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## Giving A Voice to Children in Foster Care Through Narrative Puppetry and Storytelling

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Giving A Voice to Children in Foster Care Through Narrative Puppetry and Storytelling

Capstone Thesis

Lesley University

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Art Therapy

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### **Abstract**

Children in foster care are typically under the direction of adults and are rarely given a chance to share their voices. Whether it be the confusion they have regarding what led them to be placed in foster care, hopes for their future, or what they require to feel safe and supported in their foster home, it is rare for children in foster care to be given the opportunity to communicate their experiences in a creative and safe environment where they are encouraged to play and be the experts of their experience. The placement of a child into the foster care system has a profound influence on their emotional, social, psychological, and physiological wellbeing that can continue into adulthood, especially if not given the resources to work through their trauma. Using an individual case study with a 9-year-old client in the foster care system, it was found in this capstone thesis that the creation and use of narrative puppetry and storytelling aids in forming open communication between a foster child and other adults in their lives, including their foster parent and mental health providers. The information a child in foster care may share during the art therapy-based interventions of creating puppets and storytelling can benefit the relationship between a foster child and their foster parents, potentially lessening the number of foster care placements a child can experience while in the system of Child Protective Services Agencies. Given the freedom to create their own puppets and narrate their own stories, children in foster can externalize their emotions in a developmentally age-appropriate manner and be the expert of their lived experience.

*Keywords:* foster care, narrative puppetry, storytelling, art-therapy, children, mastery

### **Giving a Voice to Children in Foster Care Through Narrative Puppetry and Storytelling**

The placement of a child into the foster care system is usually associated with trauma and psychological distress, along with persistent feelings of isolation and loneliness. There are currently over 400,000 children in foster care in the United States. They have often been removed from their biological families, peers, and communities and are left with limited access to a life that was familiar to them, with a host of unanswered questions and unspoken hopes for their futures. Children in foster care may doubt their abilities and feel inferior to their peers who come from more stable home environments and have not been exposed to a significant disruption of their home life. The negative impact on the self-esteem of children in foster care can implement the development of self-doubt and guilt. According to Eric Erikson's (1950) fourth stage of psychosocial development, "industry versus inferiority" (Batra, 2013, p. 263), children ages 6 through 12 start to seek approval from others by achieving specific competencies they view as being valued by society.

Storytelling can help children address the difficult and often traumatic experiences that led them to being placed in foster care and make sense of previous life events by nurturing their concept of self. When given the opportunity, storytelling can enable children in foster care who share their stories to overcome societal obstacles by "seeking alternative versions of our family stories that will open the door to personal change and transformation" (Stone, 2005, p. 178). Coupling storytelling with puppetry in the form of *narrative puppetry* works as a child-centered approach "that allows children to externalize the problem using a puppet" (Hartwig, 2014, p. 207). Puppets can allow children the safety of projecting their stories through a different voice, often with the addition of metaphor and humor. Susan Linn (2020) described the safety of using puppets as a means of self-expression as an "illusion of being hidden and separate from the

words appearing to come from a puppet (which) can be experienced immediately and allows for an incredible freedom of expression” (Linn, 2020, p. 105). Through the use of puppetry and storytelling, children in foster care safely gain a sense of being the masters of their experience and advance communication with their foster parents. The more children in foster care can communicate with their foster parents, the stronger a voice they could have in the process of being placed with an adoptive family. Communication can allow them to understand that despite hardships, good things can come.

This development of a method explores the existing research and theoretical literature on the therapeutic benefits of storytelling and puppetry with children. There is minimal research when those interventions are applied to the specific population of children in foster care. Through my work at my internship as a home-based child and family therapist, I have access to working with a client in foster care who has trouble communicating her past and current experiences with her foster mom and whose self-esteem has been significantly impacted by the disruption of a recent pre-adoptive placement. I believe giving children in foster care a safe and creative space to share their stories and allowing them to be the masters of their experience, bridging the communication gap between them and their foster parents through art therapy, and creative play and storytelling could allow children in foster care to develop trust with their foster parents and reduce the stress and trauma of their experience.

Over four sessions, I worked with a client in the foster care system at my internship using the applications of puppet-making, storytelling, and environment-creation for the puppets. This allowed the client to explore their understanding and meaning of her own story, leading them to new insights, perspectives, and, ultimately, a new relationship to an old storyline. I used the intervention of puppet-making to introduce inanimate objects as a means of telling the client’s

story, allowing them to step outside any subjective perspective and recall an experience as cleanly as they can from a third-person perspective. In this way, I was able to offer my client the opportunity to step into their story through the eyes of the characters of each puppet. I monitored their interaction with each puppet and their narration of the puppets. This included identifying which strengths, insights, and abilities they have now that could enable their past story to have a different ending or conclusion. We explored alternate outcomes and meanings of the client's story and explored what they have learned, while looking for ways to identify, claim, and sustain the underlying strengths within the traumatic experience of being a youth in foster care.

Through engaging in the art-making process, youth in foster care have an opportunity to explore and discuss the effects of having a unique, but often underrepresented, voice. When an art therapist makes artwork alongside an adolescent client in foster care, it creates a safe space where definitions of their experience can emerge and be explored further. This space can allow for clients to move closer towards autonomy, to make meaningful and creative connections within their community, and to be heard and taken seriously as the experts of their own experience. In his book, *The Healing Art of Storytelling*, Richard Stone shared Paula Underwood's statement: "so often we rush to judgment when it comes to our stories.... By pursuing alternative meanings to your stories you can set yourself free" (Stone, 2005, p. 162). Assumptions made from a limited perspective then become "truths" that sustain thin stories. Puppet-making and storytelling can be a safe and creative way for children who have experienced trauma, particularly children in foster care, to develop their ability to communicate and share their experience in the world and hopes for their futures with their foster parents and health care professionals. I aim to validate the therapeutic interventions of puppet-making and storytelling and how they can assist in freeing children who have experienced significant trauma

from having limiting perspectives that many youths in foster care share and be able to identify their strengths and abilities, allowing them to support themselves and expand their perspectives over time more fully. Using storytelling and narrative puppetry, art therapists can help their clients keep trauma at bay by promoting agency.

### **Literature Review**

#### **Foster Care in the United States**

Two of the most common reasons children enter foster care are abuse and neglect (Landsverk et al., 2006; Pecora et al., 2009; U.S. Department of Health & Human Services, 2011). Other reasons include parental substance abuse, abandonment, parents' inability to provide adequate childcare, inadequate housing, child treatment needs, and death of a biological parent or both. When this occurs, Child Protective Services Agencies are forced to intervene and temporarily relocate children into foster care, where placement is often temporary, increasing the trauma they experience. Oswald et al. stated that "although foster care is aimed at ensuring children's safety, the transition into care often produces confusion, fear, anxiety, and uncertainty" (Oswald et al., 2010, p. 24). For children in foster care, the experience of abandonment, separation, loss, abuse, and neglect often result in unresolved childhood mourning, psychological conflicts, and insecure attachments that can lead to poor school performance, developmental, social, and behavioral problems, self-care, and emotional issues. Often these issues result in "making it difficult for many well-meaning foster parents to successfully provide a stable living arrangement in which children can thrive" (U.S. Department of Health & Human Services, 2008, as cited in Kolos, 2009, p. 229) Children in foster care may experience several different foster home placements if they do not build trust or are unable to adjust to their placement. The process of adjusting to being placed in foster care requires developed skills to

process and articulate the confusing, unfamiliar and often times, traumatic experience. If children are unable to process their experience, the unresolved trauma could reappear throughout their life:

Trauma can affect a child emotionally, behaviorally, and socially. Emotionally, some traumatized children may struggle to regulate their feelings and exhibit anger, rage, and irritability, while other traumatized children may appear sad, anxious, and overwhelmed. Behaviorally, traumatic responses may be manifested in aggressive, disruptive, and self-destructive behaviors, some of which may be expressed in the reenactment of the trauma in the child's play. Socially, traumatized children may not trust others, or may feel betrayed by adults who did not protect them, which can negatively affect their interpersonal relationships and ability to make friends. (Diamanduros et al., 2018, p. 24)

Many children in foster care are exposed to multiple placements in different foster homes for various reasons. While they are going through the overwhelmingly stressful process of being relocated to various placements, whether it be foster homes, family members, or institutions, they rarely have a voice in the situation and are left in the hands of the adults in the inundated legal system.

### **The Importance of Children in Foster Care Sharing Their Stories**

Storytelling is a universal and ancient art form that all cultures and ages engage in. Storytelling can be a form of entertainment or information-sharing and frequently promotes the continuation of cultural traditions. Storytelling can also be used therapeutically, allowing the storyteller to form a new perspective on their place in the world. With an audience, the storyteller can feel heard. Children can become trapped within the limited stories they have about themselves and their lives, often formed because of negative early childhood experiences and

cultural, familial, and gender-based expectations. The trauma of these stories can manifest outwardly, displaying the pain that we try so hard to hide. Diamanduros et al. stated “there are a growing number of studies that indicate a traumatic event can cause lasting issues in: cognitive difficulties, abstract reasoning, executive functioning, attention, memory, concentration, verbal processing, and comprehension” (Diamanduros et al., 2018, p. 24) Giving a child in foster care the opportunity to process the trauma they experienced through storytelling can provide psychological and emotional space, enabling them to identify new strengths and abilities. Storytelling can also let children who have experienced significant trauma acknowledge how far they have developed since they first experienced the traumatic event.

Talk therapy forces children to find words to articulate their experience. Often children are not able to identify the words they need to express what they are feeling to adults, leaving them silent and unheard. Ogawa (2004) stated “in order to cope with a traumatic experience, children will often dissociate or create other worlds within their imagination. Finding common language confusing, children might create a language of their own as way to process emotions” (Ogawa, 2004, p. 89). Narrative puppetry is a form of play and creates a safe space, familiar to children where they can embody the role of all the characters in their limited stories. When engaging in narrative puppetry, children in foster become the storytellers and have the power to direct the actions and words of each character in their own language.

The process of directing their own stories with narrative puppetry can assist in their transformation from victim to creator. In her article “‘Once a Foster Child...’: Identity Construction in former Foster Children’s Narratives,” Lindsey Thomas (2014) discussed the three important aspects of telling disruptive narratives. She stated that first they can have a positive “affect the narrator’s wellbeing. Second, when stories are constructed in a redemptive

manner, the disruption can transform into positive change. Third, tales of positive change, rather than negative experiences, lead to future benefits.” (2014, p. 89) Storytelling can be a safe and healthy form of self-expression that enables a sense of mastery through allowing a person to share their perspective with their own unique words. Being given an opportunity to share their stories, children in foster care would be able to evoke the inherent capabilities of their intuition, possibility, and resilience. It is the adults—the social workers, the foster parents, the biological parents, medical professionals, therapists, etc.—who have the most say in the life of a child in foster care.

Children in foster care have many unanswered questions regarding their past and future. Many of them are often also coping with stress, anxiety, and low self-esteem, among other mental health issues directly related to the primarily adult circumstances and consequences that led them to be placed in foster care. Rarely they are given an opportunity to share their experiences and hopes for their futures in a safe and creative environment, free of the stress they experience daily. Thomas (2020) referred to the researcher Catherine Kohler Reissman when speaking about the role storytelling plays in identity construction, she stated “narrative theorists share the perspective that narratives make sense of problematic experiences. When biographical disruptions occur that rupture expectations for continuity, individuals make sense of events through storytelling.” (Thomas, 2013, p. 86) Thomas focused on children who were formerly in foster care, exploring their identities created in the narratives they wrote about their foster care experience. I believe if children currently in foster care were offered an opportunity to construct and share their narratives, it could allow them to feel heard and experience more stability among the understated chaos of their foster care experience.

Storytelling can also support their foster parents in forming trusting and accessible communication between them and the child(ren) they are fostering, allowing for a more stable relationship between them. The control the adults have in foster children's lives can impede on the opportunity they could have to consider their history and their values. Stories can connect children in foster care, who, in a way, have lost a part of their identity through the disruption of being taken away from their biological families to connect their past, including that of their ancestors, empowering them to feel part of a community. Sharing stories can give children in foster care the ability to see beyond their current experience of disappointment and loss and grow their resiliency. Ruini et al. (2020) article affirmed promoting the creativity and well-being of school-aged children through storytelling. They stated the intervention of storytelling "was effective in promoting well-being, in particular autonomy, environmental mastery, positive relations, purpose in life and self-acceptance.... Furthermore, it decreased depressive, anxious, and somatic symptoms" (p. 9) in elementary school-aged children. Storytelling is not used to change our stories. Rather, it is used to expand our understanding and meaning of our stories. The expansion of our understanding can lead us to new insights, perspectives, and a new relationship to the story we are already familiar with. A crucial step to gaining a new perspective through storytelling is to tell our story in the third person and become a witness. Being a witness can create compassion for our suffering, as well as others.

### **Narrative Puppetry**

One way to step into the third person is by using puppets. As an inanimate object, a puppet can tell the story from its own perspective in a more objective manner, potentially allowing the narrator an opportunity to understand the facts of their story more clearly. Using multiple puppets, the story can be told by every character, revealing to the manipulator of the

puppets the multiple perspectives of those who are involved in their stories. Narrative puppetry can “support symbolic play by meeting children at their developmental level using a child-centered approach. Puppets can be used as tools for children to participate in symbolic play that connects concrete experience to abstract thought.” (Hartwig, 2014, p. 205) Play is a form of communication that children are familiar with. A therapist who can offer a young client the space to play is giving them an opportunity to communicate in their own, unique voice, “Piaget asserted that the function of play is to bridge the gap between the sensorimotor activity prior to representation, and the operational forms of thought....noting that the symbolic function of play ‘provides the child with the live, dynamic, individual language indispensable for the expression of his subjective feelings, for which collective language alone is inadequate’”. (Hartwig, 2014, p. 205) Combining play with interventions linked to art therapy can allow children in foster care to communicate through metaphor and begin to express themselves and externalize their stories on a level that is appropriate for their developmental level. “Malchiodi (2003) suggested that through art, a traumatized individual can think and feel at the same time. She further stated that art therapy can provide alternative ways to respond to events, to encourage experimentation, and to facilitate access to positive emotional and behavioral change” (Tripp, 2007, p.176).

### **Expressive Therapies Continuum**

Using the Expressive Therapies Continuum (ETC) to ascertain where our clients instinctively and comfortably respond to and work with art materials, art therapists can provide proper materials for children to play and experiment with, giving them the opportunity to problem solve and experience success. Puppets promote introspection on our inner experiences that is also playful and age appropriate for children. Describing the therapeutic and healing aspects of puppets, Linn (2020) said puppets “are real in that they occupy time and space, yet

they are simultaneously creatures of our imagination. The characters, plots and themes engendered by spontaneous puppet play are fantasies, yet they frequently express real-life struggles and concerns” (p. 104). Through the act of narrating puppets, we tend to reflect on real situations we have experienced ourselves. When children in foster care are given the opportunity to narrate puppets, they give their therapist access to their insights and understanding of their place in the world including their feelings and conflicts that otherwise, in a talk therapy setting might not have had the capacity to be explored.

Along with the potential of increasing access to feelings and communication, puppets are also “engaging family members and the therapist.” (Gil, et al, 1994, p.124) The inanimate object of the puppet can take the place of the person who is manipulating it, offering a cloak of invisibility that can make the manipulator of the puppet feel safer sharing their narratives, creating a psychological distance between themselves and the puppet. “By standing in for real people, puppets allow a child to displace feelings from their relationships with significant persons. In doing so, puppets offer physical and psychological safety that, in turn, invites greater self-expression” (Bromfield, 1995, p. 435). The use of metaphor can empower a child to feel safe to express their emotions and enable them to project their feelings onto the vessel of the puppets. The puppet in turn becomes responsible for their actions, language, and emotions, not the person wielding the puppet.

### **Art Therapist’s Role As An Advocate**

The therapist plays an important role as an advocate for children in foster care. Kolos (2009) stated “because children may use puppets to enact fantasies or past traumas, conquer worries or fears, or replicate actual behaviors in real life situations...play therapists may also choose to initiate puppet play to practice and develop responses to potential situations in a

nonthreatening way” (p. 235). Using puppets in therapy can strengthen the client/therapist relationship and give insight on the client’s internal world, including their emotions and knowledge. “By staying in the metaphor with a child, the therapist uses facilitative skills directed toward the child or puppet character, depending on the intent of the child” (Hartwig, 2014, p. 212) Maintaining the narrative created by the child, a therapist acting as an audience for their client permits them to be the expert of their experience, giving power to the client’s position in the therapeutic relationship. “Research has shown that (foster care) placements are less likely to fail if the family is well-aware of the child’s history, strengths, and limitations (Brunning, 2007), and the therapist is often the multidisciplinary team member most capable of providing such detailed information” (Kolos, 2009, p. 233). Referring to the use of puppets in child-centered play therapy (CCPT), Hartwig (2014) noted “CCTP provides a safe place in which children can create their own stories in the playroom and the therapist respects and trusts the child’s ability to direct his or her own growth. (p. 214)” Providing children in foster care the opportunity to be the expert of their story and direct their own growth not only benefits them but also their foster parents’ ability to develop trust and support them, better ensuring a stable foster care placement. The higher “the number of foster care placements may be predictive of the level of posttraumatic stress symptomology exhibited by children who have experienced maltreatment (Benson, 2006, p. 14).” The information gathered by the therapist in a therapeutic play setting using puppets can be used to direct paths for communication between the foster parent and foster child, potentially reducing the number of foster care placements they are exposed to.

There is still limited research on the therapeutic benefits of using puppets in a play setting and in the construction of puppets themselves. Because of this, I was interested in creating an intervention where my client was given the space to make creative choices, be a leader and an

expert of their experience through the creation of puppets and narrative attributes of puppetry. My intention is to incorporate the traditional use of puppetry with the healing power of storytelling with a client I was working with who was in her third foster care placement. This intervention would benefit my client by allowing her to externalize her trauma in the safe and playful parameters of storytelling and narrative puppetry, and allow her to be the expert of her experience, without the interruption of an adult voice.

### **Methods and Materials**

The intervention explored the creation and use of puppets and an environment for the puppets to interact with as a means for my client to strengthen trust with her foster mother and enhance their communication. Prior to working with this client, I was given a significant amount of biopsychosocial background information that illustrated her biological parent's mental health backgrounds, including history of her biological father having lived in a psychiatric hospital since the client was 5 years old due to his history of schizophrenia. She had been removed from the care of her biological mother after her mother's parental rights were terminated due to her struggles with her own mental health and the client's disclosure to her therapist of having been exposed to sexual mistreatment by her mother's live-in boyfriend.

The client was a nine-year-old female who identified as Pacific Islander American and was part of my caseload as an in-home-based therapist at my internship at a not-for-profit human services agency. She was diagnosed with adjustment disorder and other reactions to severe stress. She had been in foster care for more than a year and had recently experienced a disruption in a pre-adoptive placement with her maternal biological aunt and uncle. She was returned to live with her foster mother with whom she had been living prior to her pre-adoptive placement and with whom she already had a positive relationship.

At intake, the client's foster mother reported the client had been making substantial progress at her foster home. She reported that during her first stay, prior to her pre-adoptive placement, she had been displaying behaviors indicative of attachment disorder, including being clingy to her foster mother and other adults in her life and being resentful of any attention given to her 2-year-old foster brother. It was reported she would also regress into talking with a "baby voice" and lacked the ability to describe her feelings around her experiences prior to being placed in foster care and her pre-adoptive placement. It was reported she had responded positively to creative interventions in the past, and it was requested for her to work with a clinician who could incorporate art in the therapeutic sessions. The goal of this study was to explore the therapeutic aspects of a foster child and foster parent creating art together, as well as examining the capability of puppetry and storytelling as tools to facilitate the externalization of thoughts and feelings and create a platform to process traumatic experiences. This study took place over a series of six individual sessions and two family-based sessions in the client's foster home.

As the first part of this study, the client was asked to create puppets of her choosing, of people she knows personally. There were no limitations to the number of puppets she could create. She was provided white drawing paper, pencils, markers, small and large cardboard, glue, scissors, decorative papers, paint, twine, yarn, googly eyes, balloons, stones, beads, feathers, colored and metallic pipe cleaners, small and medium popsicle sticks, glitter, colored paper, and model magic. The next step was to create an environment for her puppets to interact with. She had access to the same materials listed above, and I had a box cutter I could use to help her with cutting through the cardboard if needed. The final step was to tell a story. She was given the opportunity to come up with whatever narrative for the puppets she chose to. The open

instructions were aimed to give the client mastery of her experience in the art therapy session and the ability for her to direct the conversation, opening a safe space for her to process her trauma through play and the use her own language.

To track the notable information, observations, and data during the interventions, I kept a detailed journal of each session. The journal contained observations, notes, interactions between me and the client as well as the client and her foster mom. I also tracked what was discussed about the process, including what was said, heard, and any feelings I had about our interactions. I noted the language the client used and the interactions the client had with the puppets and environment as she created and played with them. I kept notes on the client's choice of materials and how she interacted with the art supplies, including ease or difficulty with certain materials, and how she experimented with the materials. I noted the client's thoughts about her successes with the building process and any difficulties with the materials that she mentioned. On the last day we worked with the puppets, the client was given the opportunity to stage the puppets in the environment and take pictures of it using an iPhone camera. This gave the client the opportunity to honor the art she created by capturing the experience with a photograph: "phototherapy, as art, can be used as a direct agent for helping clients to reflect upon experiences; express damaging memories, thoughts, and emotions; and facilitate helpful feelings and states of mind, or to convey a greater state of well-being" (Argyle & Bolton, 2005, as cited in Stevens & Spears, 2009, p. 10). Taking photographs of her art also gave the client the ability to share her work with her friends and family that could not see it in person, encouraging a sense of pride.

For the first part of the process, the client and I met individually in her foster home. The client chose to work in her bedroom while she created the puppets. She usually chose for us to sit on the floor of her bedroom while she drew on a white drawing pad of paper. She chose several

characters to create; it was noted that the first character she chose to draw was me. She began by drawing a standing figure and began to ask me questions including what my favorite colors were, how I like to wear my hair, and what kind of clothes and shoes I like to wear. When she was done drawing the portrait, she explained it was of me, but she didn't plan on having me interacting with the other puppets she would create, that I was there to observe. She then created a puppet of her foster mom, her best friend from her former elementary school prior to being placed in foster care, her foster 3-year-old brother, her 3-year-old, her foster mom's 3-year-old grandson, her 18-year-old biological male cousin, and herself. The drawing process took three sessions as the client took her time to consider each of the character's clothing, accessories, colors, hair styles, and facial expressions. She worked with pencil first and later drew over the pencil with markers, erasing the pencil underneath. After the drawing process, she glued the portraits onto cardboard, cut them out, and, with my supervision, she attached a popsicle stick to each of them with hot glue.

### **Results**

Throughout the first step of the puppet creation, the client communicated her desire to work independently with minimal help. She communicated that she had a plan of what she wanted to create and the steps to do so. It was observed and noted that the freedom of choice the client was given to choose the number of characters and who each one was gave her the dominion over the story she was going to tell. While she created the puppets, she would talk about the relationship she has with each of the characters. During the time she was drawing a portrait of herself, it was noted that the client spoke of how she has felt like her foster mom did not allow her to dress like she wants to, which she described as "funky and creative." The client chose to style herself in her portrait wearing a knee-length, short sleeve dress and tall black

“combat” boots. She stated that her foster mom would not let her wear an outfit like that and that she was interested in having a conversation with her foster mom regarding allowing her more choices to develop her personal style. While drawing her foster brother, she stated she would like for her foster mom to adopt both of them so they could continue to live together. It was noted that the safe space the art therapy intervention of puppet creation opened up allowed for the client to share her feelings and hopes for her future in a non-threatening, non-clinical atmosphere. It also provided an opening to help the client develop communication skills with a caring adult and highlight her strengths and coping skills. The information the client disclosed in the individual sessions helped to direct the communication during the family sessions I later held with the client and her foster mom. I was able to support her foster mom in having open and honest conversations with the client regarding her future and help to prepare her for the eventual transition out of her foster home and into a permanent adoptive placement. During the creation of the puppets, my client shared insightful information about her relationships to her biological family members that she did not typically share with her foster mom, including discussing what she believed led to the disruption of a recent pre-adoptive placement with her biological aunt and uncle. She disclosed she believed they were not able to take care of her properly because she would sometimes throw “fits” at their home when she got upset. Her foster mom reported she had not heard that perspective previous to that session and was able to have an age-appropriate conversation with the client regarding the reasons why the placement did work out.

One of the key observations of the puppet creation I noted was the safe platform it presented for the client to openly communicate her relationships to each of the characters. I noted that with the freedom of choice and allowing her to oversee the creative process, she also was able to direct the conversation that was happening during the session. She became easily

frustrated if I asked her to repeat what she said or to give more of an explanation so I could have a better understanding of the information she was sharing, so I was sure to ask more general questions, expressed as curiosity to learn more. I noted that at the times she became frustrated with my questions, she turned her attention fully to the creation process of the puppets. I observed at those times, that because she had the puppets to turn her attention to when she became frustrated, overwhelmed or lacked the words to express her feelings, she unknowingly was giving me information and insight into her current mood by how she engaged with the materials she was using. The information I gathered through the client's creation of the puppets also influenced the formation of her treatment goals and how they could successfully be approached. It was clear that the client benefitted from leadership roles and given the opportunity to be the expert of her experience ushered in her willingness to communicate her emotions with her foster mom and myself. It was confirmed that the creation of puppets held healing qualities that could help the client process her trauma.

The second part of the intervention was to create an environment for the client's puppets to interact with. She chose to use three-dimensional materials which positively challenged her creative approaches and also required problem-solving. She began by using twine, a balloon and glue to construct a hammock for her puppets to sit in. The client had seen the construction of the hammock on a creative YouTube channel she watches and was excited to try it out herself. Because the balloon was too hard for her to manipulate by herself, she asked for my help to hold the balloon while she spread glue and wrapped the twine around the balloon, she would instruct me to turn the balloon when she was ready. This interaction created a positive shift in the therapeutic power dynamic where she was able to take a leadership role. It was observed that the

opportunity to work on the same artwork as the client created a new, non-verbal expression, she also reported after that session that she had fun.

The client constructed four rooms for her puppets to interact with, including two indoor spaces and two outdoor spaces: a bedroom, a “lounge,” a dock leading out to a body of water and an outdoor “playground” with monkey bars. The construction of the living space for the puppets spanned over five sessions: three individual sessions with the client and two-family sessions with the clients foster mom and foster uncle, who lived with them. During the individual sessions, the client constructed the living spaces out of cardboard boxes, paint and a variety of decorative materials. She took her time to experiment with different materials, typically figuring out how to adhere and fasten the various materials to each other on her own. While she was constructing the living spaces, we talked about her ideas of how the puppets would interact with each other and the space. She stated that she wanted the puppet interactions to be spontaneous and did not want to write any script for the puppets to follow and would refocus her attention on the building process. It was noted that when she seemed confident in the completion of the construction of a living space, she would ask me to fabricate additional items, including furniture and wallpapers. She was very specific with her instructions and would set me up with materials of her choosing. It was valuable to observe that the creation of the living area created an opening where she was able to think creatively, emotionally and logically about the choices she was making and in her interactions with me.

After three individual sessions, the foundation of the living space had been built up enough for decorative elements to be added. The client asked if her foster mom and foster uncle could join to help construct the remainder of the living space. Family sessions were then arranged to ensure they were able to join the sessions. During the family sessions, the client took

the lead and directed her foster mom and foster uncle to construct specific elements for the living space, while also allowing them the leeway to interpret her directives. She expressed how happy she was that they were both helping her work on the set and mentioned how rare it was for her foster mom to work with her on a creative project. The additional elements the client's foster mom and foster uncle contributed were thoughtful and supportive of the client's vision for the play space.

In the following family sessions, the client and her foster mom were present. The client placed the puppets of herself, her foster mom, her brother and her foster brother in the bedroom and stated they are all together because her foster mom had adopted all of them. Her foster mom was able to use the opportunity to have an open conversation with the client regarding their future, reminding the client that she would eventually be placed with a loving, permanent family and ensuring her they would always be in touch and would be able to continue their loving foster mom/daughter relationship. The client stated she understood her current foster placement was not long term and redirected her attention to the playing with the puppets. She then explained that her foster mom deserves to rest and removed the puppet of herself, her brother and her foster brother from the bedroom and placed them hanging from the monkey bars, along with the puppet of her friend. She spent the remainder of the session moving those puppets around to different areas of the play space and making up various, playful scenarios where the puppets were engaging in age-appropriate activities.

### **Discussion**

This intervention highlighted the power of narrative puppetry to externalize and process trauma. It also showed how puppets can help a child in foster care communicate their understanding of their foster care experience and share hopes for their future. It was observed

that being offered a variety of materials to choose from, the client is given the autonomy to decide what materials they feel comfortable using and those they want to experiment and become more familiar with. The creation of puppets and their environment can allow children in foster care to engage in play and narrate their experience in a language that is their own, giving the child's therapist and foster parents an insight into their hopes and wishes for their future in a safe manner. I was able to observe first-hand how narrative puppetry and storytelling aids in identity creation; the client I worked with on this intervention showed her leadership qualities and resilience throughout the process of creating her puppets and their play space and I noted the confidence she had as an artist and storyteller. As Bromfield (1995) discussed, I was able to identify the "physical and psychological safety" (p. 435) the puppets allowed for my client to transpose her feelings and emotions in a safe and playful manner, allowing her the freedom to explore her self-expression and identity as an artist and storyteller. Narrative puppetry can combat long lasting effects from trauma by providing a safe and age-appropriate space for children to process and heal from the circumstances surrounding their placement in foster care at a critical age in their development.

As a therapist, I was able to provide my client the autonomy to make choices and gave her the power and control to decide the puppets characteristics and the ability she had to control each of the puppet's personal narratives. She was able to take a confusing and painful experience, one that she had not previously been able to articulate in words, enough for her foster mom to understand and externalize her experience using the puppets as a vehicle to express her unique perspective in her own voice. While working with her foster mom and foster uncle in the family sessions, she showed a sense of comfortability and safety in their family relationship as she was able to give them directives and had the experience of them following her wishes. This

was paramount in revealing to the client that when she shares her wishes and hopes for her future with trusted adults, she will be heard and they would be able to advocate for and support her in trying to best fulfill a long term, safe and supportive placement in a loving family and in an adult world.

There is limited research in the creation of puppets and storytelling as a potential benefit to healing trauma foster children have experienced. As illustrated in my research and observations, the creation of puppets, narrative puppetry and storytelling provided the client with a platform to externalize and process her trauma in an age-appropriate way. It also depicts the plasticity of this intervention with the use of a variety of materials and ways to externalize personal narratives for children in foster care of a different ages and abilities. Using narrative puppetry and storytelling, children in foster care have the opportunity to communicate traumatic experiences and address topics such as attachment and identity formation. Allowing children in foster care the opportunity to use puppets alongside their foster families, they would be able to identify family dynamics and their hopes and wishes for their future which would aid in forming treatment plans that best suit the child and potentially minimize the amount of foster home placements they experience in their young lives.

### References

- Batra, S. (2013). The psychosocial development of children: Implications for education and society — Erik Erikson in context. *Contemporary Education Dialogue, 10*(2).
- Benson, L. J. (2006). *Ambiguous loss, number of foster care placements, child age, and child sex as the predictors of the behavior problems and posttraumatic stress disorder symptoms of children in foster care*. Unpublished Master's thesis. University of Maryland, College Park.
- Bromfield, R. (1995). The use of puppets in play therapy. *Child and Adolescent Social Work Journal, 12*(6), 435–444.
- Desmond, K., J., Kindsvatter, A., Stahl, S., & Smith, H. (2015). Using creative techniques with children who have experienced trauma. *Journal of Creativity in Mental Health, 10*(4) 439-455.
- Diamanduros, D, T., Tysinger, P. D., & Tysinger, J. (2018). Trauma and its impact on children. *National Association of school psychology 46*(6) 23–25.
- Fawley-King, K., Trask, E., Zhang, J., Aarons, G. (2017). The impact of changing neighborhoods, switching schools, and experiencing relationship disruption on children's adjustment to a new placement in foster care. *Child Abuse & Neglect, 63*, 141–150.
- Hartwig, E. K. (2014) Puppets in the playroom: utilizing puppets and child-centered facilitative skills as a metaphor for healing. *International Journal of Play Therapy, 23*(4), 204-216.
- Kolos, A. C. (2009). The role of play therapists in children's transitions: From residential care to foster care. *International Journal of Play Therapy, 18*(4), 229–239.

Landsverk, J. A., Burns, B. J., Stambaugh, L. F., Rolls Reutz, J. A. (2006). *Mental health care for children and adolescents in foster care: Review of research literature.*

Linn, S. (2020) It's not me! It's him! Interactive puppet play to help children cope. *Journal of Applied Arts and Health. 11(1)*, 103-108.

Malchiodi, C. (Ed.). (2005). *Expressive Therapies. Guilford Press.*

Malchiodi, C. A. (Ed.). (2018). *The handbook of art therapy and digital technology. ProQuest eBook Central.*

Ogawa, Y. (2004). Childhood trauma and play therapy interventions for traumatized children. *Journal of Professional Counseling, Practice, Theory, & Research, 32(1)* 19-29.

Oswald, S. H., Heil, K., & Goldbeck, L. (2010). History of maltreatment and mental health problems in foster children: A review of literature. *Journal of Pediatric Psychology, 35*, 462-472.

Patrick, D., Galvin, K. M. (2012). *Family communication and the foster care experience: The next frontier.* Paper presented at the 2012 National Communication Association Conference, Orlando, Florida.

Rappaport, L. (2010). Focusing-oriented art therapy: Working with trauma. *Person-Centered and Experiential Psychotherapies, 9(2)*, 128-142.

Riessman, C. K. (2008). *Narrative methods for the human sciences. Sage Publications.*

Rest, E. R., Watson, K. W. (1984). Growing up in foster care. *Child Welfare, 63(4)*, 291–306.

Ruini, C., Albieri, E., Ottolini, F., & Vescovelli, F. (2020). Once upon a time: A school positive narrative intervention for promoting well-being and creativity in elementary school children. *Psychology of Aesthetics, Creativity, and the Arts. <https://doi-org.ezproxyles.flo.org/10.1037/aca0000362>*

Stevens, R., & Spears, E. (2009). Incorporating photography as a therapeutic tool in counseling.

*Journal of Creativity in Mental Health, 4*, 3-16.

Stone, R. (2005) *The Healing Art of Storytelling: A Sacred Journey of Personal Discovery*.

*Authors Choice Press*.

Taylor, D. (2001). *Tell me a story: the life-shaping power of stories*, Bog Walk Press, St.

Thomas, L. J. (2014). "Once a Foster Child ...": Identity Construction in Former Foster

Children's Narratives. *Qualitative Research Reports in Communication, 15*(1), 84–91.

Tripp, T. (2007). A short-term therapy approach to processing trauma: art therapy and bilateral

stimulation. *Art Therapy: Journal of the American Art Therapy Association, 24*(4), 176-

183.

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Administration on Children, Youth and Families, Children's Bureau,

<https://www.acf.hhs.gov/cb>