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Developing Social Skills through an Open Studio Art Therapy Group with Older Children

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Capstone Thesis

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Abstract

This paper examines six sessions of an open studio art therapy group with three older children in a therapeutic day school, with a specific focus on social skills. The design of this study was based on the presenting needs of the students who were referred to the group which included improvement in social skills and self-expression, with the support of research in trauma, attachment, neurobiology, and art therapy. The participating students are all male, range in age from 11 to 14 years old, and each identify with different cultural backgrounds. The students were provided with a studio space and materials for six sessions of group art therapy. It was documented by the two group leaders, both clinical interns studying expressive arts, in the form of group notes and individual notes. Sessions were further processed through journaling, art making, and debriefing between group leaders after each one. The observations and findings suggest that the art therapy group sessions had a different effect on each participant's ability to communicate and connect with other. The observations made suggest that the open studio art therapy group had some positive effects on social interactions and positive engagement which may increase as sessions continue. Group art therapy with an open studio concept may be an effective intervention for this population however it requires further exploration and research.

Keywords: art therapy, trauma, attachment, neurobiology

Developing Social Skills through an Open Studio Therapy Group with Children

Introduction

This paper will explore how the use of art therapy in an open studio therapy group may have an effect on the development and improvement of social skills with older children. The intention of using an open studio concept with this group was to facilitate social engagement and improve interpersonal and intrapersonal skills. It has been a personal interest to explore the potential effects of working with in an open studio model in a group with older children, taking into consideration their backgrounds, histories, and presenting symptoms, particularly those of Posttraumatic Stress Disorder (PTSD). The symptoms of PTSD addressed in this particular group include isolating behaviors, difficulty interacting with and trusting others, and appropriate self-expression.

Neurological impacts on the brain of young individuals due to traumatic events may have long term relational effects meaning potential difficulty relating to others through age appropriate means. Accompanied by the lenses of trauma theory, neuroscience, attachment theory, art therapy, and group work this paper will discuss the observations made in an open studio social skills group with older children. The art therapy group is primarily student focused and student led. Students have communicated the direction they would like the group to go in, the types of materials they would like to work with, and how they would like each group to be formatted.

Studies support the use of art in conjunction with talk therapy as individuals may not consistently be able to access and process memories or emotions verbally (Van der Kolk, 2014 & Wilkinson, 2010). In the case of children, particularly those who have experienced trauma, some are not able to fully or accurately express emotions in a verbal manner; that being said, utilizing

play and art in treatment is both developmentally and accessible for additional means of self-expression.

Literature Review

Trauma

The mind, brain, and body are inextricably linked. While working with one, the others cannot and should not be ignored (Wilkinson, 2010). Neuroscience as well as attachment theory, trauma theories, and art therapy are furthering our understanding of the breadth of these complex relationships and their significance for clinical work (Wilkinson, 2010).

Bessel van der Kolk studies the relationship between the brain and the body and the effects trauma can have on both. Even after a traumatic event is over, it may be reactivated again at the slightest hint of a threat of danger (Van der Kolk, 2014). The result of this can often be "unpleasant emotions, intense physical sensations, and impulsive and aggressive actions" (Van der Kolk, 2014, p. 2). It affects the way individuals interact with others including their caregivers. Another way to frame unresolved trauma or loss is this: "the brain first embeds experience on those implicit layers of memory that form the foundation of how we remember things (Siegel, 2015, p. 191). This foundation includes our emotions, our perceptions, our bodily sensations, and even our behavioral responses.

Relational Neuroscience and Relational Theory

The brain is not a fully formed structure but rather a "dynamic process undergoing constant development and reconstruction across the lifespan" (Wilkinson, 2010, p.1). Therapy has the ability to contribute to the formation of new neural pathways and more adaptive patterns of thinking and behaviors (Hass-Cohen & Findlay, 2015). Due to the brain's neuroplasticity this also means that the brain can create new pathways and patterns that are not adaptive and potentially harmful (Van der Kolk, 2014).

When a child experiences significant trauma, attachment to caregivers can be disrupted and this results in a child's difficulty to form future healthy relationships and attachments (Van der Kolk, 2014). If a child experiences trauma and has not yet developed coping skills and means of regulating emotions, the child may develop maladaptive responses and challenges with relationships (Steele & Malchiodi, 2012). Traumatization occurs when internal and external resources are deficient and their ability to cope with external threats (Van der Kolk, 1989). Trauma overwhelms individuals' senses of control, connection, and meaning which can ultimately result in disrupted attachments.

Relational neuroscience focuses on self-internal working models of relationships, the interactions between people, and more broadly on social-self interfaces with one's environment. Triggered by an outpouring of attachment theory research, this clinically helpful information has come to focus on the development of the relational self throughout the life span, emphasizing a variety of contexts: positive, such as creativity, or difficult, such as trauma (Hass-Cohen & Findlay, 2015).

An individual develops internal working models from the interactions between intrapersonal and interpersonal mind-body exchanges. Significant relationships can alter and manipulate how information is processed between people and within each person (Hass-Cohen & Findlay, 2015). The capacity to change one's sense of relational security and gain stable, regulated emotional states is in relationship to the brain's capacity for change (Hass-Cohen & Findlay, 2015). The neural areas required to initiate the formation of attachment must be those that facilitate social recognition as well as those that reduce feelings of stress and anxiety (Coria-Avila, 2014).

Attachment Theory

The ability to feel safe with other individuals is probably the most important element of mental health. Safe connections are fundamental to meaningful and fulfilling lives. Numerous studies have shown that the most powerful protection against becoming overwhelmed by stress and trauma are social supports (Van der Kolk, 2014). However, significant trauma can create symptoms of difficulty with relationships, self-expression, and attachment. This can make it challenging for individuals to connect with others, feel connected with themselves, and create and maintain healthy relationships.

Intrinsically, humans need to develop relationships. Within these relationships, humans have a style of attachment. Attachment is a predisposition of humans that has biological basis and is a protective device for the young of many species, including humans. It is prominent in early childhood but has a rooted impact on the individual throughout the lifespan. Patterns of attachment formed establish a model for intimate relationships throughout the lifespan (Hass-Cohen & Findlay, 2015).

John Bowlby developed the concept of Internal Working Models which is based on achieving contact with and comfort from the attachment figure (Davidson, 2008). Bowlby found that having an interest in love from a caregiver is vital for survival and this need is continuous throughout the lifespan (Davidson, 2008). Working models become stabilized as expectations of how relationships work and what one can expect from others in terms of responsiveness and care. Working on the impact of attachment is essential. This includes the shifting needs for attunement and attachment as adolescence unfolds and riding the changing tides of the relationship. Generated by parent-child interactions, these interactional patterns develop the internal working model which is maintained across the lifespan which influence attachment in future relationships (Hass-Cohen & Findlay, 2015). According to Bowlby, secure attachment is

based upon creating a safe haven, a secure base, and an attachment figure (Davidson, 2008). Ideally, as a result of creating a healthy attachment with a caregiver, one has a parallel model of oneself as worthy of attention, love, and understanding.

Behaviors that allow a person to attain and retain closeness to a differentiated other, in the context of fear, exploration, caregiving, and peer affiliation." (Hass-Cohen & Findlay, 2015, p. 396). To facilitate social encounters, individuals require a secure base which reduces fear and anxiety. This demonstrates the importance of providing a safe and secure environment starting in the early stages of life as it (Coria-Avila, 2014). A child's first experience with attachment is typically with a parental figure. Parental attachment is demonstrated when a female or male displays behaviors that indicate the willingness to care for and protect the young. When these behaviors are not carried out, a child may have difficulties with future relationships whether social or romantic.

These symptoms and behaviors include difficulty forming and maintaining secure attachments. The theory of attachment was developed in response to the study of problematic attachments, in part due to experiences of trauma (Berzoff, Flanagan, & Hertz, 2011). While many individuals face traumatic events without negative long-term effects, others experience a range of mental and physical health challenges (Berzoff, Flanagan, & Hertz, 2011).

When an individual experiences a traumatic event at a young age, he or she may not have developed the foundation to process traumatic events or emotional disturbances. Without the internal resources such as coping skills or emotional regulation, the ability to adaptively function will be challenged (Malchiodi & Crenshaw, 2015). The experience of trauma can threaten the attachment relationship. A child may not be able to trust that they are safe and protected. In a securely attached relationship, children are typically able to "explore new experiences and

master developmental competencies, including the ability to regulate themselves cognitively, affectively, behaviorally, physiologically, and relationally" (Malchiodi & Crenshaw, 2015, p. 178). However, when attachment systems are compromised, neural systems can be altered and this negatively affects an individual's ability to regulate emotions and perceive stimuli. This can ultimately contribute to neurological problems and cause social and emotional difficulties (Malchiodi & Crenshaw, 2015).

Art Therapy

Cognitive, behavioral, and pharmaceutical approaches are frequent in treatment and can be limiting when attempting to process and express personal experiences. Healing for children must involve a holistic approach, appealing to "perceptual, emotional, imaginal, social, physical, and spiritual factors" (Moon, 2002, p.6). Art expression supports these aspects of the human experience and validates the importance of providing therapeutic art making. Art therapy has the capacity to offer adolescents an outlet for expression through images during a time when finding trust in words is difficulty and often uncomfortable.

Techniques and Materials

An asset that art provides in work with older children is the opportunity to engage in art making to symbolically communicate internal and external experiences that words alone may not be enough to depict and express. The act of creating art is a form of externalizing an individual's perception of oneself, their thoughts, and feelings. Art therapy techniques intended to address "neural networks involved in self-regulation and relational functioning" are most effective in these cases (Malchiodi & Crenshaw, 2015, p. 179).

Choosing collage materials is a means of participating in the image making process when feeling stuck or uninspired (Allen, 1995). Allen states, "Like weeding a garden, you are cultivating your own images to find out what belongs to you," (Allen, 1995, p.14). It is an

accessible way to begin in these moments of uncertainty. This is particularly helpful with children who may be hesitant to jump into the art making process with a group of individuals they are not familiar with. The use of collage is helpful in initiating the creative process. Another means of accessible art making is drawing. Drawing materials can come in many forms and provide a concrete and manageable way of creating. They are relatively easy to control and contain, some are more forgiving than others, and they can serve as a means of instant gratification as soon as the utensil hits the surface (Allen, 1995).

The manipulation of art media and the consistent process of developing new creations in a supportive interpersonal environment targets sensory-emotive-cognitive processing areas of the brain that are needed for the transformation of thinking processes (Hass-Cohen & Findlay, 2015). Furthermore, the conditions that are needed for these kinds of changes, are dependent on social interaction, attention, and intention (Hass-Cohen & Findlay, 2015).

Group Therapy

For children whose lives lack stability and reliability, bringing a sense of consistency back into their lives contributes to the ability to develop trust in others (Steele & Malchiodi, 2012). One overall treatment goal for this group would be to focus on the growing individual, and allow them the opportunity to express themselves freely through the arts (Hass-Cohen & Findlay, 2015). Other broad treatment goals would be to teach children how to be active in their engagements with others, use their imaginations, and to identify and explore their feelings, thoughts, and behaviors (Coholic, Fraser, Robinson, & Lougheed, 2012). Creating an environment for expression is a fundamental level of the human experience. Utilizing the arts as a common denominator and tool of unification, the group unconsciously negotiates the space, develops relationships, and supports ownership and confidence.

The specific objectives that are important to be explored within a therapeutic group are establishing and respecting boundaries, building trust among group members, modeling supportive relationships, emotional regulation, increasing feelings of self-worth/self-esteem, and addressing the social, emotional, and cognitive needs of each group member. It is important to address the concept of attachment within this group, since this in a key factor in shaping a child's sense of self, future relationships, and interactions in society (Krikorian, 2008).

Recognizing and developing their strengths, building group cohesion, trust, and social skills would all be important to explore and develop within the group dynamic (Coholic, Fraser, Robinson, & Lougheed, 2012). While in the group, it is important that the facilitators help to provide a secure base of trust to encourage the possibility of more positive relationships to be explored among participants (Davidson, 2008). Therapeutic relationships that demonstrate attunement and communication encourage stable internal states and interpersonal interactions. These exchanges have the potential to repair disrupted attachment, promote emotional regulation, and alter perceptions of past memories. As a result, students may feel worthy of receiving love and become capable of showing love to others.

Methods

Overview

The designed method involves six weekly 30 minute group therapy sessions in a therapeutic day school during elementary school students' free time at the end of the day. There are two group leaders, who are graduate level clinical interns, and three participating students. Each of the students were referred by their individual clinicians within the school. The basis for recommendations was dependent on the clinicians' perception of who would benefit most from this group and its goals. The goal of the group is to improve social skills, peer interactions in and

outside of the classroom, encourage self expression, and facilitate communication within a safe and supported environment. Group leaders' intention for the environment was to encourage the group to be self-led. The group leaders' plan was to present the group to the participating students, provide suggestions of group norms, and invite the students to create their own, while providing limits and boundaries set by the leaders.

Procedure

Each week, group leaders will review the group norms, check in with students, and review what occurred the previous week. The group norms were intended to serve as expectations that group participants have for themselves, for each other, and the space in which the group meets. Some of the norms suggested by group leaders included respecting oneself, others, and the space, keeping the group positive, maintaining confidentiality in the space, and leaving the inner critic at the door.

For the first two sessions, students were invited to establish the group norms together with group leaders, create portfolios for the artwork created in the following weeks, and create an image that tells something about themselves. For the second session, students were given more time to work on their portfolios and they welcomed a new student into the group. In the third session, students were provided with collage and drawing materials and asked to create an image. Students had requested to learn how to draw graffiti style letters so in the fourth group, they were given several different ideas of how to execute that style. The fifth session incorporated images the students had requested in the session before and they spent the majority of the session engaging with the group, learning how to draw specific images. In the sixth session, students were prompted with a drawing game, sometimes referred to as an Exquisite Corpse, in which all members participated simultaneously and as a group to create a final image.

At the end of each session, group leaders will check in with the participating students to gain a sense of how the group was experienced by them.

The format of these groups presents an opportunity for the students to establish a sense of autonomy and control of the group's direction. The role of the group leaders is to monitor the group, ensure the environment remains safe, secure, and respectful, and encourage positive, creative social engagement. Group leaders are sure to make frequent check ins about how they feel the group's trajectory.

Design

Sessions are for 30 minutes once a week during the student's free time after regularly scheduled classes. Sessions are structured in a couple of different formats from week to week, yet maintain a sense of flexibility. During some sessions, students are invited to engage in an open ended art making process dependent on their personal interests. For the last 10 minutes, students are asked to find a stopping place and contribute to a discussion about the work they have been working on and provide appropriate feedback to their peers and to the group leaders. This is in the format of observations made about each other's work, their own work and the experience. In other group sessions, group leaders may provide an activity or theme that all members are invited to participate in. During the last few minutes, participants are invited to free draw and have a discussion about their observations and experience in the group.

The goal of the group is to help facilitate positive communication, self-expression, improve their sense of self, and ease symptoms of anxiety through art making processes. The group's overarching theme is creating relationships. In order to build relationships, participants should be provided with an environment in which they feel safe and supported and leaders who model kindness and respect toward one another. By attuning to the participants needs and

facilitating positive and encouraging conversation, it is the hope that the participating students can emulate this behavior amongst each other as well.

The group is client-focused. As a co-leader of the group, I did not want to create a strict schedule of prompts and directives and rather collect information about their interests and provide them with options, ideas, and materials that may cater to their desired art explorations. However, when there appeared to be a need to bring the group together, the group leaders provided an arts based activity for the members to interact more directly. Another way to create more group cohesion and build rapport, is the designated time during the sessions that encourages the discussion of the art making process and the act of sharing with one another how they felt and how they feel about each other's work. Using "I" statements and positive language, the members are encouraged to communicate with one another about their experiences and perceptions of the art work. While therapeutic art typically focuses on the process rather than the product, the product serves as an important aspect of this particular group as the students referred have all expressed an interest in learning more about art making techniques and creating aesthetic pieces.

Participants

The participating students attend a therapeutic day school. The majority of the children who attend this school have histories of trauma and exhibit insecure attachments. The most common presenting symptoms are impulsivity, difficulty in social engagements, inattentiveness, low self-esteem, and difficulty with emotional regulation and expression. The students participating were recommended to attend the group due to demonstrations of difficulty in social engagements, are critical of themselves and their artwork, and often compare themselves to others - in addition to other presenting symptoms of trauma.

Art therapy techniques have the capacity to be methods of self-soothing, bring awareness to internal sensations, and promote self-expression. The students participating were recommended to attend the group due to demonstrations of difficulty in social engagements, are critical of themselves and their artwork, and often compare themselves to others - in addition to other presenting symptoms of trauma. The method used is a with an open studio approach with three male students ages 11 to 14. The participating students each have individual counselors but have not worked individually with either group leader. Their previous interactions with each other were minimal as well.

Materials

A range of drawing materials were provided and participants were welcomed to share their interests in materials that have not been provided. The drawing materials are intended to provide a sense of containment as they are primarily concrete and structured media. In addition to drawing materials, there are cut collage materials and paint markers. The materials provided shift week to week depending on evolving interests and ideas. Group leaders provide some guidance through this process as they also serve as educators with experience in art and the use of materials.

Data Collection

Data is collected after each session by writing group notes. Within that note is a summary of the group's goals and plan for the session. The group is spoken about as a whole and individual notes are also written for each participating student. The notes taken pertain to the group leaders' perception of the students' mood, affect, engagement, participation, and any shifts in behavior. Each group leader has kept their own written notes after sessions and takes notes throughout the week as well. These notes include new ideas for upcoming groups and the

students' accounts and contributions of what they would enjoy in group as well. The students' individual counselors are also checked in with by group leaders to assess how they may be perceiving the direction of the group. Group leaders also log their own perceived emotions before, during, and after each session through journaling and art making.

Results

Participants in the Study

The children attend a therapeutic day school and have been referred to the school to be given additional academic, emotional, behavioral, and social supports. The three participating students are between the ages of 11 and 14 and have been recommended by their individual counselors to participate in this group. Each of the students have histories of trauma, symptoms of posttraumatic stress disorder, and display a range of difficulties with social interactions. While the group is intended to last for 12-15 weeks, this will only address the first six sessions held.

Each of the students were referred to the group because of volatile relationships within their classrooms, difficulty relating to others, and alienating behaviors. These behaviors often include missing or misinterpreting social cues. All group members demonstrate an interest in socialization however do so in maladaptive ways. It was determined that each student had a common interest in the arts, primarily in visual art and music. It was hoped that the open studio group will provide an opportunity to observe and practice positive ways of communicating and potentially develop healthy relationships.

Directives

Session One: For the first session, the goals and purpose of the group were to make introductions, invite the students to adjust to the space, explain the concept of the group and

reason they were invited to join, set group norms and expectations, and answer any questions or concerns. When the students were retrieved from their classrooms, there was apparent resistance as perceived by the group leaders. It appeared that there was discomfort and uncertainty around attending the group and there was a significant amount of encouragement required by several staff members for one of the group participants to attend. This particular student attempted to opt out of the group however was eventually persuaded by encouragement from others.

At the beginning of the session, conversation was minimal. The group leaders did most of the talking despite inviting participants to contribute - however, this was expected. The students' body language appeared resistant as well. Their bodies were turned away from group leaders, they made minimal eye contact and gave minimal verbal contributions. Despite this perceived resistance, the group members responded to questions asked. The more questions asked and answered, the more comfortable the students appeared to be. For the second half of the group, the students were provided with an art making prompt. It was open ended: Create an image that tells us something about yourself. The students' body language changed. They were facing the table with the group leaders sitting across from them. They both immediately became more engaged in the group and began to respond to each other's verbal contributions. One of the students immediately began his drawing while the other student showed more hesitancy however after a few minutes of working side by side, the two appeared to be encouraging one another simply through working side by side. Both members had chosen concrete materials including graphite pencils and colored pencils. They were drawing on 9x11 sheets of paper and their images were animated-like. Once the group members began drawing, there were not any remarks or questions regarding time. There was an increased sense of presence and involvement.

Also, as the concept of the group was explained further, the idea appeared to be received more positively as evidenced by one of the members' verbal contributions and ideas. Once one member spoke, the other began speaking more as well. Overall, by the end of the session the group members appeared to be more receptive to attending the group weekly. When the group leaders asked participants what they would add or change to the group, the idea of adding another student was suggested. In between groups, group leaders made a point to check in with participants. With more time to process and think about the first group, we gathered their thoughts and suggestions for the group.

Session Two: The goals and purpose of session two were to integrate the group with a new member and facilitate a supportive environment for creative expression. After surveying two clinicians about who they felt would be a good fit to add to the group, one student was added which made three students and two group leaders. There were growing conflicts between one of the existing members and the new member in their classroom. With the discovery that both students are interested in art, the intention of inviting them to participate in a group is to facilitate a more positive relationship between the students both in and out of the group.

The group began quietly. After group leaders explained the premise of the group, leaders opened it up to the group and asked them what they would like to get out of the group. The leaders explained the activity was creating and decorating portfolios.

The two students who are in the same classroom ended up interacting overall very positively with each other. They appeared to enjoy themselves in the space as evidenced by their calm but interactive demeanor. Each of the students were able to be open about their interests and where they would like this group to go. Throughout the session, group members were intermittently decorating their portfolios. The interest in art making was more minimal than

anticipated during this session however the interactions between the participants was increasing throughout the duration of the group.

At the very end, the group decided that being able to show the work completed in this space would be positive and beneficial. Throughout the session, there were moments of perceived resistance and minimized contributions however the students were in attendance for the entire duration of the group. Some of the interactions discussions of music interests which also contributed to the cohesion of the group.

Session Three: The goals and intentions set for the third group were to encourage participation and socialization. This week, members did not demonstrate resistance to attending group. While group members began the group quietly, they appeared to be attentive and receptive to what the group had to offer. Demonstrated by non-verbal cues, the students showed kindness and respect toward group leaders and one another as they were conscientious of providing enough space and supplies for everyone.

While there were times that members would distance themselves from others, they were receptive to group leader's attempts to direct their attention and encourage them to engage. These attempts were demonstrated through asking questions about their interests in music or visual art, asking them a question about themselves, or suggesting an approach to the materials provided. During this session, the students' art making process and social interactions became more integrated. Throughout the session, they would discuss music, animated characters that interested them, and ideas for future groups. The students incorporated collage and drawing materials throughout their art making process. Two out of the three students were actively making art while the third student expressed disinterest in what was available and was more focused on discussing music with both peers and group leaders. The students appeared to find it

natural to speak about the music they enjoyed listening to. Playing music in the sessions facilitated more communication among the students. The level of participation and engagement increased during the session with each attempt group leaders made to engage and understand the participating students.

Session Four: The goals of this group were to create cohesion in the group, encourage more interaction between all group members, and to provide a comfortable and safe space to express creativity. To begin the group, the leaders checked in to see how the members were doing, and opened the space for any members to share art work they created from the last session. The group members were invited to participate in several activities including working with graffiti letters, practicing graffiti styles, or free drawing. The group interacted positively with each other throughout the session. The contributions were variable between members but overall each member participated. The students have continued to express interest in solely using drawing materials including graphite pencils, colored pencils, and markers. They have demonstrated receptivity to utilizing source material to inspire their drawings as well as collage materials.

Before the group was started, there was a conflict between two of the students. It was decided that the group should still be held as the conflict had been partially resolved and both students appeared more settled. Throughout the group, the two students were making remarks to each other about the argument they had earlier in the day. Some of the remarks included joking about hurting one another, the other person being in the wrong, and that they would fight about it later. There was no apparent threat presented and served a means of processing for them. The clinicians were monitoring their exchanges and at the end of the group their verbalizations and body language were calmer and friendlier in tone.

Session Five: The goal set for group five was to bring the group back together after a school break. The group members were provided with an open ended prompt and magazine cut outs for collaging as well as drawing materials. During the previous session, students had mentioned particular figures they would enjoy drawing and images of them were provided in this group. During this group, there was a clear shift in the topics discussed by the participants. Their use of inappropriate language and topics increased. The language, however, was not directed at anyone specifically nor was it a part of a cohesive conversation. The conversation was heavily based on sexualized and violent language. There were feelings of discomfort felt by the clinicians holding the group. When redirected, one of the members was not responsive and talked over the clinician. There was a significant feeling of a loss of control over the group.

Despite inappropriate use of language, the participants appeared to be more comfortable in the space. They entered without hesitation and chose their seats quickly. In previous sessions, the students demonstrated some uneasiness and fumbled over where to sit and by whom.

Session Six: The intention of this group was to address the language used in the previous session, explain why the language used wasn't appropriate for the setting, and then facilitate an activity to bring the group together in a positive and fun way.

During this session, two out of the three students were in attendance. The clinicians opened the session by checking in. To address the issue of inappropriate language, the list of group norms that was created in the first session was brought out and gone over with the group members. The clinicians answered clarifying questions with the students. While the group appeared to present some distractibility, the students were able to respond to the clinicians' instructions.

Throughout the group, one student presented as more resistant to the limit setting but showed more control over the language he used. To create more group cohesion, the clinicians decided to start a drawing activity in which everyone participates simultaneously. The students expressed uncertainty about the activity but showed more interest and investment as the activity went on.

The activity was to participate in a drawing activity, sometimes referred to as Exquisite Corpse. The concept of the activity is to create a monster, creature, or figure of sorts in segments - each group member draws one section of each other's drawings. After each participants' sheet of paper has been passed around to everyone the image is returned to them and they observe the additions everyone contributed. During the creative process, the responses from students varied. One of the students appeared invested in the activity. He demonstrated thoughtfulness and interest in his contributions. Despite some confusion in the beginning of the activity and a perceived mistake, he was receptive to the group leaders' explanation and adapted to the error. The other group member was having some difficulty engaging with the activity and expressed that the activity was "dumb" and "boring." After a few minutes of participating, his mood appeared to shift and became more positive. He was not able to verbalize so but his body language and facial expressions suggested that this was an enjoyable task.

Discussion

I have established that the most significant information collected through observations were: (a) increased communication among participants, (b) increased positive response to limit setting, and (c) increased sense of relatability between group members. A significant realization in the first couple of group sessions is how well children can navigate social situations when provided with a safe and supportive environment. Allowing the sessions to be predominantly child-led, invited the participants to create those relationships and interactions at their own pace.

The relationships strengthened because of their own doing. Group leaders were there to ensure that conversation and behavior remained appropriate and positive. This was evident in the fifth session when the students' language content was becoming increasingly inappropriate and they were less attentive to limit setting. It was because of this session that it was decided that the sixth group neeed to provide more guidelines and structure. Symptoms of impulsivity can be a response to the experience of a traumatic event or events (Van der Kolk, 2014). They were becoming more apparent and therefore were addressed by group leaders. It was a difficult balance of setting those limits while maintaining open communication and comfortability in the space. We were mindful to approach the issue as an entire group dynamic rather than identify individuals and we wanted it to be known that we still wanted the space to be their own but had to take measures to ensure a safe and comfortable space for everyone, including ourselves. Maintaining a safe and supportive environment is a method of addressing attachment. Each interaction contributes to the formation of developing secure relationships and eventually lessening anxiety and stress to encourage the future development of other relationships (Coria-Avila, 2014).

My group co-leader and I realized the need to provide some structure in therapeutic groups and to consistently run them with intention. While it is an open studio model, it also needs to be therapeutic and intentional. It provided many opportunities to recognize when the group sessions needed more direction or a specific directive. I understood that keeping it too open ended may leave students feeling stuck. The time allotted for the group session is already limited therefore it can be frustrating when a sense of direction is lacking.

After each group session, the co-leader of the group and I would debrief the session. We discussed our observations both positive and negative, noted what was different and the same

about each one, how each participant seemed to progress, and what we could do to improve the group in the next session. In addition to verbally debriefing, the data collected from the groups held is broken down by the perceived mood of the group before, during, and after as well as journaling and free writing done by the group leaders, identifying keywords in freewriting, and creating images that reflect or emulate the activity of each session.

The act of processing provided an opportunity to increase my awareness of my own response while working with these students. While journaling, I recognized and identified many emotions felt before, during and after each session. There were many times that the emotions felt included nervousness uncertainty, anxiousness, and scattered. While other times I felt excitement, enthusiasm, relief, contentedness, and focused. The first list does not exemplify the most desirable feelings when facilitating a therapy group, but I think that those feelings can be necessary for fine-tuning and creating awareness around what is needed for the upcoming session.

Over the course of six group therapy sessions, it was the intention to create a safe and supportive environment. Regardless of the behavior and language used by the students, clinicians consciously made the effort to provide unconditional positive regard and process social situations with the students. Remaining consistent yet supportive was an important element in creating relationships. It allows the building of trust in others and the freedom for self-expression (Steele & Malchiodi, 2012).

It was observed that providing students with an entirely open group with minimal prompts could be too open and overwhelming. It lacked a sense of direction in terms of art making and therapeutic purposes. When students are provided with a couple of art making choices or a clear directive, it focuses the group and creates a sense of cohesion. Participants are

working toward similar goals and results. They can engage with one another in a shared experience and reflect on that experience together. The group dynamic is key in modeling relationships between group leaders, between group leaders and participants, and eventually between participants themselves (Krikorian, 2008).

While this was learned over the course of several weeks, it felt important that the group concept was open and malleable to begin with. It felt pertinent that the students knew that this group was for them and that they could take an instrumental role in creating the dynamic of the group. While there are limits to that and boundaries to be set, as a whole the students were able to design the nature of the open studio group.

Limitations

There are some limitations to be noted. Student truancy may affect the nature and progression of the group. Also, due to school breaks, groups could not be held consistently each week. The time permitted to hold the group was short and the time frame limited the kind of work that could be done each week. The size of the group was also kept fairly small. There were three participants and they each had different presentations, behaviors, and varying levels of mental health issues.

This paper only covers six group sessions and the plan is for the group to continue for several more weeks. The nature of the group may change over time as it is predominantly student focused and led by their interests. While the group is student led, their accounts are not included in this paper. This limits the perception and documentation of how successful the groups were or were not. The perception of the progression of the group is also dependent on the lens being used. The group was held with the intention of improving social engagement. It's perceived successes and failures were viewed through that lens. The group's co-leader and I had very

similar perceptions of the group. We also come from similar cultural backgrounds, social statuses, and levels of education. While it has its benefits to have similar perspectives and approaches, it can also be limiting. The group may benefit from someone who can provide a different outlook on how the group should be approached and the direction it can take.

Another factor to consider is that interactions fluctuate day to day despite the prompts and materials provided. Materials can be manipulated and experienced in different ways depending on the day. The results are not a direct reflection of how the materials and prompts evoke a certain response in older children in this environment. The initial expectations of the group included the notion that the students would be coming in with more ideas about their creative interests and artistic explorations. The group leaders thought that leaving it entirely open would facilitate free expression and that the students would gladly participate. To some degree, this did happen. In other ways, if the group was left entirely open it is possible that the group would result in a complete lack of direction and the participants' desire to attend and engage with one other would either fade or their interactions would reach a level inappropriate for the therapeutic school environment.

Future Implications

This research can be used to develop a more thorough study of how the arts can facilitate communication and group cohesion among children who struggle with interpersonal and intrapersonal skills. It highlights the potential that art therapy groups have in terms of how they can forge relationships and improve relational dynamics. It also shows how the skills developed in art therapy groups can be utilized outside of the group as well.

Recommendations

Recommendations for these students would be to continue a therapy group with a focus on positive and appropriate social interactions, social skills that can be utilized within the school environment and public settings, and artistic expression.

For future studies, it would be recommended that students are provided with set options each session after the initial one. The initial session or two should be devoted to gaining a sense of the students' interests and the direction they would like to see the group go in. This is not without guidelines set by group leaders. Providing clear boundaries is key in the beginning of creating a group. This was particularly important for the participating children as they do not have consistent, stable, and positive adult models in their life outside of the school environment to emulate what is appropriate and what is not in a social setting. After several weeks of holding the group, it would also be interesting to see how the practiced social interactions translate outside of the group and school environment and out in a public setting. A preliminary step could be the students' attendance to an event within the school that is open to members of the public.

Conclusions

An open studio art therapy group appears to hold the capacity to offer significant social and emotional support for older children. During the six sessions that were conducted and documented in this paper, the three participating students demonstrated progress in their ability to relate and communicate with others. It was consistently observed that the students left the space in a noticeably happier and joyful state than when they entered. This was evidenced by their body language and verbal exchanges. After each group, the students would leave the group and walk together, talking and laughing. They would stand closer together, engage more positively, and demonstrate supportive behaviors. During the weeks in between, despite some

variability, the students began to be more engaged with the clinicians leading the group. Unprompted, they showed more interest in initiating interactions.

One of the most enjoyable aspects of holding this group, was being a witness to the relationships that developed and the shift in relational approaches. Once the language component was addressed, the students were able to show that they could relate to one another without using inappropriate or offensive language. Witnessing the students walk out of the group together, bumping shoulders, laughing, and joking with one another has been a significant motivator in the continuation of not only this group, but the work in this field as a whole.

Although this had been stated many times while learning about attachment and relationship building, it was not until creating this group that I understand more concretely how important each interaction is with a child who has had a history of disrupted attachments and instability. Each opportunity to provide support and unconditional positive regard contributes to the development of secure attachments. It has been and continues to be a learning process and I hope to better understand and implement art therapy techniques in my practice with children.

References

Berzoff, J., Flanagan, L.M., & Hertz, P. (2011). *Inside out and outside in.* Lanham, Maryland:

Rowman & Littlefield Publishers.

Borchard, T. (2011). Taming our brain's amygdala. *Psych Central.* Retrieved from:

http://psychcentral.com/blog/archives/2011/04/30/taming-out-brains-amygdala/

Coholic, D., Fraser, M., Robinson, B., & Lougheed, S. (2012). Promoting resilience with child

protection: the suitability of arts-based and experiential group programs for children in

care. *Social Work with Groups, 35*(4), 345-361. doi: 10.1080/01609513.2011.624974

Davidson, F. (Producer). (2008). *John Bowlby: Attachment Theory Across Generations* [Video

Stream]. Available from:

http://ezproxyles.flo.org/login?url=https://search.alexanderstreet.com/view/work/b

ibliographic_entity|video_work|1780102

Fallot, R.D., & Harris, M. (2006). Trauma-informed services: A self-assessment and planning

protocol. Retrieved from: http://smchealth.org/sites/main/files/file-

attachments/tisaprotocol.pdf

Hass-Cohen, N. & Findlay, J.C. (2015). *Art therapy and the neuroscience of relationships,*

creativity, and resilience. New York: W. Norton & Company, Inc.

Herman, J. (2015). *Trauma and recovery: The aftermath of violence - From domestic abuse to*

political terror. New York: Basic Books.

Jungels, G. (1985). *The art of healing: The work of Edward Adamson*, *Journal of the American*

Art Therapy Association, 2:2, 73-82, DOI: 10.1080/07421656.1985.10758789

Krikorian, M. (2008). *Exploring the use of art therapy with children in treatment foster care: addressing issues of self concept.* Retrieved from http://hdl.handle.net/1860/3067

Moon, C.H. (2002). *Studio art therapy: Cultivating the artist identity in the art therapist.* Philadelphia: Jessica Kingsley Publishers.

Malchiodi, C.A. & Crenshaw, D.A. (2014). *Creative arts and play therapy for attachment problems.* New York: The Guilford Press.

Perry, B. (2004). Maltreatment and the developing child: how early childhood experience shapes child and culture. Margaret McCain Lecture Series. Centre for Children and Families in the Justice System. London, Ontario, Canada. Retrieved from: http://www.lfcc.on.ca/mccain/perry.pdf

SAMHSA (2015). Trauma-informed approach and trauma-specific interventions. Retrieved from: http://www.samhsa.gov/nctic/trauma-interventions

Siegel, D.J. (2015). *Brainstorm.* New York: Tarcher.

Steele, W., & Malchiodi, C.A. (2012). Trauma-Informed Practices with Children and Adolescent. Florence, US: Routledge. Retrieved from: http://www.ebrary.com

Teicher, M. (2002). Scars that won't heal: The neurobiology of child abuse. *Scientific American, 286*(3).

Van der Kolk, B. (2014). *The body keeps the score.* New York: Penguin Books.

Wilkinson, M. (2010). *Changing minds in therapy: Emotion, attachment, trauma, and neurobiology.* New York: W.W. Norton.