date*

Original form to:
Research Team File
Copies to:
Parents/Guardians

Informed Consent Form

Date of Preparation 10/31/13

Loyola Marymount University

Reflective Art Making by Art Therapists

1) I hereby authorize Eliza Pfister, art therapy graduate student to include my child's artwork in the following research study: Reflective Art Making by Art Therapists.

2) I have been asked to participate on a research project which is designed explore the clinical and personal affects of reflective art making by an art therapist as a response to my child's artwork and which will last for approximately from the date of this consent to May 2014.

3) It has been explained to me that the reason for the inclusion of my child's artwork in this project is that he/she is participating in art therapy.

4) I understand that if I my child's artwork is a subject, nothing in his/her treatment will change.

   The investigator(s) will utilize my child's artwork and make responsive art to better understand the therapeutic process.

   These procedures have been explained to me by Eliza Pfister, art therapy graduate student.

5) I understand that my child's artwork will be photographed in the process of these research procedures. It has been explained to me that these photos will be used for research purposes only and that my child's identity will not be disclosed.

6) I understand that the study described above will not alter the treatment plans, procedures and goals for my child, and the only risk involved are those already inherent in therapy.

7) I also understand that a possible benefit of the study is the therapist having a better understanding of the therapeutic process.

8) I understand that Eliza Pfister who can be reached at (310) 737-9393 x275 will answer any questions I may have at any time concerning details of the procedures performed as part of this study.

9) If the study design or the use of the information is to be changed, I will be so informed and my consent reobtained.

11) I understand that I have the right to refuse to have my child's art participate in, or to withdraw from this research at any time without prejudice to my child's therapy.

12) I understand that circumstances may arise which might cause the investigator to terminate my child's participation before the completion of the study.

13) I understand that no information that identifies my child's art will be released without my separate consent except as specifically required by law.

14) I understand that I have the right to refuse to answer any question that I may not wish to answer.

15) I understand that if I have any further questions, comments, or concerns about the study or the informed consent process, I may contact David Hardy, Ph.D. Chair, Institutional Review Board, 1 LMU Drive, Suite 3000, Loyola Marymount University, Los Angeles CA 90045-2659 (310) 258-5465, david.hardy@lmu.edu, or Felicia Bookchin, (310) 737-9393, fbookchin@kayneeras.org

16) In signing this consent form, I acknowledge receipt of a copy of the form, and a copy of the "Subject's Bill of Rights".

Subject's Signature _____   Date _____

Witness _____   Date _____

<div align="center">OR</div>

Subject is a minor (age_____), or is unable to sign because _____

_____.

Mother/Father/Guardian _____   Date _____
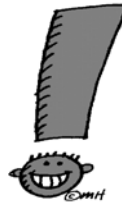
Research Assent Form

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Important things to know…
- You get to decide if you want to take part.
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- No one will be upset if you say 'No'.
- If you say 'Yes', you can always say 'No' later.
- You can say 'No' at anytime.
- We would still take good care of you no matter what you decide.

Why are we doing this research?

We are doing this research to find out what information an art therapist gets if they also make art about their sessions.

What would happen if I join this research?

There will be nothing done differently! You will still see your counselor, talk together about what is going on, and create art! The only difference will be that your art and notes might be included in a research paper. Your counselor will make sure your name and other private information is not included in the paper.

Could the research help me?

Though we believe therapy itself to be helpful, remember- your counselor will not ask you to do anything different, and nothing will change about your sessions.

What else should I know about this research?

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Is there anything else?

If you want to be in the research after we talk, please write your name below. I will write my name too. This shows we talked about the research and that you want to take part.

Name of Participant _____
(To be written by child/adolescent)

Printed Name of Researcher ___Saira Frances Masood Crawford

Signature of Researcher _____

___10-31-13___   ___N/A___ _____
Date   *Time*

Interpreter Information *(applicable if LEP participant)*

_____
Printed Name of Interpreter during initial presentation of study   *Date*

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LOYOLA MARYMOUNT UNIVERSITY

Informed Consent Form

Date of Preparation 10/31/13

Loyola Marymount University

Reflective Art Making by Art Therapists

1) I hereby authorize_____ Saira Crawford, MFT/Art therapy _____to include my child/ward in the following research study: Reflective Art Making by Art Therapists.

2) I have been asked to participate on a research project which is designed explore the clinical and personal affects of reflective art making by an art therapist as a response to child/ward artwork and which will last for approximately from the date of this consent to May 2014.

3) It has been explained to me that the reason for my child's/ward's inclusion in this project is that he/she is participating in art therapy.

4) I understand that if I my child is a subject, nothing in his/her treatment will change.

   The investigator(s) will utilize my child's/ward's artwork and notes and make responsive art to better understand the therapeutic process.

   These procedures have been explained to me by __ Saira Crawford, MFT/Art therapy.

5) I understand that my child's/ward's artwork will be photographed in the process of these research procedures. It has been explained to me that these photos will be used for research purposes only and that my child's/ward's identity will not be disclosed.

6) I understand that the study described above will not alter the treatment plans, procedures and goals for my child/ward, and the only risk involved are those already inherent in therapy.

7) I also understand that a possible benefit of the study is the therapist having a better understanding of the therapeutic process.

8) I understand that Saira Crawford who can be reached at (#)805-807-2939 will answer any questions I may have at any time concerning details of the procedures performed as part of this study.

9) If the study design or the use of the information is to be changed, I will be so informed and my consent reobtained.

11) I understand that I have the right to refuse to have my child/ward participate in, or to withdraw from this research at any time without prejudice to my child's/ward's therapy.

12) I understand that circumstances may arise which might cause the investigator to terminate my child's/ward's participation before the completion of the study.

13) I understand that no information that identifies my child/ward will be released without my separate consent except as specifically required by law.

14) I understand that I have the right to refuse to answer any question that I may not wish to answer.

15) I understand that if I have any further questions, comments, or concerns about the study or the informed consent process, I may contact David Hardy, Ph.D. Chair, Institutional Review Board, 1 LMU Drive, Suite 3000, Loyola Marymount University, Los Angeles CA 90045-2659 (310) 258-5465, david.hardy@lmu.edu.

16) In signing this consent form, I acknowledge receipt of a copy of the form, and a copy of the "Subject's Bill of Rights".

Subject's Signature _____   Date _____

Witness _____   Date _____

OR

Subject is a minor (age_____), or is unable to sign because _____

_____.

Mother/Father/Guardian _____   Date _____
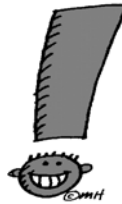
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Name of Participant _____
(To be written by child/adolescent)

Printed Name of Researcher ___Guadalupe Solis_____

Signature of Researcher __ *Guadalupe Solis* _____

__10/31/13____
Date   *Time*

Interpreter Information *(applicable if LEP participant)*

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Printed Name of Interpreter during initial presentation of study   *Date*

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Medical Records (if applicable)

LOYOLA MARYMOUNT UNIVERSITY

Informed Consent Form

Date of Preparation 10/31/13

Loyola Marymount University

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8) I understand that Guadalupe Solis who can be reached at (#)310-513-8070 will answer any questions I may have at any time concerning details of the procedures performed as part of this study.

9) If the study design or the use of the information is to be changed, I will be so informed and my consent reobtained.

11) I understand that I have the right to refuse to have my child/ward participate in, or to withdraw from this research at any time without prejudice to my child's/ward's therapy.

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