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sharon fortier-o'dea

Lesley University, sfortie2@lesley.edu

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Running head: ADOLESCENT AND SELF-REGULATION

Using Bilateral Art/ Drawing with Adolescents that Suffer from Trauma with Self-Regulations

Issues in Residential Setting

Capstone Thesis

Lesley University

May 5, 2018

Sharon Fortier-O'Dea

Art Therapy

Elizabeth Kellogg

ADOLESCENT AND SELF-REGULATION

Abstract

This thesis reviews how the use of art therapy intervention with adolescents that have experienced traumatic events in their lives resulting in problems of self-regulation. Due to the adolescent experiences from their childhood, these individuals did not get a chance to learn how to self-regulate their emotions, caused by maltreatment, abuse and the lack of guidance. Trauma affects a child's development at the stage that incident happened and blocks the child from properly achieving milestones of growth. The adolescent's self-regulation skills may have not developed due to the impact of trauma. Furthermore, the experience of being at a residential treatment center can increase the issues with self-regulation for the individuals that suffer from problems due to trauma. The use of the bilateral art/drawing directive received a positive reaction from adolescents that reside in a residential treatment setting, while in the process of reuniting the adolescent with their families.

Keywords Art therapy intervention, Adolescent, Self-regulation, Trauma, Residential treatment

ADOLESCENT AND SELF-REGULATION

Using Bilateral Art /Drawing with Adolescents that Suffer from Trauma with Self-Regulations Issues in Residential Setting

Introduction

I will be exploring bilateral art/ drawing interventions with adolescents who suffer from trauma with self-regulations issues that reside in residential settings. Adolescents who have experienced traumatic events need to learn new ways to be able to self-regulate their emotions. Being placed in residential treatment center can trigger emotional behavior due to interactions with staff and peers. It is important for the adolescent to learn how to control their emotions in public settings in order to be able to communicate with others. Helping a youth to understand the use of self-regulation will provide some youth skills to become productive and have healthy relationships. Introducing the use of bilateral art/ drawing to adolescent boys ranging from ages 13 to 17, that need to improve their self-regulations skills will provide the youths with the ability to cope with life stressors. Bilateral art can help reduce trauma by allowing the individuals to process their experiences, through a less threatening way.

Adolescents that have experienced a terrible trauma in their lives may face changes that will alter their being. Each individual reacts differently to a tragedy and responds in a way that the individual is capable. "Trauma is generally understood to occur when an individual is exposed to an overwhelming event and rendered helpless in the face of intolerable danger, anxiety, or instinctual arousal. The trauma occurs when one loses the sense of having a safe place within or outside oneself to deal with frightening emotions and experiences" (Stronach-Bushel, 1990, p. 48). Adolescents maybe placed into residential settings due to circumstances in which they are no longer safe at home, and/or they will harm someone or themselves. At this time, the adolescent requires placement in a treatment center for their safety.

ADOLESCENT AND SELF-REGULATION

Self-regulation refers to incorporating a set of skills that is drawn from both “executive function and emotional regulation capacities” (Rapp-Paglicci, Stewart, & Rowe, 2011, p. 309), which are used to achieve cognitive skills and managing and controlling emotions. The individual can “externalize their behavior problems, which can present itself as disruptive behavior disorder and conduct disorder. If the individual internalizes their behavior problems it can present itself as mood disorder and anxiety, these issues are often related to self-regulation deficits” (Rapp-Paglicci, Stewart, & Rowe, 2011, p. 310) .

When adolescents have reached the point that they need to move outside of the home due to behavior problems, usually the child lacks the skills to be able to cope with their issues.

Residential Treatment Center programs provide intensive care for children and adolescents with serious emotional and behavioral problems. While receiving treatment, the children and adolescents live at the facility temporarily until enough progress is made by the individual to reunite them with their families. “While the numbers of children and adolescents in residential treatment is increasing, there is little empirical evidence that exists regarding the characteristics of children in out-of-home care or the impact of various interventions” (Harr, Horn-Johnson, Williams, Jones & Riley, 2013, p. 384). Studies of trauma and its effects on the adolescent has been researched widely, but “little is known about the prevalence of trauma among youth entering residential treatment facilities or the unique ways in which the trauma may impact their risk behaviors” (Harr et al. (2013, p. 384).

Art is a positive way that people can engage with their feelings without revealing too much of themselves, especially when they are so vulnerable. Using art within a residential setting can promote a dialogue between the clients, staff and counselors. The idea of art in general helps the teens to learn how to identify their feeling and hopeful are able to connect words to these feelings or emotions in a safe way. The bilateral art is a different approach to use art in a way that activates both sides of the brain to

ADOLESCENT AND SELF-REGULATION

produce a flowing pathway behind the left and right hemispheres of the brain. This allows the client to tap into a traumatic event safely without reliving the trauma.

There is not a lot of research done on the effects of specific art interventions for self-regulation, which allows room for growth. I conducted my search through databases including Google Scholar, Lesley University Library, and Attleboro Public Library. I networked with the clinicians at my internship for articles that they came across that could be relevant to my thesis. Most of the research done is a mixed method that included Cognitive Behavior Therapy and Art Therapy together. The lack of art-based research shows that more research needs to be completed. This thesis provides some evidence of positive results using art therapy with adolescents in a residential setting.

Literature Review

Adolescents who are placed in, residential treatment centers have experienced a lot of trauma in their lives. Sometimes the youth is placed there due to a crisis that they are experiencing now. The amount of time that a teen can stay at a treatment center varies on the child and their circumstance. These teens present with problems of being unable to control their emotions while under stress or in situations that trigger their emotions beyond what is controllable for them. Adolescent that has experienced trauma and have difficulty with self-regulation have trouble expressing their emotions, due to not understanding the feeling that they are experiencing inside their bodies. This section will review how the adolescent's childhood development may have been impacted by their traumatic experiences, which in most cases delayed the individual growth to reach each stage of development. In addition, this section will describe how art can facilitate the youth to be able to process their experiences and help the individuals understand their emotions.

ADOLESCENT AND SELF-REGULATION

Trauma

The Diagnostic and Statistical Manual of Mental Disorders fifth edition defines trauma and stress-related disorders as an “internalizing disorder with depressive symptoms and withdrawn behaviors, while the latter is marked by disinhibition and externalizing behavior” (American Psychiatric Association, 2013, p.265). Traumatized children are frequently disconnected from their emotions; there may be a lack of awareness of understanding their experiences and internal emotions. From the Child Welfare Information Gateway, Office for Victims of Crimes in “The United States population of fourteen to seventeen-year-old, 69.7 percent have been assaulted, 56.6 percent have experienced property victimization, 41.2 percent have been maltreated and 27.4 percent has been sexual victimized” (2015, p. 17). This research shows that a large quantity of adolescents has experienced some type of traumatic event in their life.

Trauma is primarily experienced in the sub-cortical and limbic area of a person’s brain. “This part of the brain where the trauma is processed involves reasoning and the ability to understand what the experience was” (Kuban & Steele, 2011, p.42). A person that is in a heightened state of arousal due to a traumatic event displays difficulty thinking and processing clearly about the situation that is presented to them. Even though cognitive therapies help with the processing of information, if a youth is unable to gain a sense of safety, control, and self-regulation, then, the teen will be triggered by the event instead of helping them. Trauma can affect all areas of someone’s life including; learning, social, emotional, and psychological functions, which results in how an individual respond, Kuban and Steele stated, “trauma can alter the way children and adults view themselves and their world, affecting how they process information and respond to their environment”(2011, p. 41).

ADOLESCENT AND SELF-REGULATION

Trauma treatment. Treatment for adolescents varies depending on the philosophy of the facility “A trauma recovery framework for adolescents in residential treatment should include a supportive therapeutic community environment and psycho-education that focuses on changing negative cognitive and behavioral patterns that developed as coping mechanisms to deal with traumatic experiences to healthier relational patterns” (Harr et al. 2013, p.393).

Brown, McCauley, Navalta and Saxe (2013) explained that Trauma Systems Therapy (TST) is “both clinical model for the treatment of child traumatic stress as well as an organizational model that provides framework for coordinated provision of appropriate services” (2013, p.694) and provided adaptations for a residential setting. This framework allows participation by everyone that is involved in the child’s case including Department of Child and Family (DCF) workers, parents or guardians. The case study described by Brown et.al. is an example of how to apply TST in a residential setting. Part of the process is using a “moment by moment assessment” (2013, p.697), which helps identify problems and patterns. It allows the team to evaluate the child and be able to determine what level of care the child is in need of and the correct placement for the child. “The clinical innovation that encapsulates TST is the concept of the trauma system. Bound exclusively by traumatized child’s emotion regulation capacity and their social environment” (Brown et.al. 2013, p.694). The TST was implemented in three different residential programs that produced three different outcomes. The results varied due to how each institution implemented TST into their program, and each program revealed positive results. For TST to be successful in a residential setting there are needs that must be met and not all centers have the means financially to make changes. This would require training of all staff, defining staff roles and responsibilities, new positions created and sharing the same language and concepts.

ADOLESCENT AND SELF-REGULATION

Emotional Regulation

Self-regulation helps individuals control their own behavior, emotions or thought, while adapting to the situation that is causing discomfort. This gives them the ability to calm themselves down when upset. “The development of self-regulation is critical for adaptive functioning; as children develop, they normally increase their capacity to self-regulate emotionally, cognitively and behaviorally. However, when there are self-regulation deficits, they emerge early, usually in preschool-ages children, and show consistency over time” (Rapp-Palicki, Stewart & Rowe, 2011, p.310). Self-regulation skills can be improved “over time with positive parenting, sustained exposure to relevant skills and an opportunity to practice” (Rapp-Palicki, Stewart & Rowe, 2011, p.310).

People are often taught at a young age to be able to regulate their thoughts and actions through motivation that they have learned how to internalize their emotions. Depending on the situations, that the young child has been exposed to, such as, witnessing domestic violence, physical, emotional, sexual abuse, or neglect, these types of issues can influence how the young person learns to regulate their emotions. These influence the child’s development and the parental attachment and parenting styles. During these early years, the child should have formed predominant motivations by desire, which each individual feels strongly about which then affects their behavior. “Given that people’s self-regulation is guided both by broader motivational orientations that can operate across time and in different contexts and by more immediate motivational demands that arise in specific situations, this raises the questions of how people systematically coordinate their internalized domain-general motivations with situation-specific demands” (Browman, Destin & Molden, 2017, p. 835). When individual’s encounter a new situation, they appear to have a more limited set of general motivation demands, which their distinct roles are supposed to help them organize the different types of goals and behaviors that are required to

ADOLESCENT AND SELF-REGULATION

control their emotions in the new situation. Browman, Destin, and Molden stated these “observations suggest that people may indeed self-regulate by selectively accessing their general internalized motivations in ways that are responsive to the goal-pursuit requirements of specific situations” (2017, p.836). If an adolescent has not developed these internalized motivations to access during periods of distress, they will not be able to process the situation that is happening and be able to self-regulate without the assistance of a professional to help guide them in the process.

The goal is to have these adolescents gain personal control of their emotions as they mature into adulthood. “Self-regulation concepts are learned early on in a child’s life and are emphasized as they develop through childhood and become the individual’s value system and worldview” (Vanbergen & Laran, 2016, p. 534). After the onset of an intense emotional state, the individual may have difficulty calming down and can remain in a negative affect state. The individual might revert to maladaptive behavior from their past to be able to cope with the triggering situation that has been presented (Kinniburgh, 2005). The teens are faced with dilemmas everyday of their lives and are expected to have an idea of how to solve the problems. The adolescents that reside in a treatment center have not received the proper guidance for them solve the issues that arise in conflict with others. Ford and Blaustein stated, “Self-regulation is acquired through social learning, that is, by modeling (observational learning) and reinforcement (consequences that enhance the motivational value of behavior) from key persons in the youths’ support system” (2013, p. 669). For adolescents in residential treatment setting their support system can include milieu staff, counselors, and teachers. Within a therapeutic setting, the providers are facilitating basic concepts and skills to help the teens to reduce stress and manage their emotions.

ADOLESCENT AND SELF-REGULATION

Residential Settings

Adolescents that are admitted to residential treatment centers often have histories of trauma and present with many behavioral and emotional problems. The teens may have overwhelming emotions, be unable to function, and exhibit behavior that disrupts their daily lives, affecting relationships. Harr et al. (2013) conferred on trauma related issues with the residents that live at the centers. The research from Harr et al. (2013) concluded that there is a need for more assessments to be conduct inside the residential centers with the clients; the youths at residential centers are misdiagnosed and the issues related to trauma require assessment that is more accurate. The focus on the study done by Harr et. al. “was to determine the prevalence and type of traumas experienced by adolescents prior to admissions to long term mental health residential care and the impact of these traumas on their risk behavior” (2013, p. 383). The study compiled a list of shared traumatic events that the adolescent has experienced and noted the amount of experiences each individual had. Within each residential center, the studies showed that the treatments used with traumatized youths resulted in positive reaction because each facility individualized to the type of trauma that the clients experienced. Harr et al. (2013) gave examples of the type of trauma the authors were reviewing in their study. The categories break down further by comparing who would be more likely to experience a certain type of trauma, male or female. The study that the authors performed was to find out the kind of traumas the client had before entering long-term residential treatment centers. The authors defined personal trauma as specific types of trauma, on this study and what risk behaviors are considered for this study, which would be exhibited both internalizing for example as suicidal ideations and self-harming and externalizing conduct disorders which can result in running away, delinquent behavior and academic problems. The study revealed that trauma-informed assessment is necessary. They stated that the greater number of trauma experiences a client experience is

ADOLESCENT AND SELF-REGULATION

the higher risk for the client. Specific trauma has also had significant negative effects on the client's behavior.

Adolescents that come to residential treatment centers almost always have developmental histories, with traumatic exposures of some kind. The kind of dysregulating behaviors typical in developmental trauma appears much more frequently within a residential setting due to the daily routines and limit setting that most of the adolescents have not experienced in their lives. Warner, Koomar, Lary, and Cook (2013) presented data that was collected by Justice Resource Institute (JRI) of Massachusetts; this data was collected from residential treatment sites in Massachusetts. JIR's report stated "Over 90 % of the youth in these residential settings have experienced at least one traumatic event, with over three-quarters of the youth in these residential setting experiencing multiple types of trauma exposure" (Warner et. al. 2013, p730). The greater number of different types of trauma increased the deterioration of the teen's outcome. These adolescents have experienced multiple traumatic events such as; loss, disturbed caregiver systems, emotional, physical and sexual abuse, and with various forms of neglect from these experiences, the adolescents show impairment in developmental domains.

Adolescent Development

There are many different developmental theories that discuss different stages that adolescents will experience while their body and mind goes through these changes. The typical adolescent will change in many areas including physical, cognitive and will be developing their identities. One of the developmental stage theorists Jean Piaget created Cognitive Development Theory, which contains four stages that give insights to the cognitive development of a child beginning at birth through adulthood. The last stage in Piaget's Cognitive Stages of Development "formal operational" (Broderick & Blewitt, 2015, p. 13) stage describes the age group adolescent to adulthood. In this stage, adolescents develop the ability to form abstract thoughts and be able to think about hypothetical situations. Formal thinking is

ADOLESCENT AND SELF-REGULATION

part of abstract thought includes how an individual is able to identify and organizes their thoughts. An adolescent's cognitive level influences the ability the adolescent has to form effective strategies in using emotion management, and acquiring, comparing, and organizing information (Broderick & Blewitt, 2015, p. 342). The development of the formal thought process in an adolescent can influence many areas of the individual's life.

Another developmental stage theory that was created by Erik Erikson was psychosocial stages of development, Personality Theory. This theory contains eight stages starting from birth to late adulthood, which address feeling and attitudes about one's self and towards others. The fifth stage is reviewing the adolescent years in Erikson's Psychosocial Stages of Development this age group is approximately 12 to 20 years old. The stage named "Identity vs. Role Confusion" (Broderick & Blewitt, 2015, p. 12) describes that the adolescent must start making choices in their lives about their future including their viewpoint on values. If the individual has been able to succeed in a positive identity, development the outcome is "Fidelity" and a negative outcome is "Inability to establish sense of self" (Broderick & Blewitt, 2015, p.12). Adolescents are making more choices about themselves as they learn whom they are and how this affects the outcomes of their lives by sometimes good and sometimes-bad results come from their choices. By this point, the adolescent should know right from wrong and if they have not developed these skills, it can cause a negative ripple effect through the rest of their lives. Some choices that the adolescents are making can be life changing and can lead to a better understanding of one's self or lead further away from a meaningful sense of self.

During this developmental stage of adolescence when trauma has had been present, it can cause the individual to not reach their milestones or reach their milestones with complications, due to neglect, maltreatment, or disabilities. Some indicators that an adolescent might have experienced trauma according to the South Eastern Centre Against Sexual Assault & Family Violence (2007) some items

ADOLESCENT AND SELF-REGULATION

include the inability to relax, increased tension, and irritability, increase of aggressive and violent behaviors, distance themselves from feeling of shame and humiliation, decrease of self-esteem, withdrawn, and reduced capacity to feel emotions.

The impact that trauma has on a youth varies depending on the individual but, the youth can exhibit reduced capacity or the loss of managing their emotional states or the ability to self soothe. This can present as a problematic situation for an individual that has to reside in a residential setting with a group of peers that present with similar issues.

When a child experiences trauma, it can influence how they develop at a specific time when the trauma happened their lives and cause problems behaviorally, cognitive and physically. When this child reaches adolescence, they exhibit issues with self-regulation and have trouble processing their feelings. These adolescents need support in learning how to deal with stressful moments in their everyday lives.

Art Therapy

Art therapy uses imagery to help an individual express their emotions, thoughts and feelings. Adolescents can use drawing to communicate and it provides the individuals an opportunity to use symbolic representation to express their experiences (Kuban, 2015). These drawings can give the therapist an opportunity to open up dialogue with the individual. When working with adolescents sometimes it is not easy for them to share verbally their feeling. Youths in a residential setting can have a very difficult time verbalizing their emotions due to the traumatic experiences that have happened in their lives. Art therapy is an avenue to utilize for these teens to be able to explore their emotions without having to tell their story aloud. There are many different ways to use art therapy, the focus in this thesis is bilateral art / drawing and the effects it has on adolescents that have difficulty with self-regulating their emotions.

ADOLESCENT AND SELF-REGULATION

Bilateral art/ drawing were defined by Malchiodi (2015) “involving two sides”. This process involves using both hands while drawing, which will activate the right and left hemisphere of the brain. It includes sensory integration between specific sensations and different forms of bilateral stimulation. This process engages the cross-hemisphere activity in the brain that helps an individual be able to switch from the logical part to the emotional part without reliving the emotional response. The application of the sensory-based process which is the art making, in this case the drawing process reconnects the “thinking and feeling that has an impact on the recovery from traumatic events because for many individuals, the limbic system and right hemisphere of the brain are hyper-activated by actual experiences or memories of trauma” (Malchiodi, 2015, para.2). Malchiodi (2015) stated that bilateral drawing is helpful with self-regulation due to the grounding technique that is non-threatening and embodies an experience with an individual. The art intervention bilateral art / drawing can embody the process more if the individual is able to create while using bold gestures and large movement with the arms and hands; including music can enhance the experience if the individual follows the rhythm of the music unconsciously while in the process of creating the drawing. Making marks on a paper with both hands can take away the attention of distressing sensation in the body, which can promote a self-soothing experience. The intention of this intervention is to help the individuals to alter their own internal rhythm to help with self-regulation.

People are aware of the “power that arts have on healing and therapeutic results which has been known for centuries” (Kuban, 2015, p. 18) and are slowly being accepted as a type of therapy. “Art therapy has been regarded as an integration that uses both parts of the brain the right and left hemispheres” (McNamee, 2003, p.284). The right side of the brain is viewed as more of a visual thinking that helps with self-expression, while the left side of the brain is viewed more as a verbal, more logical part. “Art therapy which utilizes both hemispheres of the brain, is uniquely suited to make use of

ADOLESCENT AND SELF-REGULATION

neural pathways to process memory, visual and kinesthetic information” (Tripp, 2007, p. 176). While using bilateral art as an intervention the individual is using multiple sensory systems by subsequently changing the use of the non-dominant hand with the dominant hand. The individual is then asked to switch opposite hands while tracing over the original drawing. By creating an image this way, it helps “facilitate sensory awareness and promotes affective and emotional regulation” (Tripp, 2007, p. 177).

Self-regulation is a big problem for adolescent that have experiences some type of trauma in their lives. The emotions that surround the trauma can be very difficult for the individual to deal with or express. This trauma can also affect the individual’s development growth, which can be a factor into the behavior issues of the adolescent. Being placed in a residential care can cause more stress on the individual that is already exhibiting behavioral problems. This thesis will be looking at the process of using bilateral art/drawing with adolescent males that live in residential care, to see if practicing this intervention will benefit them to deal with self-regulation. I considered of each individual’s traumatic experiences to make sure there is similarity to their personal situations. My hope was that bilateral art/drawing would provide an outlet for the clients that have issues with self-regulation.

Methods

I designed an eight-week course program for the exploration of this therapeutic application of using bilateral art/drawing intervention. The clients attended an individual session once a week for 45 minutes. Bilateral art, drawing, or stimulation are all different names used to describe an approach of art therapy, this approach has been around from what I could find since the early 2000’s. The idea of using the right side of the brain to draw goes back to Edwards (1979) who wrote a book explaining the process. I used a protocol provided by McNamee (2003). The bilateral art/drawing intervention program offers an opportunity for clients to learn techniques to help self-regulate emotions during stressful moments. Bilateral drawing is the use of two hands at once using art material to create scribble drawing

ADOLESCENT AND SELF-REGULATION

(Malchiodi, 2015). It helps calm the body while the two brain hemispheres cross paths with each other.

How can art help individuals control their emotions when they are in stressful situations? I worked with clients from my internship site using bilateral art/ drawing and reviewed their reactions to the creative process of using both hands to draw.

Session Structure. The structure for each meeting and the method includes the protocol from McNamee (2003). The following steps from the protocol that was used to perform this intervention with the description:

1. Client explored struggles in their lives and chooses a conflict that has two sides as I refer to as a positive and negative.
2. The client determined which hand to use to reflect the conflict as a positive and negative.
3. Client is able to choose the type of material between markers or acrylic paint.
4. Once the first drawing is done, I asked the client to move onto the second emotion or element.
5. Once both of the drawings are complete, I directed client to trace over the drawing with their opposite hand that they originally piece that was drawn. I had the client repeat this process for both of the drawings.
6. Having clients use both hands at once was eliminated, due to time constraints, clients traced drawing in step 5.
7. Then I asked client to reflect upon their experience of drawing the art and their experience of tracing the drawing.

This art intervention took place at a private residential school and treatment center that is located in Natick, Massachusetts. The main campus has five houses and the school; the program also has two houses off campus that are in the community. The client's assignment to a house is by age groups and specialized behavior. The clients participating are in house two that is for sexualized behaviors, house

ADOLESCENT AND SELF-REGULATION

three that is the Short Term Assessment, Rapid Reintegration (STARR) program, house four is for the older boys, and house five is more stabilization.

The purpose of choosing this art intervention was to provide more information for the clients to understand their behavior and help the clients acknowledge the feelings that resonate within them. In a logical process, the client will be able to switch their thought process by switching hands and the brain will change the way the client sees and feels about feeling the drawing in a more detached sense. This allows the client to talk about their feelings in a safe space without triggering the traumatic event that causes their dysregulated emotions.

The first session was for myself, as the administrator, to give introductions of the intervention and to get to know the client. I provided an explanation of what bilateral art is and how the process works, informing the clients of the kind of materials that are used and where it will take place, which was be in the art room. I confirmed with the clients that they understood the process of the intervention and that they understood what was being asked of them to do during the intervention. Once the client agreed upon being a part of the intervention, I scheduled with the client the remaining sessions.

Sessions two through seven was the drawing bilateral art section of the intervention. There was two pieces of newsprint paper size 24" x 36" hanging on the wall side by side. The individual had a choice to sit on the floor or use a small stool. There was soft calming music playing in the background with the lights on a normal level. The provided materials were markers or tempera paint with large brushes. The adolescents were asked to think about two conflicting emotions, needs or beliefs about themselves and how it makes them feel, for example; nobody loves me verses everybody loves me, and directed that there needs to be a positive theme in addition to a negative theme. An allotted time of three to five minutes was given to think of something. Most of the clients needed prompts from the administrator to provide some ideas of themes. The individual was then asked to choose one hand and

ADOLESCENT AND SELF-REGULATION

use the corresponding paper with the hand (left hand, left paper and right hand, right paper). In addition, they choose which element or concept they would like to start drawing or painting, and the allotted time for each drawing was ten minutes.

Once the first drawing was done, I instructed the individual to start to focus on the second element or concept and switch hands. This allowed the client a few minutes in between the two drawings for the client to readjust their feeling and thoughts to the next theme. After either drawing or paintings are complete, have the client use their fingers or hands to trace the opposite hand drawing and have the individual to notice of how it feels. Then have them use the opposite hand and trace the opposite drawing and ask them to notice how it feels to them. Then, ask the individual to reflect on the process of drawing with different hands and the emotions attached to the themes. Each session was built on the conflict that the individual was dealing with. In the last session, the individual will review all the artwork that they created. Then there was a discussion of any related themes present and overall feeling of the entire process.

Documentation

I documented my experience in observing the clients during these sessions by written notes. After each session, I drew my impressions of the clients during their session and then drew my thoughts of the themes that each client had chosen. I conducted the directive and documented my experience of how the client created the work and how I viewed their response. I included my own artwork in response to the client's response to the directive, see appendix. I documented the process, about how much time was needed to complete, the type of materials that are used, and the location of where the session took place, the atmosphere and the time of day. I hoped that this intervention would provide information that will help individuals that experience self-regulation a new technique of dealing with a stressful moment. The individual would be able to trace lines, circles or any kind of mark on a piece of paper with their

ADOLESCENT AND SELF-REGULATION

opposite hand to help stimulate the intervention to help calm their bodies during stressful situations. This process can provide a new coping skill for the individuals to be able to control their emotions when under challenging circumstances.

Results

The results of this exploration of bilateral art/drawing intervention are presented in the form of observations and artwork in response to the client's artwork. The sessions described here are sessions two and three where art was produced during the allotted time. Each client created two pieces of art for each session. I have included in the appendix the response that I did to the client's work and my own response to what the client choose as a theme of the positive and negative conflict.

The second week of the art intervention was the artistic response to the client's work that was in two parts. The first part was putting me in the client's place by creating artwork the same way that I observed the client's produce their art piece calling it the repeat response. I was trying to embody what the client understands of the emotion that they presented in their drawing. By repeating the same process while using the same color palette, similar marking by using the same kind of hand movement and pressure of the markers and strokes how fast or slow the client used the art material to create their emotion.

The second part of the artistic response was to respond to the theme that the clients choose. The artwork presents how I felt about the topic and my views of the emotions that came up for me. In my observations, it appeared that the clients had difficulty expressing real emotions. The way the client describe their feeling did not reflect in the drawing as expressed by the individual.

ADOLESCENT AND SELF-REGULATION

The Second Week of the Art Invention

Client 1 –started with right hand/ right paper and used four thin tipped markers including; purple, blue, light blue, and green. I asked the client to think of an emotion or theme that had a positive and negative effect to the conflict chosen. The first theme was organized, the positive emotion. The observations that were noticed first were that the client sat on the edge of the stool with both feet flat on the ground. The client focused on a left corner of the paper and with small movement of the hands filled in an area with lines, which appeared very controlled by the client's hand. The client's verbal response to tracing with left hand on right drawing was that he liked the sense of knowing it was not going away. My repeat response to the client's organized drawing was that it felt tight and forced, shown in Figure A.1 (see appendix) with right hand. In my own response I used my left hand and it appears to have symmetry, follows a pattern and consistent and when tracing it felt more fluid, and more energy, shown in Figure B.1 (see appendix) with left hand.

The second theme was control freak, the negative emotion. The client changed hands using left hand /left paper and used six thin tipped markers including; purple, pink, orange, blue, green, and light blue. The client placed his right arm behind his back to reduce the urge of using his right hand and sat on the entire stool with feet placed flat on the ground. The client used more movement in his arm while drawing the conflict. The client's verbal response to the tracing of the opposite hand was that he felt that he did not have control over the drawing. After the session when the client is gone I work on my repeat response to the client's control freak drawing. It was relaxing for me to draw using more movement and less organized and no control within the movement. When traced with my hand it felt more consistent and smoother motion, shown in Figure A.2 (see appendix) with right hand. In my own response to the theme control freak, I used my right hand and the main piece is connected to the smaller pieces by color.

ADOLESCENT AND SELF-REGULATION

When tracing the drawing it felt precise and flows smoothly, shown in Figure B.2 (see appendix) with right hand.

Client 2-started with right hand/ right paper and used four wide tipped markers including; blue, green, yellow and black. The first theme was energy, the positive emotion. The client sat on the entire stool with both feet flat on the ground. The client used a slow pace and thinking in between marks on the paper. The strokes were small with little movement with the hand. The client used about a quarter of the paper, mostly top section. When tracing with left hand on right drawing the client responded it reminded him of a project at school that he did. My repeat response to the client's theme energy, I could feel the energy in part of the drawing but it felt tight and squished. When traced with left hand I felt a burst of energy then it fell flat due to the amount of open space, shown in Figure A.3 (see appendix) with right hand. In my response to the theme energy, I used large arm movements and multiple colors swirling movement. I used three colors at once. When traced with the opposite hand I felt the movement with a lot of energy in every direction, shown in Figure B. 3 (see appendix) with right hand.

The second theme was tired, the negative emotion. The client used his left hand/ left paper and used four wide tipped markers including; red, blue, black, and yellow. The client sat on the entire stool and appeared unsure of what to draw; he spent a lot of time thinking with his head down. When he traced the left drawing with right hand responded that it felt smooth and it overlapped the first drawing. My repeat response to the client was drawing tired, the marker movement was tiring overall with the quick strokes. When traced the drawing of the face, it felt sad not tired, shown in Figure A.4 (see appendix) with left hand. In my response to the client's theme tired, the arm movement became very slow with wider space between the lines and used two markers at the same time. When traced with opposite hand I could feel the slow winding lines, rhythmic and swaying in motion, shown in Figure B.4 (see appendix) with left hand.

ADOLESCENT AND SELF-REGULATION

Client 3- started with his left hand/ left paper and used one wide tipped marker that was the color red. The theme was selfish, the negative emotion. The client sat on the entire stool with left heel off the ground and right foot flat on the ground. The client used the entire paper and used a mixture of small hand movements and large arm movements, adding words and pictures. When he traced with his left hand on his right hand drawing his response was that it felt like he had no support, did feel a little bit better about the future but a little depressed, the client did not have anything else to say about his drawing. My repeat response to the client's work is that it seemed sadder and weepy, but the fire felt stressed, shown in Figure A.5 (see appendix) with left hand. In my own response to the theme by the client, it had very large arm movement but controlled hand movement with hard pressure. The tracing felt very tense and tension in the arm, shown in Figure B. 5 (see appendix) with left hand.

The second theme was unselfishness, the positive emotion. Used right hand/ right paper and used one wide tipped marker that was purple. Client was partially sitting on the stool and had both feet flat on the ground. The hand movement was small and the entire paper was used with writing and no pictures. The client was very close to the wall with his knees touching the wall. When traced right drawing with left hand client reported that he was able to think more deeply about the subject and thought that he overall learned more about himself. My repeat response to client's work was that it felt happy and relaxed drawing it and tracing the drawing, shown in Figure A.6 (see appendix) with right hand. In my own response to the theme by the client was using large arm movement swaying and explosion of emotion. It was bright and cheerful with wings so it can take flight, with full of feeling, shown in Figure B. 6 (see appendix) with right hand.

Client 4- started with right hand /right paper and used acrylic paint the colors included; red, yellow, blue, and green. The theme was sad, the negative emotion. The client sat on the entire stool with both feet flat on the ground. The client switched between brush sizes and moved around the entire paper,

ADOLESCENT AND SELF-REGULATION

using medium arm movement while painting. When he traced the right drawing with left hand, his response was that his choice to be here made him sad and did not have anything else to say about his drawing. My repeat response to the client's work was that it was very busy and a bit confusing. When tracing the drawing with left hand the movement was quite fast pace and portrayed a confusing feeling, shown in Figure A. 7 (see appendix) with right hand. In my own response to the client's theme of sad while using dark colors, using symbols of frown face and teardrops from the eyes gives the drawing a sad quality, shown in Figure B. 7 (see appendix) with right hand.

The second theme was happy, the positive emotion. Client using left hand/ left paper and using acrylic paint including colors; green and brown. The client sat on the entire stool with both feet on the floor. The client was using moderate arm and hand movement while painting. The client was using his right hand to help guide his left hand and administrator had to remind the client to use only his left hand for the painting. The client knocked over the paint and appeared not to know what he should do and refused to clean the paint up off the floor or his blanket that was wrapped around him. Then client complained that he hated messes and did not like paint. Client was given extra time for the painting due to spilling all the paint. When client traced left drawing with right hand, his verbal response was it made him feel a little happy but then started to feel sad because the sun was too close. The repeat response for the clients drawing of happy gave a warm emotion, when tracing the drawing with right hand it felt light and airy feeling, shown in Figure A.8 (see appendix) with left hand. In my own response to the client's theme happy, while using a repeated pattern the drawing had a light, fun and playful matter in the way it was drawn, shown in Figure B. 8 (see appendix) with left hand.

ADOLESCENT AND SELF-REGULATION

The third week of the art intervention

Client 1- started with right hand / right paper and used acrylic paint colors including purple, blue, yellow, and orange. The theme was happy, a positive emotion. The client sat on the entire stool with both feet flat on the ground. The client used brisk hand movement and had more arm movement during the painting while using a medium sized brush. When the client traced the right drawing with his left hand, his response was that it gave him a cool sensation and a calm feeling. In my repeat response to the clients work with large arm movement, it felt angry and when tracing the drawing it felt like it stops abrupt by not flowing and a bit angry, there was no feeling of happiness, shown in Figure A.9 (see appendix) with right hand. In my response to the theme happy was a bright playful theme, shown in figure B. 9 (see appendix) with right hand.

The second theme was sad, a negative emotion. The client was using left hand/ left paper. The client used acrylic paint colors included white, green, yellow, red, and orange. The client sat partially on the stool with his heels slightly raised. Client used large arm movements and swift hand movement while working with a large brush. When tracing left drawing with right hand client responded that he liked using the large brush and felt like it was okay if he made a mistake, because he could add layers of different tones. Then when the middle of the painting was still wet, it presented his raw emotions, the edges of the painting were dry, and he liked the two aspects of the dry versus wet. In my repeat response to the client's work was using short movement with hand; it was dull in color a monotone non-descriptive feeling, shown in Figure A. 10 (see appendix) with left hand. In my own response to the theme by the client of sad was darkness with a heavy feeling as if being pulled down, shown in Figure B.10 (see appendix) with left hand.

ADOLESCENT AND SELF-REGULATION

Client 2- started with his left hand/ left paper and used one wide tipped marker; color red. The theme was pain a negative emotion. The client had hurt his leg and was sitting in a chair sideways with his leg up. Client used small hand and arm movements while drawing. When client traced the left drawing with right hand, he verbal responded that seeing the torn knee made him feel better. This give the client a sense his knee will heal but it just needs some time. In my repeat drawing of the clients drawing, it visually looks like it hurts but when traced the drawing there was not much emotion within the drawing, shown in Figure A. 11 (see appendix) with left hand. In my response to the theme by the client was drawing sharp jarring lines that had jagged edges, shown in Figure B. 11 (see appendix) with left hand.

The second theme was pain free/ no pain, a positive emotion. Client used right hand/ right paper. The administrator switches the chair around for the client to use his other hand. The client used one wide tipped marker which color was green. The client had more movement in his body while drawing the positive feeling. When the client traced the right drawing with his left hand, his response was that he felt some relief and did feel better. In my repeat response to the client's work was that it visually looks like something that is healing but there was no emotional response when tracing the drawing, shown in Figure A. 12 (see appendix) with right hand. In my own response to the client's theme was to draw something that was bright, soft and smelling good with a general good feeling of the scenes, shown in Figure B. 12 (see appendix) with right hand.

Client 3- started with his left hand/ left paper using acrylic paint colors including; red, black, yellow, orange and blue. The theme was stress, a negative emotion. Client was sitting on the edge of the stool and left foot heel is off the ground. The client used different size brushes, varied in hand, and arm movements. The smaller brush the client used short strokes while the larger brush promoted for longer strokes. When the client traced the left drawing with his right hand, his response was that it felt

ADOLESCENT AND SELF-REGULATION

physically heavy it made him feel depressed. In my repeat response to the client's drawing that, it felt sad and weepy, shown in Figure A. 13 (see appendix) with left hand. In my own response to the theme stressed using large brush strokes but controlled arm movements with hard pressure, could feel the tension, shown in Figure B. 13 (see appendix) with left hand.

The second theme was relaxed, a positive emotion. Client used acrylic paint including colors; pink, blue, yellow, red, and orange and the client used right hand/ right paper. The client sat on the entire stool for the drawing with both feet flat on the ground. The client used two different size brushes, which allowed different hand and arm movement. The client was using more movement in his arm then in his hand. When client traced the right drawing with his left hand, his response was that it felt lighter and was more optimistic. In my repeat response to the client's drawing was that it felt happy and had a relaxed feeling, shown in Figure A. 14 (see appendix) with right hand. In my response to the theme of relaxed, I used large body movement in a swaying and swiping motion. When tracing the drawing a calming and soothing feeling comes across, shown in Figure B. 14 (see appendix) with right hand.

Client 4- started with his right hand / right paper using one wide tipped marker color included yellow. The theme was tired, a negative emotion. The client sat partially on the stool with left foot flat on the ground and right heel was raised. He used medium hand movement and he commented that he could see a "butterfly in the drawing". The lines were short and connected to each other. The drawing was half of the paper. When client traced the right hand drawing with his left hand, he stated that it made him feel tired. The repeat response to the clients drawing while using small hand movement to draw short lines that connected to each other, when tracing the drawing with left hand there did feel like the drawing had a bit of a flow to the marks, shown in Figure A. 15 (see appendix) with right hand. In my response to the client's theme of tired while using all blue with a small wave movement within the

ADOLESCENT AND SELF-REGULATION

drawing, when tracing the drawing with left hand, I had a sense of being pulled down or drawn to the edge of the paper, shown in Figure B. 15 (see appendix) with right hand.

The second theme was energetic, positive emotion. The client used his left hand / left paper and used four wide tipped markers colors include red, yellow, blue, and green. Client sat partially on the stool with his left foot off the floor and his right foot flat on the ground. Client moved his hand and arm in quick movements all around the paper using three-quarters of the page. When client traced the left hand drawing with his right hand, he commented that he felt like he was in kindergarten again. In my repeat response to the client drawing with my left hand as energetic I used multi markers at once to give the feeling of energy flowing, when tracing the drawing with right hand the drawing gave the impression of a lot of energy moving around the paper, shown in Figure A. 16 (see appendix) with left hand. In my response to the client's theme energetic used scribble drawing with quickness in moving the body and used multi colored markers all at once. While tracing the drawing it felt as if energy was flowing through the paper, shown in Figure B. 16 (see appendix) with left hand.

After each session, I kept the drawing to be able to make my responses to the client's drawings. At the end of the program, I reviewed each client's artwork with them for any closing thoughts of the process and their overall feeling of the intervention. I then asked each client if they would like the drawing that they created. Most of the clients wanted their artwork and one said that I could keep their work.

All of the clients had stated, at some point, that they did feel a shift in emotions when transitioning from the drawing portion of the intervention to tracing with the opposite hand. The clients described that it was a positive feeling in general; some revealed that they experienced a calming, more relaxed state. While others expressed that, they were able to see the emotion in a different way that

ADOLESCENT AND SELF-REGULATION

allowed them to be able to process the information more clearly. The results indicate that the clients did appear to have a positive reaction to the bilateral art/ drawing intervention.

Discussion

This thesis presents looking at how art therapy specifically a bilateral art/drawing intervention benefits adolescent that have trauma history and have problems with self-regulating that live at residential treatment centers. I implemented the protocol bilateral art used by McNamee (2015) while using the art intervention bilateral art/drawing with four male clients ranging from 13 to 17 years old, in an eight-week program including 45 minutes' sessions with each individual. The responses from the clients and from my observations it appears that there was a positive outcome from the art therapy intervention.

In my observations of the second session with the different clients, the overall feeling is that the clients, displayed uncertainty of what was expected of them. Most of them craved more direction than what was given of the intervention. Most of the clients required assistance in decisions when themes with positive and negative feelings are involved with each other. The clients may also have needed reminders to use the proper hands when drawing, with their left hand, every client was right handed and presented a challenge for the clients to use their non-dominate hand, while drawing.

My observation of the third session was that all the clients appeared more comfortable with intervention. There were much fewer questions and the clients went straight into the drawing with less discussion up front. A portion of the clients expressed wanting to switch materials to see if there would be a different sensation when tracing the drawings. The clients used all the allotted time for each drawing during all the sessions.

After working with the clients and observing them draw, they appeared to have experienced on some level a shift in emotions. All the clients were naturally right handed and most of the clients started

ADOLESCENT AND SELF-REGULATION

the intervention by choosing to use their right hand. When it came time for the client to use their left hand, each individual would do a small thing to help them remember to use their left hand. Every time the clients used their left hands, they needed to be prompted to switch hands because they converted back to their right hands.

When observing, I noticed that the client's drawings did not reflect on the theme that each individual stated that they would portray, such as happy or sad themes that did not portray as such a feeling. I felt the need to understand where the client was coming from by reproducing their work and try to get an understanding of where the individual might be coming from. I found it helpful because it gave me more insight into the client's current emotional state. This process allowed me to feel what the individual might have been going through while trying to create the conflict or the client might not have understood the concept of what was being asked of them at the time. This insight would be able to allow me guide the client towards the conflict that the client is experiencing. I would be able to give the client words to label their emotions. Then the client would be able to see visually what is happening within them and I hope to be able to help the client connect the words with the image that they produced to give the clients a clearer insight of themselves.

Relating self-regulation to the finding of the bilateral art/ drawing intervention it appears to have benefited the clients by allowing the adolescents to have more insight to their own feelings. In this process of switching between the right and left hemisphere of the brain, the client gained knowledge of how the brain works. The clients appeared skeptical of how this worked but were surprised of the effect it had on them. The adolescents noticed that after tracing the drawing, even a negative conflict, that for some reason they feel better about the conflict or felt some kind of relief of emotion that they were expressing. Some explained this result as it gave them space from the conflict and they were able to experience the emotion in a different way that they did not think of before. One client explained that it

ADOLESCENT AND SELF-REGULATION

made the issue clearer, because they felt detached from the feeling. Other clients experienced feeling calmer or more relaxed after tracing the original drawings with the opposite hand. It appears that the client's were able to use this technique to help self-soothe emotions, which would bring on negative feelings about the subject. I believe that this bilateral art / drawing intervention provided beneficial tools for the participants to take away with them to use during troubling times.

As adolescents struggle with understanding traumatic events that have happened to them in their lives, art is an avenue to help excise these emotions without triggering the trauma and having the individual relive the situation. By using bilateral art / drawing, it allows the individuals to balance between the experience and the memory of their conflict. McNamee stated "The distinction between explore and trace is subtle and lends itself to experimentation" (2015, p. 285). This allows the individual to see their experiences in a different view or form.

Since the experience of being removed from the home or being admitted to a treatment center is a traumatic event within itself, this situation is added to the individuals on top of their existing problems and compounding the adolescents' behaviors that have brought them to the treatment center. The individuals are then added to a group of kids that all have different issues and the personalities can clash and cause even more problems that increase the client's difficulty to self-regulate. The need to teach each individual how to react towards others is very important for the teens to become successful when they leave the program and integrate into the community. Brown et. al. stated that the "direct care staff are the ones that spends most of the time with the clients and are the ones that need to know how to help the individual when they become dysregulated" (2013, p.696). The individual needs to know how to control their emotions while interacting with others to be able to have a job and able to advocate for themselves without losing their cool. If the residential treatment centers have not taught skills for the clients to be successful in dealing with stressful moments that everyone faces, then the individual may

ADOLESCENT AND SELF-REGULATION

experience the same problems and client can develop more serious issues in their lives as they become older.

Art therapy is a way that youths who have developmental problems can develop another means of expression. Since trauma can stunt developmental growth, these adolescents might not understand the sensations that they experience in their bodies and not have the words to connect these feelings. Through art, the teens can develop a vocabulary that bridges between these sensations and emotions and begin to make some sense of it all.

The art therapy intervention of bilateral art /drawing needs more research within this topic of adolescents that live in a residential setting. From what I have found, it shows great potential of being very successful but needs more evidence of the results. Art interventions can be difficult to demonstrate results since there are many variables that can change with every individual client within the directive. With the small group of clients that volunteered in my intervention, even though the directions were the same for each one, they all approached the process a little differently. These differences make it hard to tell if the changes that the clients felt helped them directly with soothing themselves when they were dysregulated. I feel art therapy is still a new profession and would need time to develop ways to be able to measure art for its validity.

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ADOLESCENT AND SELF-REGULATION

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ADOLESCENT AND SELF-REGULATION

Appendix

Organized

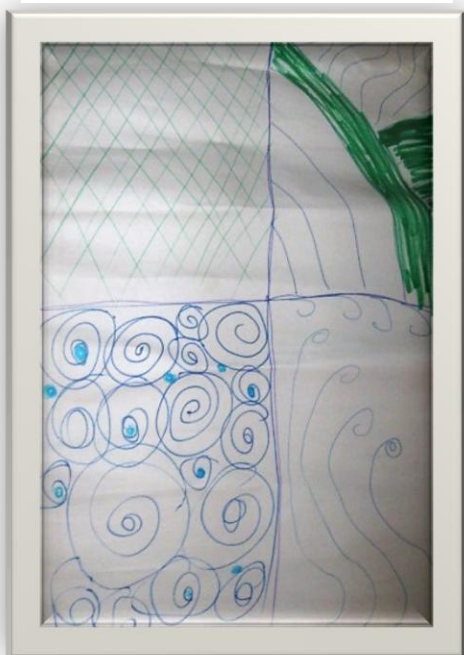


Figure A.1 right hand

Organized



Figure B.1 right hand

Control Freak



Figure A.2 left hand

Control Freak

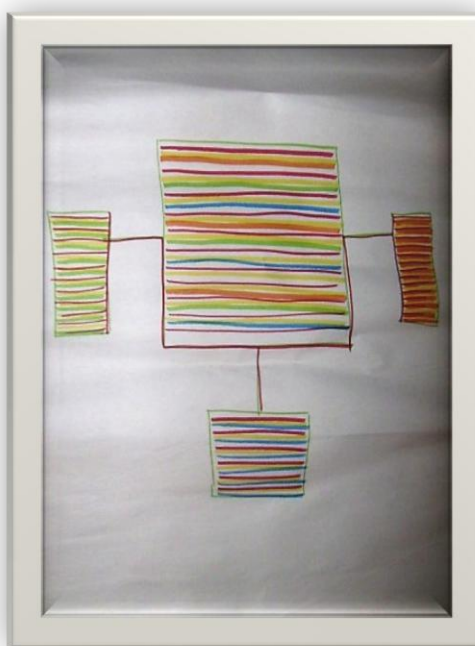
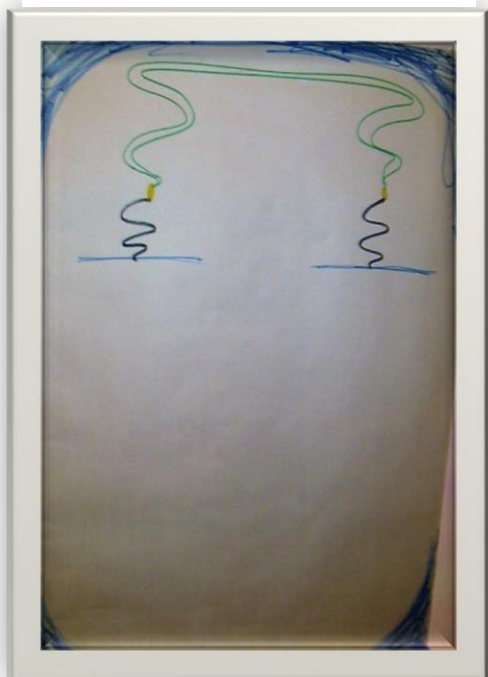
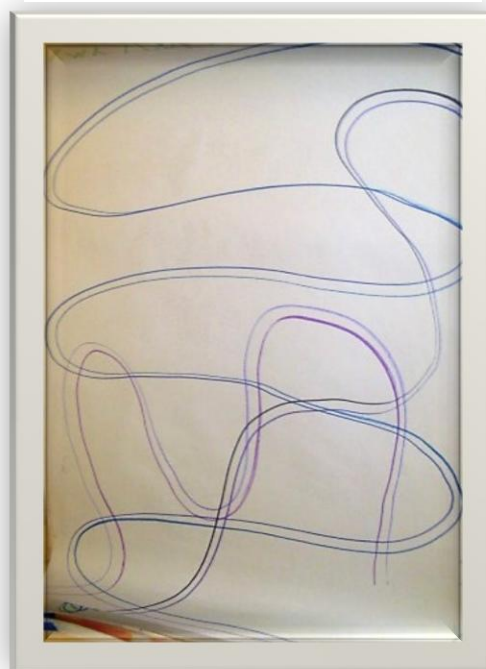
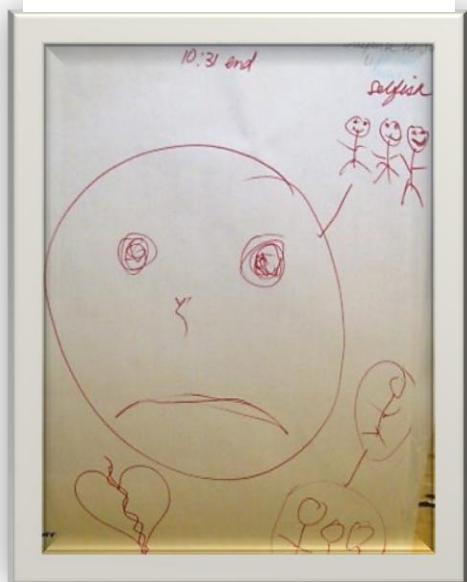
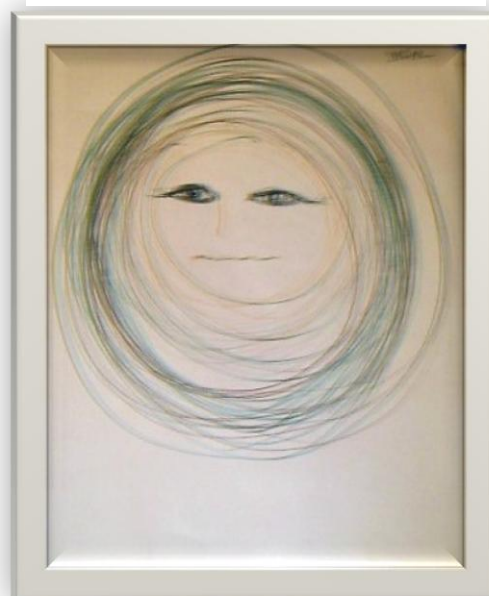
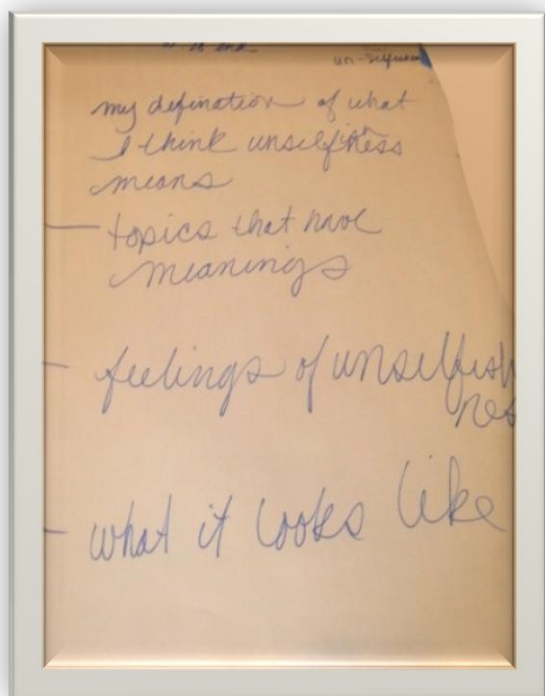


Figure B.2 left hand

ADOLESCENT AND SELF-REGULATION

Energy**Figure A.3 right hand****Energy****Figure B.3 right hand****Tired****Figure A.4 left hand****Tired****Figure B.4 left hand**

ADOLESCENT AND SELF-REGULATION

Selfish**Figure A.5 left hand****Selfish****Figure B.5 left hand****Unselfishness****Figure A.6 right hand****Unselfishness****Figure B.6 right hand**

ADOLESCENT AND SELF-REGULATION

Sad



Figure A.7 right hand

Sad



Figure B.7 right hand

Happy



Figure A.8 left hand

Happy



Figure B.8 left hand

Happy



Figure A.9 right hand

Happy



Figure B.9 right hand

Sad



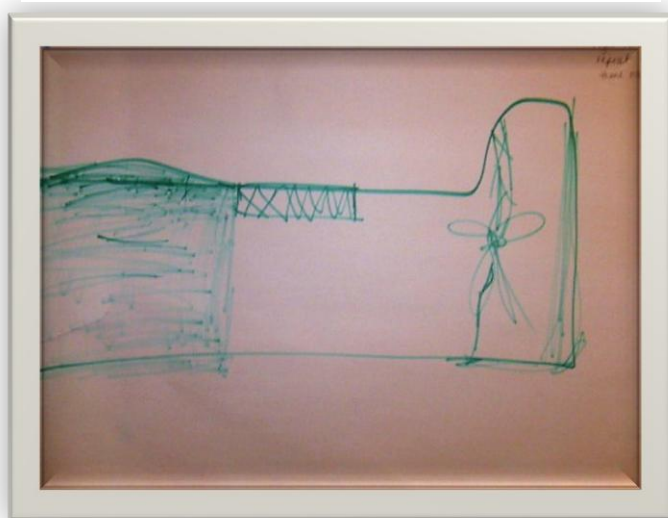
Figure A.10 left hand

Sad



Figure B.10 left hand

ADOLESCENT AND SELF-REGULATION

Pain**Figure A.11 left hand****Pain****Figure B.11 left hand****No Pain****Figure A.12 right hand****No Pain****Figure B.12 right hand**

ADOLESCENT AND SELF-REGULATION

Stress**Figure A. 13 left hand****Stress****Figure B.13 left hand****Relaxed****Figure A.14 right hand****Relaxed****Figure B.14 right hand**

Tired



Figure A.15 right hand

Tired



Figure B.15 right hand

Energetic



Figure A.16 left hand

Energetic

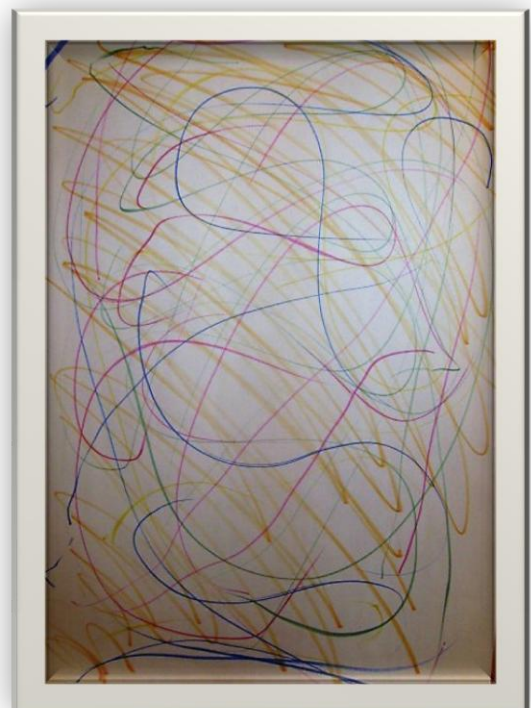


Figure B.16 left hand