Creating Containment and Facilitating Freedom:
Group Art Therapy with Children with Emotional and Behavioural Disorders

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ABSTRACT

Creating Containment and Facilitating Freedom:
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Running a successful therapy group for children with emotional and behavioural disorders is extremely challenging (Rozum, 2001). Specifically, the rules, limits, and boundaries are often challenged by individuals in a group setting. The therapist must learn to maintain an appropriate balance between structure and flexibility within the therapeutic frame to facilitate each child's feelings of security, safety, and containment, and to maximize the child's creativity and therapeutic growth.

The purpose of this research paper is to examine the particular challenges that art therapists and people in similar professions are faced with when working with groups of children with emotional and behavioural disorders. A literature review of emotional and behavioural disorders, group therapy with children, and the therapeutic frame informs the research paper. A case study follows, which investigates the experiences of an art therapy intern working with a group of three children in a day treatment center for children diagnosed with severe disruptive behavioral disorders. The case study explores how an art therapist maintains a therapeutic framework that safely supports and facilitates therapeutic growth and creative freedom, yet manages challenges to the boundaries, limits, and rules that were encountered throughout the course of therapy. This research paper contributes to the dearth of qualitative research and literature that captures the

subtle but pertinent nuances of working with children with emotional and

behavioural disorders in a group setting.

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Introduction

Running a successful therapy group for children with emotional and behavioural disorders is extremely challenging (Rozum, 2001). Specifically, the rules, limits, and boundaries are often challenged by individuals in a group setting. Keeping therapeutic goals in mind, the art therapist must learn to set and maintain the rules, limits, and boundaries that make up the therapeutic frame. Furthermore, she must learn to internally negotiate an appropriate balance between structure and flexibility within the frame to facilitate each child's feelings of security, safety, and containment, and to maximize the child's creativity and therapeutic growth.

Children who have emotional and behavioural disorders (EBD) may present with conduct disorder (CD), oppositional defiant disorder (ODD), attention deficit/hyperactivity disorder (ADHD), pervasive developmental disorders (PDD), and other disorders. (Rozum, 2001). These children tend to disrupt their home, school, and/or community environments (Rozum). Parents and teachers express concern for distracting behaviour, poor attention, frequent problems with peers, low self-esteem, and poor school performance (Rozum). Increasingly, children who are out-of-control, hard to handle, and unable to follow directions are being referred to mental health clinics for treatment (Rozum).

Most children who are referred to treatment programs for these difficulties are boys between the ages of six and twelve (Rozum, 2001). They repeatedly run into conflicts with peers, parents, and authority figures. They often misinterpret

social cues from other people, leading to inappropriate reactions in social situations (Rozum). These children challenge adult's authority, defy requests, and refuse consequences. However, they are ever-sensitive to perceived criticism from the people around them (Rozum).

In groups, oftentimes these children are disruptive, cannot stay focused, and generally have difficulty managing in daily life (Rozum, 2001). Yet, children with EBD usually do not experience these same problems when they work on their own or when they are in individual therapy sessions (Rozum). Problems arise in social situations when they are distracted by surrounding stimuli. Thus, these difficulties are best treated in group settings where the therapist can respond to disruptive behaviour as it happens (Rozum).

A well run group gives a child, who is used to repeated failure in social situations, an opportunity to succeed. A supportive and accepting therapist helps each child recognize that mistakes and frustration can be tolerated, both within and outside, the group (Rozum, 2001). Such groups provide children with a safe place to make mistakes, as well as opportunities to practice de-escalation of tempers and gain mastery over feelings (Rozum).

This research paper was inspired by my experiences in a second year art therapy internship placement. For just over seven months, I ran an art therapy group in a day treatment program for children with severe disruptive behavioural disorders in a large urban hospital. Running this group, I quickly felt the challenges and difficulties that are frequently associated with managing groups for children with EBD. I had to establish ways of working with this group that

would facilitate a safe, secure, and trusting therapeutic environment, which would ultimately lead to a successful therapeutic experience for each child.

Emotional and Behavioural Disorders

Historical Perspectives

Previous to the 19th century, there was little description and recognition of emotional and behavioural disorders in children (Kauffman, Brigham, & Mock, 2004). By the middle of the 19th century, childhood behaviours recognized as deviant had gained greater attention. However, many writers simply guessed at the causes of deviant behaviours, and engaged in plenty of bizarre speculation by today's standards, as to the causes of these behaviours. For example, demon possession, inhaling tobacco fumes, and sleeping in a barn full of new hay, were each thought to provoke insanity in children (Kauffman at al.). Since this time, researchers have come a long way in recognizing the etiology of such disorders. Over the last century, researchers have composed and refined a taxonomy of children's behavioural disorders. Scientific study has dominated the research of EBD over the past 50 years in attempts to reliably and validly recognize, describe, and classify these disorders (Kauffman at al.).

Definitions of Emotional and Behavioural Disorders

Despite current efforts to recognize and define childhood disorders in a reliable and valid way, the definition of EBD continues to be a topic of debate. In short, there are two diverging perspectives on classification (Cullinan, 2004). The Diagnostic and Statistical Manual of Mental Disorders (DSM) is a disease classification system. In this system, a person is viewed as either having, or not

having, a particular EBD. The classification of disorders is assessed on five axes: clinical disorders; personality disorders and mental retardation; general medical conditions; psychological and environmental problems; and global assessment of functioning (Carson, Butcher & Mineka, 2000). The assessment is based on various subjective symptoms, which the individual experiences and reports, and objective 'signs' which are observed and measured by the assessor (Cullinan). The DSM perceives EBD as a "collection of maladaptive and distressing behaviours, emotions, and thoughts that is qualitatively different from normality" (Cullinan, p. 33).

On the other hand, the Achenbach System of Empirically Based Assessment (ASEBA) (Achenbach, 2007) is a dimensional classification system, and assesses both adaptive and maladaptive functioning. This classification system takes quantitative scores, personal descriptions, and multicultural norms into consideration for diagnosis (Achenbach). The ASEBA views EBD as a "collection of problems involving behaviours, emotions, and thoughts that all people experience to some extent. Those who experience the problems to an extreme extent (unusual frequency, duration, intensity, or other aspect) are more likely to have an EBD" (Cullinan, 2004, p. 34). Whereas the DSM classification system concludes that a person has or does not have a particular disorder based on having or not having particular symptoms, the ASEBA recognizes that most people experience varying intensities of symptoms on a continuum, which can exist at either a greater or lesser degree. Cullinan presents a table that gives an overview of the two perspectives, which is summarized in Table 1.

Table 1

Overview of the DSM and ASEBA Classification Systems

Emotional Disturbance	DSM-IV mental disorders	ASEBA syndromes
(A) An inability to learn that cannot be explained by intellectual, sensory, or health factors	- Learning disorders - Communication disorders - ADHD- inattentive type	- Attention problems
(B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers	- No specific DSM disorder, but an important part of many	- Withdrawn/ depressed - Social problems
(C) Inappropriate types of behaviour or feelings under normal circumstances	- ADHD- hyperactive-impulsive type - Conduct disorder - Oppositional defiance disorder - Bipolar Disorder I - Adjustment disorder with disturbance of conduct	- Aggressive behaviour
(D) A general pervasive mood of unhappiness or depression	- Depressive disorders - Adjustment disorder with depressed mood	- Anxious/depressed - Withdrawn/depressed
(E) A tendency to develop physical symptoms or fears associated with personal or school problems	- Separation anxiety disorders - Anxiety disorders - Somatoform disorders	- Anxious/depressive - Somatic complaints

(Cullinan, 2004, p. 44)

Because the DSM is most often used in psychiatric settings with children, including the hospital in which this case study took place, this paper is presented using the DSM-IV-TR to classify emotional and behavioural disorders.

Internalizing and Externalizing Behaviours

Emotional and behavioural disorders in children can be further classified into two categories of interest: internalizing behaviours and externalizing behaviours (Gresham & Kern, 2004). Internalizing behaviour patterns are directed inwards towards the individual, and are manifested in problems such as depression, social withdrawal, anxiety, somatization problems, and selective mutism (Gresham & Kern). Externalizing behaviours are characterized by patterns of behaviour directed towards the social environment, and are manifested in disruptive behaviour, aggression, oppositional/defiance, and hyperactivity/impulsivity (Gresham & Kern). Externalizing disorders include attention deficit/hyperactivity disorder, oppositional defiance disorder, and conduct disorder (Russo & Beidel, 1994).

In a review of epidemiological studies that focused on the comorbidity of externalizing behaviours and anxiety, Russo and Beidel (1994) found substantial rates of comorbidity between externalizing behaviours and internalizing behaviours such as anxiety and depression. Forness (2004) notes that comorbidity of two or more disorders complicates both the diagnoses and treatment of the disorders. He asserts that in order to make appropriate intervention choices and to determine effective treatment, it is important to address both externalized and internalized behaviours.

Research and Rationale

Current research estimates that 10-20% of children experience serious mental health problems (Kauffman et al., 2004). Of these, less than 1% is identified as having an EBD (Kauffman et al.). Furthermore, a diagnosis of EBD is most often identified in children between the ages of 14 and 15. Thus, despite research that demonstrates the importance of early recognition and intervention, it seems that it is just the opposite that happens in practice (Kauffman et al.).

Research has shown that children who do not receive appropriate treatment for EBD face significant risks, which affect their future well being. These children face a greater risk of developing substance abuse and serious mental illness as adults (Magee Quinn & Poirier, 2004). Furthermore, research has found that 50% of children with EBD will drop out of school (Wagner et al., 1991, as cited in Magee Quinn & Poirier). More alarming is that approximately 70% of children with EBD who drop out of school become involved in the juvenile justice system within 3 years (Jay & Padilla, 1987, as cited in Magee Quinn & Poirier). Thus, the cost of not receiving adequate intervention early in life is high.

Contemporary Perspectives on Treatment and Intervention

Contemporary speculation has recognized three factors that affect the treatment and intervention of behavioural disorders. First, professionals must be prepared to recognize significant comorbidity, and treat each individual with his or her unique make-up in mind. For example, the symptoms of attention-deficit/hyperactivity disorder markedly overlap with conduct disorder,

oppositional defiant disorder, and affective disorders such as anxiety, depression, communication disorders, and learning disabilities (Furlong, Morrison, & Jimerson, 2004). Secondly, treatment must also consider biological factors that contribute to behavioural disorders (Kauffman at al., 2004). Each person has biologically-based tendencies and temperament that professionals must take into consideration, especially in regards to their behaviour and learning styles. Whereas some individual temperaments allow people to adapt and respond appropriately to a wide range of environments and activities, other people have extreme tendencies towards impulsivity or hesitation. This makes it more difficult to respond appropriately to the same range of situations as their peers (Kauffman et al.). Attending to an individual's biological tendencies can increase the likelihood of success of treatment. Thirdly, many behavioural disorders are affected by the interaction between the individual and the environment (Kauffman at al.). Children will likely respond better in some environments than others, depending on individual temperaments. Thus, it is important to facilitate the individual in learning how to select environments that optimize personal abilities and promote mental health. In a conducive environment, individuals can learn a new repertoire of appropriate behaviours, and then begin to generalize these behaviours into other environments.

Self Control: Freedom and Responsibility

Children with EBD have difficulties controlling their behaviours and emotions, interpreting social situations, and appropriately responding to external demands (Polsgrove & Smith, 2004). These difficulties limit their behavioural

repertoire, and these children often react aggressively, impulsively, inadequately, or inappropriately. This puts many of these children at risk academically, and often leads to social rejection among peers. Furthermore, these children often experience loss of opportunities and restrictions on personal freedom. Privileges are revoked, and punishments are enforced, as a result of their disruptive behaviours (Polsgrove & Smith). Thus, professionals have the responsibility of not only helping to contain problematic behaviours in groups, but also teaching behaviours that will maximize their social, emotional, and behavioural development (Polsgrove & Smith). The goal of such instruction is to help facilitate children in exercising their "free will" (Polsgrove & Smith). The professional's role is to provide "both structure (external control) and freedom of choice that will 'facilitate and enhance the competence, self-regulation and self-actualization of each individual student'" (Worell & Nelson, 1974, p. 4, as cited in Polsgrove & Smith, p. 401). In group work, the professional can help the child become aware of problematic behaviour, work toward change, and ultimately facilitate the child to exercise individual free will.

Behaviour Management

There are several key strategies that have been emphasized in the literature to help manage children who tend to have difficulties in participating in group activities. To begin, providing solid programming is important, as children learn what to expect from the group's routines and activities. Children must be taught rules, expectations, and routines in order to comply with expectations (Witt, VanDerHeyden, & Gilbertson, 2004). Managing positive behaviour expectations

is more effective than responding to misconduct (Witt et al.). Thus, it is helpful to let children know what is expected of their participation in a group. One study suggests that effective teachers post rules in the classroom, and that behaviour is influenced directly by how rules are taught and managed (Emmer, 2001, as cited in Witt et al.). Thus, rules, rule management, and providing comprehensive routines give a structure upon which positive behaviour expectations can be built.

When rules are unclear, or when the consequences for rule violations are inconsistent, it is more likely to lead to increased aggressive and non-compliant behaviours in children (Witt et al., 2004). Key factors that influence the successful compliance to rules include: making sure that children understand what is expected of their behaviour; immediate and consistent response to non-compliance; and perhaps most importantly, frequent acknowledgment of positive behaviours (Witt et al.).

Although behaviour management is most likely *not* the definitive goal one is working towards in group therapy, understanding its purpose and its role in a group setting can help establish a secure frame in which all group members feel safe and contained. When working with this population in a group setting, interpersonal interaction can quickly escalate into quarrels, physical aggression, and non-compliance of group rules. Having a basic knowledge of behaviour management equips the therapist with tools to deal with situations where the children's behaviour becomes challenging. Knowing how to react and how to de-escalate difficult situations encourages security, trust, predictability, and reliability among the group members. This knowledge helps build a secure

therapeutic framework, and ultimately facilitates a successful experience in the

therapeutic setting.

Group Art Therapy with Children with Behavioral Disorders

Group Therapy with Children

Children often make themselves a part of a group more readily than many

adults (Sugar, 1991). In an overview of historical and theoretical aspects of group

therapy with children, Lomonaco, Scheidlinger & Aronson (2000) assert that

although valuable group therapy interventions with children have been

enthusiastically advocated, this has not been adequately reflected in child

psychiatry literature. Reflecting on current changes in health care, such as

cutbacks in funding, the authors contend that group therapies are likely to grow in

popularity, and will continue to be an important aspect of treatment in schools and

pediatric departments. Thus, Lomonaco et al. advocate that more research is

needed to clearly delineate processes of change in group work.

Lomonaco et al. (2000) maintain that group experiences are significant in

children's development of social skills, expression of emotion, and identity

formation. Given the propensity of peer groupings in schools, clubs, athletic

teams, and on the street, a child's peer-group inevitably plays a role in the

development of self-perception, social conduct, and the child's self-esteem

(Grunebaum & Solomon, 1987). These aspects of the child's self-concept are

grounded in the child's perception of either being liked and accepted, or disliked

and excluded, in group play experiences (Guralnick, 1981, as cited in Lomonaco

et al.).

As children are familiar with being a part of groups in school and in extracurricular activities, group therapy corresponds well with the normal environment of the school-aged child. Working in therapeutic groups makes it easier for a child to generalize newly learned behaviours outside of the groups, and to begin to practice these behaviours in their daily environments. In a group setting, children's difficulties are quickly animated, as their "issues come alive" (Barratt & Kerman, 2001, p. 316). By providing a safe and supportive group environment, children are able to express difficult emotions, such as anger, and learn to appropriately respond to such feelings. By granting this opportunity, children are able to reflect on their actions and interactions with others.

Barratt and Kerman (2001) state that the most important condition for a therapeutic group is to provide the children with a regular opportunity to come to a place where they feel accepted, and where thoughts, feelings, and behaviours can be reflected upon and understood. The authors explore the reflective functions of working with children in group settings. They contend that when children have poor reflective capacities, children act upon their difficulties in disruptive and inappropriate ways, such as with aggression or impulsivity (Barratt & Kerman). Alternatively, in a group setting, the therapist can foster self-awareness by verbally reflecting on the feelings and behaviours of the children. This enables the children to contemplate their own behaviour, thoughts, and interactions, as well as those of the other children. When children are given the opportunity to learn how to think about and name difficult feelings, it is less likely that these feelings will be acted out physically (Barratt & Kerman).

Creative Arts Therapy and Group Work with Children

Many authors have advocated the utility of using art therapy with children

in groups (Henley, 1998; 1999; Kramer, 1998; Rubin, 1984; 2005; Safran, 2003;

Waller, 1993). In her book *Childhood and Art Therapy* (1998), Edith Kramer

states two salient factors that she encounters when working with groups of

children. The first is the children's eagerness to participate; the second is

inevitable encounters with discipline problems. She also makes note of the fast

pace that children's groups move at, and of the high capacity for change and

development in these groups.

Kramer (1998) describes the intensity experienced by both the therapist

and the children in a well-functioning group. She remarks that the hardships of

maintaining peace among competitiveness, quarrels, and impulsivity, which are

often experienced in group settings, are compensated by this intensity. She

pointedly states that "no adult's empathy or encouragement can engender quite

the same mutual inspiration, understanding, and creative fervor that characterize

such groups of children when they are functioning at their best" (Kramer, p.164).

Judith Rubin (1984) espouses some of the unique qualities of group art

therapy with children. She finds that art therapy allows for informal

communication between children without putting any one member of the group in

the spotlight. Such a format is suitable for children who find it inhibiting to speak

openly amongst the group (Rubin). By participating in the art therapy group, a

child can learn by watching others, working with others, and even by participating

vicariously. Rubin states that group experiences offer lessons in sharing,

cooperation, and respect. The art materials offer an opportunity for the mastery of skills, as well as the symbolic expression of conflicting inner fears and emotions. As children discover preferred ways of working and favoured materials, they begin to develop a sense of individual identity, and learn lessons about mutual consideration of individual differences (Rubin). Both individual expression and reflection are encouraged, and are often further enhanced, supported, and facilitated by the group. The therapist's task becomes one of maintaining the group by finding a fluid balance of both structured and unstructured activities (Rubin). Rubin also notes that the therapist has the advantage of being able to watch interactions between children, begin to understand each child's reality among peers, and to become aware of social behaviour distortions.

Waller (1993) contends that art therapy groups offer excellent opportunities for interaction between children. Group interactions often emerge spontaneously as children engage in the art making activities. Furthermore, an interactive art therapy group is an important place for shared communication where the therapist can make the most of the children's creativity to help direct and sustain positive interactions (Waller).

Group Art Therapy with Children with Behavior Disorders

There is a modest amount of literature that advocates the benefits of art therapy programs for children with EBD. One of these programs has been developed and described by Safran (2003). Safran points to the fact that although medication has proven to be helpful for children with ADHD, it does not necessarily help these children deal with social skill deficits such as impulsivity

and hyperactivity. Group art therapy, on the other hand, can be a significant help to children with ADHD in understanding the disorder and in developing social skills (Safran).

Safran (2003) lists some of the benefits of using art in therapy groups for children with ADHD. For example, art projects give the sessions structure, they make use of visual learning skills, they offer a way to express thoughts and feelings, and they provide an appropriate activity for children. Furthermore, art projects keep a visual record of what has been learned, which is helpful for children who have difficulty remembering what was discussed verbally in the group.

Safran (2003) also includes a detailed treatment model for working in art therapy groups with children with ADHD. The model encourages children to build a trusting relationship with their peers and the therapist. Throughout the sessions, children learn to express their feelings within the group by sharing their drawings without being silly, defensive, or guarded (Safran). The members of the group begin to learn about the impact of the disorder on social and academic functioning. Safran finds that by moving from individual activities to group projects, children learn how to cooperate, listen, negotiate, and share ideas. Furthermore, they learn how their behaviours affect other members of the group, often by example as one member's behaviour affects each of the other members. Whereas children with ADHD often feel that their behaviour is "wrong" in larger social settings, in an art therapy group they are able to learn alongside others who are struggling with similar problems. Safran contends that children with ADHD

often have difficulties in making and maintaining friendships with others their own age. However, working in a group encourages children to work on these skills. Lastly, sharing artwork that expresses difficult feelings helps children relate to each other, and facilitates the confidence it takes to be open and share thoughts and emotions (Safran).

Henley (1998) has also developed a socialization program for children with ADHD. This multi-modal approach integrates the expressive arts into behavioural, cognitive, psychodynamic, and medical approaches. The program aims to address problems regarding family, peer, and school relationships (Henley). It focuses on social functioning, and operates under the guise of a "club" (Henley). The environment offers a sense of normalcy, parity, and respect, in which the children can participate (Henley). Each session includes free play, group circle, and art making to promote self-expression and awareness of others (Henley).

Henley (1999) has also developed a therapeutic camp for children with a range of social, attentional, and developmental deficits who have difficulty functioning with ease and effectiveness. The unique program provides diverse opportunities where socialization, impulse control, and adaptive behaviours are learned through activities that take place in a normative environment. Through camp programming, art therapy activities, and group discussions, adaptive behaviour and self-awareness are learned. The plan is that these newly acquired adaptive behaviours can then be generalized to other environments, such as home or school (Henley). The programming in the camp does not only focus on

external changes of behaviour. It also promotes internal changes in self

awareness, self esteem, responsibility, and empathy (Henley).

Although not specifically focusing on art therapy interventions, Hansen,

Meissler, & Ovens (2000) examined a group play therapy model for children with

ADHD symptomatology. This study measured internalizing problems,

externalizing problems, and total behavioural problems, by means of the Child

Behaviour Checklist (CBCL) at the beginning and end of 15 play therapy

sessions. The authors note that many current group models have not been

effective because children have been unable to generalize behavioural changes to

their environment. Furthermore, most research focuses on measuring external

changes of behaviour such as acting out and impulsivity (Hansen et al.). They

assert that many current programs lack a natural, reinforcing environment, which

is a critical component of social learning. They suggest that community-based

interventions are often most effective, where psychotherapy and psychosocial

interventions can both play a role in treatment (Hansen et al.). The intervention

program that they propose is called "Kids Together", which contends that a

child's behaviour is affected by interaction with his/her peers and other adults.

The group takes place at a local YMCA, in order to help reduce stigmatization of

the group, and to offer a natural and community-based setting. The sessions work

sequentially and offer activity-based interventions that focus on the topic of

discussion for the session.

The sessions present opportunities for practical social experience and skill

enhancement, and include interventions such as puppet plays, use of clay,

drawing, and painting (Hansen et al., 2000). Parents or guardians of the children filled out the 113-item CBCL at the first session and last session of the group to measure changes in internalizing, externalizing, and total behaviour problems. The results indicated a significant reduction for internalizing behaviours such as anxiety and depression (Hansen et al.). There was also a reduction in externalized behaviours, although not statistically significant. The authors suggest that perhaps strictly focusing on external behaviours is a mistake, and argue that it is important to improve internal behaviours such as anxiety, depression, withdrawn behaviour, and somatization, which often result in poor self-concept and low self-esteem. Once these states and behaviours are adequately addressed, then the interventions can effectively focus on external behaviours (Hansen et al.).

Gnaulati (1999) argues that "the benefits of group therapy for hyperactive children are hard to deny, especially when the group is structured in such a way as to expose them to everyday challenges they encounter with peers and adults" (p. 100). Suggesting a semi-structured group that allows for spontaneous decision making and initiative taking, Gnaulati contends that group interventions offer children a chance to expand upon social skills that are often underdeveloped in hyperactive children.

Art therapy groups can provide a helpful milieu for children with emotional and behaviour problems to make positive changes regarding internal aspects of the self, such as self-esteem, self-concept, decision making, responsibility, and empathy (Hansen et al., 2000; Henley, 1998). Group art therapy can also address external aspects of the child, such as impulse control,

social skills, and body awareness (Henley, 1999). By providing a therapeutic setting in a normative environment, group art therapy assists in the generalization of learned behaviours. However, working with this population of children presents challenges that must be taken into consideration before the commencement of the group. These special considerations are the topic of the next section of the paper.

The Therapeutic Frame

Defining the Therapeutic Frame

The therapeutic relationship is one that is both separate and different from other relationships that are experienced in life. Upon entering a therapeutic relationship, whether it be with a group or an individual, certain boundaries, rules, and limits must be established within the therapeutic setting. This helps create and maintain a safe and containing environment for the client, and promotes a healthy and growth enhancing experience (Bridges, 1999; Cane, 1983; Fenner & Gussak, 2006; Rubin, 1984).

A therapeutic boundary is a psychological holding environment, which is maintained by the therapist (Bridges, 1999). These boundaries create a safe and predictable therapeutic milieu that facilitates therapeutic discourse (Fenner & Gussak, 2006). With each unique population, age group, and diagnoses, the therapist will face different challenges regarding the establishment and maintenance of therapeutic boundaries. Some examples of therapeutic boundaries that may be of concern in an art therapy group with children include use of space, time, art materials, safety, respect, how to manage disruptive behaviour, and how

to provide support to each child (Fenner & Gussak; Rozum, 2001; Rubin, 1984).

Interactions with clients may cause boundaries to fluctuate between rigidity and

flexibility (Fenner & Gussak). Working with challenging populations, particularly

in groups, the therapist often becomes even more astute to the maintenance of

boundaries, as well as their own transgressions and violations of the rules (Fenner

& Gussak).

These boundaries, limits, and ways of working are what make up the

therapeutic frame. The purpose of the therapeutic frame is to protect the

therapeutic space from intrusion of elements that would be anti-therapeutic (Gold

& Cherry, 1997). The function of the therapeutic frame is to promote the

therapist's ability to listen to and understand the client, and to do this in a

meaningful and productive manner (Gold & Cherry). Gold and Cherry assert that

"the frame remains essential in order to distinguish the client-therapist

relationship from other types of interaction and to preserve its therapeutic

function and effectiveness" (p. 153). As such, the therapeutic frame assists in the

development of the therapeutic alliance, which is the critical relationship of trust

and commitment that develops between the therapist and the client (Rubin 1999),

and is a significant element in the success of the therapy's outcome (Gabbard &

Wilkinson, 2000; Gold & Cherry).

Case and Dalley (2000) assert that the frame acts as a container, and

creates a space that is both safe and predictable. If the client feels that

boundaries, rules, and limits are negotiable or unsafe, the frame will not be

experienced as being dependable, and the client may feel that it cannot withstand the client's inner difficulties or vulnerabilities.

Special Considerations

For a child, there is most often some uncertainty about the dependability of an adult in the early stages of the therapeutic relationship, no matter how needy the child is for an adult's care and attention (Rubin, 2005). Thus, some degree of testing is likely to occur in regards to the limits of time, space, behaviour, or use of materials (Rubin). A common difficulty for many inexperienced therapists is the ability to set limits and withhold immediate gratification of children's urgent demands. It is easy to be lenient and overlook some limit-breaking in attempt to build a "good" relationship with a child (Rubin). However, it is important to provide the child with clarity, firmness, consistency, and kindness to create an environment of security. This will help provide a consistent and clear frame for further work (Rubin).

In group settings, children with EBD can provoke their peers and authority figures (Rozum, 2001). As these children often feel powerless, they often take opportunities to pursue and exert any power that they do have (Rozum). This frequently leads to confrontations between these children and their peers or authority figures. In a group with emotional and behavioural disordered children, such episodes happen regularly, and can be expected (Rozum). If the adult becomes flustered and angry in these situations, the child gains more power, despite the fact that such behaviour most often leads to negative consequences (Rozum).

Thus, running a successful group for children with emotional and behavioural disorders requires experience, the ability and willingness to experiment, and careful planning (Rozum, 2001). The therapist also takes consideration of the group's tolerance for stimulation, attention span of individual members, and the therapeutic goals (Rozum). The therapist's role is to help children contain their impulses, express emotions appropriately, and to accept adult authority. The therapist must be able to set firm limits, be consistent at all times, and feel confident in a leadership role (Rozum).

Planning

With many children's groups, art activities are not directed, and children can make what they wish. However, with EBD groups, structure and planning of activities is necessary (Rozum, 2001). Guidelines for projects and activities should be given so that the children can be directed to work within them (Rozum). With this population of children, non-directive activities can exacerbate behavioural problems, whereas working within specific guidelines helps foster creativity, mastery, and skill building (Rozum). Furthermore, the sessions should follow a consistent format so that children begin to learn and anticipate how the session will unfold (Safran, 2002).

Most children seen in treatment programs for emotional and behavioural disorders are between the ages six and twelve (Rozum, 2001). Children at this age are typically concerned with the task of mastery (Rozum). However, children with emotional and behavioural disorders have often experienced years of repeated failure, and "there are usually deeply held beliefs that they cannot

succeed, and an expectation that they will fail at even the simplest tasks" (Rozum,

p. 124). In therapy, it often takes weeks or months for children to let go of the

anticipation of failure that they have learned in past experiences (Rozum). Thus,

the materials that are chosen, as well as the activities that are planned, should

cater to the most impaired child in the group (Rozum). More creative children

can then elaborate on what has been directed (Rozum).

Space

The environment and use of space is important when working with

children with EBD. The room should be set up in a consistent way each week, and

materials and furniture should be in the same place to foster a secure and

predictable environment (Rozum, 2001). Rules on how to use the space and

materials should be made clear. For example, it might be established that

materials must stay in the room, but can otherwise be used as the client wishes.

The therapist should also explain how and where the artwork will be kept between

sessions (Case & Dalley, 2000).

The space can be used in a way that facilitates the therapeutic process. For

example, Rozum (2001) emphasizes the importance of having a large table, which

allows sufficient space to make large projects, and gives this active population

enough space to work. Safran (2002) suggests that sitting the children in chairs

with arms helps provide boundaries and structure for energetic children. In some

circumstances children might make use of the floor space, but Rozum cautions

that the floor only be used as a special treat to give release from the confines of

the table. Putting some thought into how to set up the room can facilitate a successful group experience.

Time

Time boundaries are also to be taken into consideration. It is important that the group knows when the start and ending of the session is. Adhering to the time boundaries at the beginning and end of each session helps to create a psychic container, as both the client and therapist know when, and for how long, the session runs, and can use the time accordingly (Case & Dalley, 2000). If the time boundaries are breached, the client may wonder why ending a session early or extending a session longer is tolerated one week and not the next, which can make client feel insecure.

Rozum (2001) explains that improving time management and organization is often a goal for these children. Thus, the therapist should allot sufficient time to complete the directives. When instructions are given, the therapist can announce how much time child has, and give regular prompts to prepare children for transition. By being well organized, the therapist can facilitate the children in using their time well, and completing tasks within the session's timeframe.

Rules

The therapist must establish clear and appropriate limits, whether this is in regards to behaviour, use of materials, physical touch, or use of space. It is imperative that the therapist assist the client to stay within limits of what is deemed tolerable and appropriate. Case and Dalley (2000) describe a child wanting to use a whole bag of clay or wanting to deface a table. In such cases, the

therapist must establish limits on behaviours that push beyond what is deemed appropriate, as such behaviour has the potential to escalate out of control and cause more anxiety in the clients (Case & Dalley). In setting limits, the therapist creates an environment where both the children and the therapist feel contained and safe within the therapeutic environment.

Safran (2002) suggests that rules can be a topic of discussion for a group in the first session. Rules are "a set of positive behaviour expectations designed to promote an organized, productive, and cooperative environment" (Witt et al., 2004, p. 435). She suggests that the participants of the group can generate rules in a discussion led by the therapist, who can write them down as they emerge. Some general rules for a group of children with EBD might be: no name calling, kicking, biting, punching, drawing on other people's art, being "hyper", or screaming (Safran). Furthermore, Safran states that children should take turns talking, tell the truth, use the washroom before the session starts, and listen. Confidentiality should be defined and discussed with the group. Safran recommends that these rules should be posted in a place that is easily visible, and can be reviewed weekly if necessary. Setting these rules helps establish the tone of the group and facilitates an environment of trust.

It is easier to establish these limits early on in the group process than to try to stop or correct behaviours as they emerge (Case & Dalley, 2000). If rules are broken in subsequent sessions, the therapist can work with the children to understand why the behaviour is happening. Such instances can be used as therapeutic material in the sessions (Case & Dalley). In a group run by Barratt

and Kerman (2001) with behaviourally disordered children, they emphasize the importance of keeping the children feeling safe and secure. Thus, if a child seriously breaches the rules, he/she is excluded from the rest of the session. The authors reason that children are happier when they know that they are safe within the framework of the session.

Art

Art provides a protective framework, as it gives a space apart from reality in which the child can safely explore what is too dangerous to explore in his daily life alone (Rubin, 1984). Thus, not only the therapist, but the materials and creative process provide a sense of containment (Rozum, 2001; Rubin). Creating a protective framework with art happens in several ways. Firstly, difficult feelings can be expressed non-verbally, either through the images, or through actions directed towards the artwork. The therapist can facilitate putting words to these feelings by reflecting on the underlying emotions of the images and actions. In this way, art becomes a conduit in which feelings can be safely expressed and explored. In groups, art offers many opportunities to talk about feelings, build relationships, and practice problem solving and conflict resolution. Rozum comments that children with EBD often carry both anxious and aggressive feelings within them. These feelings can be released through art. This release can be either positive or negative, and the therapist must be prepared to deal with either one (Rozum).

Secondly, interaction can take place through the artwork (Case & Dalley, 2000). For example, power struggles and confrontational behaviour are frequent

occurrences in these groups (Rozum, 2001). The goal of the therapist is to help the child navigate successfully through these situations (Rozum). In these instances, artwork can become powerful ally, as it can bridge communication between child and therapist, or the child and group. Reflecting on feelings through the artwork helps de-escalate the confrontation, yet compels the child to reflect on the underlying feelings of his actions (Rozum). When respectful attention to the artwork is given, the child begins to feel heard and deeply understood (Rozum). The art becomes another dimension in the therapeutic relationship; the art exists between the client and the therapist as a third element (Case & Dalley).

Reviewing artwork can bring back themes, discussions, and goals from previous weeks. One art project can be worked on throughout several sessions, and may change as the therapeutic process evolves. The meaning and the perception of the artwork may change from week to week, reflecting growth, change, and the therapeutic process.

In choosing materials, the art therapist should typically try to avoid materials associated with school, such as markers and white standard sized paper (Rozum, 2001). However, Rozum also contends that it is important to facilitate mastery and control for this population. One might want to start off a group using materials that are easily contained and that the children can easily master, such as markers and paper. Yet, as the group grows in trust and capabilities, the children can be introduced to new materials.

On Flexibility

As stated previously, it is important for an art therapist working with children with emotional and behavioural disorders to set firm limits and boundaries, and to work within a solid framework that promotes consistency, reliability, safety, and trust. However, another mistake would be to adhere to the frame so rigidly that it would stifle creativity, empathy, warmth, and genuine human interaction (Gold & Cherry, 1997). After all, as Gold and Cherry state, the most important aspect of the frame is its function, not its form.

Thus, the therapist's task is to determine what aspects of the frame should be promoted to help the client feel the most heard, the most understood, facilitate empathy towards the self, and gain an understanding of interaction with others (Gold & Cherry, 1997). It cannot be expected that the same set of guidelines will serve each client or group best. Diverse backgrounds, cultures, ethnic groups, personal histories, group dynamics, and therapeutic goals may play a role in developing the best suited therapeutic frame (Gold & Cherry).

Gold and Cherry (1997) find that rigid adherence to the frame can place unnecessary limits on the client. They argue that the therapist must consider each client's personal needs, and assess each situation thoughtfully with the client's best interest in mind. When a therapist begins to adhere to the frame too rigidly, the therapist becomes an enforcer, rather than a helper, and thus, is no longer in a position to listen to the client's needs (Gold & Cherry).

Therefore, although the therapeutic frame exists in order to promote security, predictability, and mutual understanding of the therapeutic relationship,

it is also essential to allow for flexibility within the frame to meet each individual's or group's needs (Gold & Cherry, 1997; Yorke, 1993). As Gold and Cherry aptly express, "the challenge to the therapist is to utilize the frame flexibly and creatively so that it enhances rather than restricts effectiveness by augmenting the ability to be present, empathetic, genuine and responsive to the client" (p. 153).

Gold and Cherry (1997) encourage the therapist to allow room for spontaneity in the session on both the client's and therapist's behalf, as it brings a sense of relatedness and real human presence into the therapeutic relationship. This flexibility and spontaneity in the frame allows for an open-minded, honest and genuine relationship, where the therapist is emotionally present and responsive (Gold & Cherry). They suggest that this flexibility and sensitivity in the therapeutic frame allows for a secure therapeutic alliance to develop.

Facilitating Freedom

Judith Rubin (1984; 2005) describes creating a "framework for freedom" for children in art therapy. Creative freedom is characterized by an absorption, energy, and intensity that are invested in the creative process. It is a sense of confidence in one's own creativity, and it is the capacity to freely and openly express oneself through the content and form of one's art (Rubin, 2005). Rubin states that "neither the extreme of order- rigidity- nor the extreme of freedom-chaos- is conducive to creative function" (1984, p. 23). She further contends that "in creative expression there is no true order without some experience of genuine freedom; and that the provider of art for children must make possible a productive

and integrated relationship between the two" (Rubin, 1984, p. 24). Furthermore, "we must be able to use discipline to gain greater freedom, take on habits in order to increase our flexibility, permit disorder in the interests of an emerging higher order" (Baron, 1966, p. 86, as cited in Rubin, 1984, p. 24). As the therapist, one must provide clear limits and boundaries in order to create the security in which the child can begin to explore freely in his creativity (Rubin, 1984). Within the frame provided by the art therapist and the art materials, the child is provided with a means to safely explore continuums between impulsivity and control, anger and joy, aggression and love. Once the therapeutic frame is experienced as being strong, safe, and secure, the therapeutic process commences (Case & Dalley, 2000).

The Present Research Purpose and Rationale

The purpose of this research paper is to examine the particular challenges that professionals in this field are faced with when working with groups of children with EBD. Sabornie (2004) points out that there is not an abundance of qualitative research on EBD. However, he advocates the valuable contributions that qualitative research has made to our understanding of the social contexts and nuances of EBD and related phenomena. He asserts that case studies that explore what it is like to teach students with EBD are of particular need and interest. Thus, the following case study presents my experiences as an art therapy intern, working with a group of three children in a day treatment centre for children with severe disruptive behavioral disorders. The case study explores how an art therapist tries to maintain a therapeutic framework that safely supports and

facilitates creative freedom, and yet manages various challenges to the boundaries, limits and rules that are encountered throughout the course of therapy. This case study contributes to the dearth of qualitative research and literature on art therapists and their experiences working with children with EBD.

Primary Research Question

In running an art therapy group for children with EBD, how does the therapeutic frame facilitate creative freedom and therapeutic growth?

Subsidiary Research Questions

1. What considerations must be taken into account in the construction and maintenance of the frame when working with a group of children with EBD?

2. How does the therapist maintain a balance of structure and flexibility in the therapeutic frame, which will promote a secure, safe, and trusting environment?

3. How does art facilitate the efficacy of the therapeutic frame?

Methodology

A case study is an empirical inquiry that investigates a contemporary phenomenon within its contextual conditions (Yin, 2003). As a form of qualitative research, the case study takes place in the natural world, has a focus on the context in which the research is embedded, and is grounded in the experiences of individuals (Marshall & Rossman, 2006). This method strives to understand complex social phenomena, and to contribute to the knowledge of a particular person, group, organization, or political phenomenon (Yin). The case that is studied can be chosen as a common example of the phenomena of interest.

However, through the inquiry, the researcher also develops a deep and meaningful understanding of the case's uniqueness and particularities (Stake, 1995).

Rationale

Yin (2003) maintains that the case study should be used as a methodology when it is most appropriate to the circumstances and research questions. As such, case studies are best suited when the research focuses on contemporary events, in which the participants can be observed in a naturalistic setting, and when little control is exerted over the behaviours of the participants (Yin). Aldridge (1994) points out that single-case research is a particularly good match for art therapists, as this design stays close to the therapeutic practice, and allows for a close analysis of the interaction between the therapist and the clients. For these reasons, the single-case study design was well suited to working as both a researcher and an art therapist with this group of children. The study aimed to capture the natural context and interaction of the art therapist and children, without imposing changes on the format or behaviours of the art therapy group (Aldridge).

Stake (1994, 1995) classifies the case study into three categories, based upon the intentions of the investigation: intrinsic; instrumental; and collective. Although Stake acknowledges the difficulty of fitting case studies neatly into such categories, the following investigation was congruent with the goals of the instrumental case study design. This design aims to understand the relationships within a phenomenon, and is able to provide insight into the development or refinement of a theory (Stake, 1994, 1995). This case study was informed by three areas in the literature: a) children with emotional and behavioural disorders,

b) group art therapy with children, and c) the therapeutic frame. The following case study aimed to gain an understanding of the relationship between maintaining the therapeutic frame and the therapeutic progress of the group as a whole.

Data

In a case study, data is drawn from events in a real-life context (Yin, 2003). True to this premise, the data for this case study was collected throughout the seven months of working with this group. It was gathered from various sources, including participant-observation, photographs of the artwork, progress notes, process notes, team meetings, individual hospital files, and previous assessments (Aldridge, 1994; Yin). However, there was a seven week period of more intensive data collection, as these seven weeks are the focus of this study. During this period, I made use of a data collection form, which I created to help focus the data collection on the issues of immediate concern (Stake, 1995). This form highlighted pertinent elements of the therapeutic frame in relation to the children's participation (see Appendix C). I completed this form at the end of each session. Photographs were stored in digital form in a password protected file on my personal computer. The remainder of the data was stored in categorized files, in a locked cabinet as per ethical requirements.

Analysis

Consistent with the instrumental case study design, the data has been analyzed according to two strategic methods of data analysis: categorical aggregation and direct interpretation (Stake, 1995). Both depend on finding

patterns in the data and searching for consistency within certain conditions (Stake).

Stake (1995) explains that categorical aggregation examines a sequence of events, and begins to categorize and tally the information in "some intuitive aggregation" (p.74). This strategy focuses in on the interrelated aspects of the data, finding patterns, and coming to a more meaningful understanding of the case as a whole (Stake). For example, in an attempt to recognize patterns in the data, I categorized my various data sources into groups according to date. After aggregating all the data from each session together, I then vigilantly went through each data source, and took notes on themes that emerged. From these themes, I looked for patterns, specifically focusing on creative freedom and therapeutic growth in relation to the therapeutic frame.

Direct interpretation examines important singular events, in efforts to understand the phenomenon itself (Stake, 1995). This strategy may attempt to sort out relationships, probe issues, or categorize data, but its main goal is to come to an understanding of the complexity of the case. I used direct interpretation of specific events to illustrate key points in relation to the research questions. For example, as I looked for overall patterns in the data, certain incidences stood out as important singular events, which either supported my overall findings, or seemed to be exceptional. Throughout this paper, I bring attention to these specific events, and offer some interpretation as to why I think these events transpired in the way that they did.

Trustworthiness

I have attempted to conduct this study with honesty, integrity, and truthfulness, albeit the understanding that the study also has a degree of subjective bias, as is the nature of qualitative research (Marshall & Rossman, 2006). Seeing that this is a qualitative study, specific criteria outlined by Lincoln and Guba (1985) have been addressed to increase the trustworthiness of the study. Lincoln and Guba assert that both the methodology and assumptions in qualitative research differ from quantitative research. Thus, they propose that the concepts of credibility, transferability, dependability, and confirmability should be addressed in consideration of the qualitative counterparts respectively of internal validity, external validity, reliability, and objectivity.

In accordance to these criteria, I followed several strategies to establish the trustworthiness of this study. One way to assure credibility is through prolonged engagement. I spent over seven months with this group of children. Additionally, I spent seven weeks of intensive data collection (Yin, 2003). Another way to ensure credibility is through reflexivity. Reflexivity is when "researchers engage in explicit self-aware meta-analysis" (Finlay, 2002). I kept a reflexive journal to which I was able to return and reflect upon throughout the research process (Stake, 1995). I also met with two peers and two supervisors, who offered extensive time and energy on several occasions for peer-debriefing. They contributed their thought, suggestions, and feedback regarding my interpretations, both throughout the seven months in which I worked with this group, and

throughout the writing of this paper (Marshall & Rossman, 2006). This further ensures credibility.

In consideration of dependability and confirmability, I have left an audit trail (Lincoln & Guba, 1985) of well organized notes and data (Yin, 2003). The audit trail allows for another person to follow the phases I undertook during the case itself and through the data analysis.

Thick description is important for the dependability and transferability of the research. Thick description is an attempt to describe and capture a phenomenon as closely as possible by using raw data such as direct quotes, paraphrases, and photographs (Marshall & Rossman, 2006). Its purpose is to convey the experience to the reader, as if the reader was there (Stake, 1995). As such, I have included thick description in the form of photographs of my client's artwork, paraphrasing some of their comments, and describing their participation, in an attempt to capture and describe the client's experience of the group as closely as possible.

Triangulation is "the act of bringing more than one source of data to bear on a single point" (Marshall & Rossman, 2006, p. 202). By using different sources of information to explore the same event or phenomenon, this important strategy increases the credibility, dependability, and confirmability of the findings. Through the collection and analysis of several types of data, I have triangulated my data sources to see if the same conclusions and understandings can be made by examining these various sources (Marshall & Rossman; Stake, 1995; Yin, 2003).

Limitations

As is the nature of a case study, this research paper is embedded in a naturalistic context, and has aimed to capture the uniqueness of this group. Given the diversity of diagnoses, etiology, treatment plans, and interventions for children with EBD, this case study aimed to capture the particularities of working specifically with the three children in this group.

Furthermore, discussion of the events, artwork, and children's participation in the sessions focus on exploring group processes, the development and care of the therapeutic frame, the development towards therapeutic goals, and challenges that were encountered throughout the therapeutic process. Other issues that are often of interest in art therapy, such as psychodynamic interpretation of the artwork, will be limited due to the brevity and focus of the paper.

Setting

This case study took place in a hospital within a large urban city. The art therapy group was a part of a day treatment program for children with severe disruptive behavioural disorders. The group ran weekly for one hour sessions for a total of 23 sessions. The group consisted of three children who were part of a larger unit of six children in the treatment program. Initially, the group included two boys, Andrew and Alex (names have been changed to ensure confidentiality), and one girl. The girl graduated from the program and left part way through the year. This third spot in the group was filled by another boy, Collin, who participated in the last seven sessions.

The group took place in an art therapy room. This room was located in a different building than the day treatment program. Thus, to get to the art therapy room, I met the children in another wing of the hospital, and together we walked through a very long tunnel to get to the art therapy room. The art therapy room was well equipped with two large rectangular tables, a smaller round table, chairs with arms, easels, a sink, an open shelf of art materials, a large paper shelf, and storage shelves for artwork.

Recruitment

The children were referred to the art therapy group by their case workers, who oversaw the children's individual treatment within the program. The children were referred to the group for therapeutic purposes, and their participation was part of each child's individual treatment plan. In order to include the three children in this case study for research purposes, I obtained written permission from their parents or guardians. After a brief phone call to introduce myself and explain the nature of the paper, I sent a letter of information (see Appendix A) and a consent form (see Appendix B) home with each child. Each parent/guardian returned a completed consent form, granting me permission to include descriptions of their child, and child's participation, in the paper. Each child was aware that I was writing a paper about the group's experiences. I gave them time to ask questions about the paper, and answered their questions openly and honestly.

Rationale for Choosing this Group and Sessions

This case study focuses primarily on the seven sessions in which Collin participated in the group. I chose to focus on these seven sessions for several reasons. Firstly, I did not receive consent to write about the girl who was initially part of the group. Thus, this paper focuses on the three boys who participated in the last seven sessions. Secondly, these seven sessions poignantly highlight some of the obstacles that an art therapist experiences when working with this population. Lastly, with the departure of one child from the group, and with the addition of a new child, the remaining members struggled with change, group dynamics shifted, and new challenges were introduced to the therapeutic frame. However, it is important to mention some of the general dynamics that were established in the earlier sessions, and this will be described later on in the paper. The following section gives a brief description of the three boys. To ensure confidentiality pseudonyms have been assigned to each child.

Participants

Andrew

Andrew was 10 years old, and had been attending the treatment program for several months before the group began. His clinical diagnoses were ADHD and ODD. He was referred to the day treatment program due to his difficulty in controlling his anger, aggression, impulsivity and his oppositional behaviour at home and at school. Prior to the program, he often got into fights with other students, was aggressive with teachers, and was suspended frequently. He came from a family with a single mother, although Andrew often lived at his

grandparent's home. Andrew's father had been absent form his life since Andrew was 6 months old. Living between two homes seemed to have caused Andrew to have mixed feelings toward both his mother and grandparents. However he loved them all, and was deeply loyal toward each of them. In the art therapy group he was often hyperactive, inattentive, and he was not particularly skilled in art. He was very talkative, but was thoughtful and self reflective at times.

Alex

Alex was a 9 year-old boy, and had been attending the program for several months before the group began. Alex's clinical diagnoses were ADHD, Conduct Disorder, and he had a learning disability. He was referred to the program because he was fighting frequently at school, was oppositional and disruptive, and had been stealing. Alex was a hyperactive boy, and was often reactive to other children. He needed a lot of prompting, but was often kind, listened well, and was eager to please when positively reinforced with praise. He had difficulty with attention, following instructions, and he was easily distracted. Alex had been living with his grandmother for nearly two years. Since the age of two he had frequently been placed in foster care. He had three siblings who also lived at his grandmother's house. Both his mother and father had a history of drug abuse. He had not seen his mother in nearly two years, but visited his father one day a week. In our group he voiced that he felt that he did not have a family. His hospital files pointed out that his acting out seemed linked to his dysfunctional family life.

Collin

Collin was 8 ½ years old. He entered the day treatment program 4 weeks prior to joining the art therapy group. Collin's clinical diagnoses were ADHD, Intermittent Explosive Disorder, ODD, and Tourette's (in remission). PDD (Asperger's Syndrome) had been ruled out. Collin's parents had reported emotional and behavioural problems since Collin was 2 ½, when he began having intense tantrums when he did not get his way. Collin had participated in a number of hospital programs from a young age. He had been aggressive to people at school, and had a history of destroying property. He went into a rage when he felt frustrated, such as when his wishes were not complied with or when he felt hurt. In the group, Collin was eager to interact and fit in with his peers, but he did not have appropriate social skills. He often talked loudly, was very rigid in his behaviours, and had a hard time listening when people talked to him. However, he was eager for one-on-one interaction. Collin often completed tasks with a high degree of involvement and focus. He lived at home with his mother and father, and had an older half sister who did not live at home. His father admitted to having a problem with alcohol, and said that he had 'no patience'.

Group Structure and Procedure

The main format of each session involved a directive art project, which lasted most of the session, and non-directive play at the end of the session. At times I also included warm up activities. In order to secure the therapeutic frame with this group of children, I adopted a directive approach with the art activities, and carefully thought through the projects that the children worked on each week.

However, in order to maximize the children's sense of creative freedom, the activities were open-ended enough to facilitate the investment of imagination and personal creativity.

Therapeutic Approach and Techniques: The Animal Art Project

Over the course of seven sessions, the children worked on a continuing art project. Each week I gave a directive for the day's art activity. These directives aimed to provide clear structure to support the development of the project, but also allowed each child to invest personal creativity, imagination, and energy into their creations. First, they were asked to select a small animal figurine from a selection of many different types of toy animals, which I presented to them on a tray. During successive sessions, the children were asked to create a home, environment, and companions for their animals. At the end of each session, I put out a blue mat on the floor to create an ocean. I chose an ocean as a way to create a space where all the children could come together to play and interact. The homes and environments that the children created then became islands on the ocean. The islands provided a clear spatial boundary, and provided a personal place to retreat to when needed. I emphasized that the children must ask permission to go onto each other's islands, and that this personal space must be respected. The children made boats to visit each other on the islands, which became vehicles to facilitate interaction.

Non-Directive Approach to Symbolic Play

Although the art projects in these seven sessions were directive, non-directive *play* became an essential component of the therapeutic process.

Children often think about and act out past and current experiences through symbolic play (Wilson & Ryan, 2005). The level at which insight occurs in young children is often at a 'semi-conscious' or experiential level. However, with older children, insight into emotions through play often emerges on both an experiential and cognitive level (Wilson & Ryan).

Wilson and Ryan (2005) explain that the purpose of non-directive play in a therapeutic setting is to foster the child's emotional expression through play, and to empathically respond to these underlying thoughts and feelings. The aim is to help the child increase cognitive and emotional understanding of events and inner experiences. For example, the therapist may respond to the underlying emotions of what is happening in the play. The therapist's role is to offer children the security to express different experiences, and try out different ways of thinking and behaving in their play by reflecting on the content of the play. To facilitate group interaction and to bring personal issues to life in the sessions, ten minutes of non-directive play were given at the end of most of the seven sessions.

Aims and Goals of Art Therapy

There were several goals that I worked toward with this group. The fundamental goals of every session were those which helped form the therapeutic frame. In summary, these included respectful interaction, respecting personal and group safety, listening to instructions, completing tasks, sharing materials, engaging in art making, tidying up, and entering and leaving the art therapy room together. Ultimately, these goals were put into place to secure a safe environment,

build trust amongst the group members and with the therapist, and begin to share and listen to thoughts and feelings of the other group members.

Once Collin joined the group in session 17, the goals refocused on building a sense of group cohesiveness, acceptance, and belonging within the group. The activities took psychodynamic goals into consideration, such as exploring personal interrelationships with family and peer groups. These goals were explored primarily through art, symbolic play, and some discussion, and facilitated a deeper understanding of emotions and thoughts on both an experiential and cognitive level. These psychodynamic goals represent therapeutic goals and not research goals. Thus, they will not be discussed in this paper.

Researcher Role, Ethics, and Reflexivity

My role in this group was primarily that of an art therapy intern. As such, my foremost concern was that of providing the highest quality of therapeutic care possible. My second role was that of the student researcher, in which I adhered to the ethical research protocol set forth by Concordia University, the American Art Therapy Association, and the Association des art-thérapeutes du Québec.

An important aspect of qualitative research is for the researcher to engage in reflexive critical analysis of her role in the study (Finlay, 2002). This study aimed to do this by bringing awareness to my personal reflections, intuiting, and thinking (Finlay). Introspection into my own experiences as the researcher has been used to gain a deeper understanding of my own role as both the therapist and researcher, with the intention of increasing integrity and trustworthiness (Finlay).

In light of such reflection, it is important to bring attention to some of my initial assumptions upon starting the group, as well as why I chose to pursue this research question. I had much experience working with groups of children in several different capacities before overseeing this particular group. I had worked as a school art teacher and classroom teacher at a small private school with children between the ages 2 and 10. I had been the director of an art camp for several years, and had programmed and run several art classes for children through the town and on my own. Lastly, I was the Inclusion Coordinator for town camps the previous summer, in which I oversaw the integration and inclusion of children with various exceptionalities into camps, worked closely with the families of these children, and oversaw behaviour management of 17 town camps. However, despite these past experiences I knew that working with a group of children with EBD would present unique challenges. I also had certain ideals about what kind of group I would like to run. Ideally, the group would be one that promoted a sense of belonging, group cohesiveness, and would foster the development of a positive self-esteem. I pictured myself running a group where trust would naturally facilitate an environment where children felt safe and secure, and would in turn show respect to one another and the therapist. However, I was also certain that these ideals would *not* be met, but I was not sure of what else to expect.

Thus, it was only through starting the group, and experiencing the challenges first hand, that I began to understand exactly where I might run into obstacles. I quickly realized that I had to lower my expectations of the group's

capabilities for working together, respecting one another and me, and engaging in the artwork. Furthermore, it would take time for the group members to develop the sense of trust and a commitment to the group that would lay the foundation for therapeutic growth. Early on, the children pushed limits by challenging my authority, threatening each other with insults and physical aggression, and seeing how far they could go in their acting out behaviour. I called upon every bit of knowledge and experience I had in attempts to contain it all. Through these experiences, and with the guidance and insight of my experienced practicum supervisor, I realized that to establish a true sense of trust, clear boundaries would have to be maintained, and firm limits would have to be set. I realized that until I firmly established and maintained the rules that make up the therapeutic frame, there would be a lack of trust, and the therapeutic process would not commence.

By the time Collin joined the group, I had nearly five months experience in working with the original group members, as well as with other groups and individuals in this setting. I felt more comfortable, confident, and familiar with what types of difficulties I was likely to run into. I was also more confident in my capacity to deal with such challenges. Furthermore, through early experiences in which the group presented defiant, oppositional, or hyperactive behaviour, I became curious as to how I could better understand how rules, boundaries, and limits could be established to provide a therapeutic environment that would be as effective and beneficial for the children as possible. Throughout the year, I took several opportunities to research this topic in class assignments. However, this research paper gave me the opportunity to pursue the research questions at hand

in greater depth, and investigate how the therapeutic frame facilitates creative freedom and therapeutic growth with this group of children.

Group History

In order to place this group within the context of its chronological timeframe, a brief summary of the group's history beyond what has already been given is pertinent. From the commencement of this group with its three original members, the children had a history of isolating one another and quickly changing alliances, both in the art therapy sessions and in other settings. It took some time to establish trust among the children. Yet, even when the children felt more familiar with the workings of the art therapy group, such as the routines, rules, and purpose of the group, the children continued to have difficulty in conversing with one another and being a part of group discussion.

As stated earlier, the behaviour of the group as a whole was often challenging. The early sessions of the original group were characterized by behaviours such as: climbing behind the curtain of a two way mirror that was connected to another art therapy room where individual therapy sessions were being held; running down the long hallway despite my attempts to have the group walk together; drawing rude and inappropriate subject matter when I gave directives for an art project; engaging in little or no discussion about art at the end of the sessions; and partaking in distracting behaviour such as swearing, name calling, inappropriate gestures, physical threats, and arguing over materials. These behaviours prevented a true investment in the art activities and meaningful group interaction. When the rules were seriously breached, such as when one

child physically threatened another child's safety, the group ended early to prevent behaviour from escalating out of control and to maintain a secure therapeutic framework. However, with each session, small progressive steps were made as the children began to invest in the therapeutic alliance, apply themselves more in the artwork, make meaning of their projects, and initiate thoughtful discussion on themes such as family, belonging, and love.

I learned from these challenging experiences quickly. In the first several sessions, I found that in order to facilitate the group and complete a session without major behavioural outbursts, I had to set up a firm therapeutic framework, and provide art projects that would be engaging enough to hold the group's varying attention span. I based this structure on the literature review I had compiled in preparation for this research paper and in other class assignments, and on previous experiences that I had working with groups of children. However, I soon realized that much was to be learned from my experiences with *this* group.

When one member graduated from the program and was reintegrated into the regular school system, the case managers of the treatment program and I decided that the third spot in our group should be filled. With the help of the case managers, Collin was selected to fill this third spot. Collin had recently begun the treatment program, and was in a group of six children that included Andrew and Alex. Collin had quickly become a target of provocation, isolation, and rejection by the other children in the treatment program. His awkward social skills, desire to belong, and his reactive temperament may have contributed to his predicament

in the larger group. Collin found this rejection very painful. As the art therapist, I anticipated some problems with the two original members accepting Collin into the group, given their distrustful and provocative history. However, I was certain that the inclusion of this new member would bring plenty of material to work with in the group, and perhaps would ease Collin's position in the larger group on the unit.

Findings

The following descriptions of the seven sessions in which Collin was a part of the group represent the data of the case study. At this time, the original group had been meeting weekly for 16 sessions. This section covers the last seven sessions of the group. These sessions highlight several of the difficult challenges that were encountered, worked through, and overcome by the group. Furthermore, they emphasize how the therapeutic frame and art projects facilitated this progress.

Session 1:

Children present: Alex and Collin; Andrew was absent

With Collin joining the group, there were some special considerations that had to be taken into account. To begin, Alex and Andrew had already started their animal environment projects. They had chosen their animals, made a home, an environment, and family members/companions. Alex had chosen an ambiguous, but cute, little animal with large eyes. He had built a home and an environment out of a shoe box, and had created numerous unidentified family members as companions in the environment (see Figure 1).

Figure 1

Andrew had built a home and environment all in the same box, in a very

organized and compartmentalized fashion. He had chosen a tiger for his animal,

which he called a cheetah. The cheetah was the father figure in the environment,

and he also modeled a mother, three children, and a villain (see Figure 2).
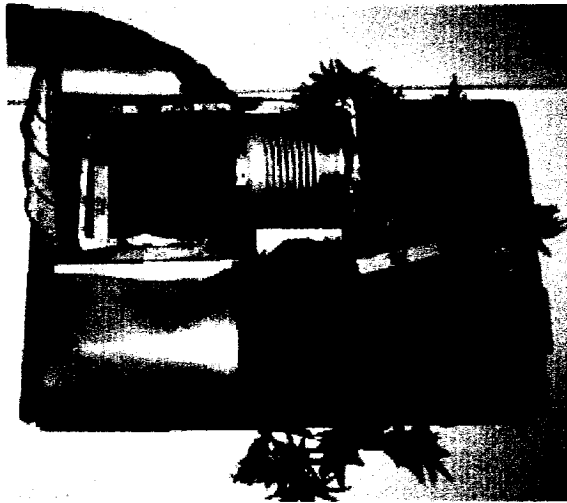

Figure 2

Thus, it was decided that Collin would catch up on his project while the

other two members worked on something else. This gave Collin an opportunity to

build himself a symbolic place in the group through the artwork. Furthermore, as

Collin worked on his project independently, it gave him an opportunity to observe

what else was going on in the group, and to begin to become comfortable with the routines, norms, and how the other two children and I worked together. I had also prepared for the group to make a group mascot together as a warm-up to acknowledge the changes in the group. Then Collin could work on his animal environment independently. I had prepared a more collaborative project for Alex and Andrew, which was to build a "Party Island" that could eventually be used by everyone.

As it turned out, the first challenges emerged before the session began, as Andrew was absent form the group. This changed the group dynamic. When I came to pick up the boys, Alex stated that he did not want Collin to join the group, and it was better when the former member was there. On entering the art therapy room, Alex was very resistant to welcoming Collin into the group. At one point, I asked Alex if he would like to explain the nature of the art therapy group to Collin. Alex crossed his arms and replied, "He can figure it out for himself." I acknowledged that the group had changed, and that it would be different than it was before. However, I also made it clear that negative comments directed at other members of the group were not acceptable. I reinforced the fact that the group was a safe place for everyone, where no one should feel rejected or isolated.

Throughout the session, I continued to encourage Alex to explain the nature of the group, exercises, and projects. As the two members worked on the collaborative mascot, they both became involved in the process, and Alex became more accepting of Collin. There were many negotiations between the two as they

worked on the project. However, they were able to communicate and listen to each other's ideas. I tried to intervene as little as possible, but to occasionally give positive feedback when they were working well together. For example, Collin had made a large moustache for the mascot, and Alex thought that it was taking up too much space (see Figure 3).

Figure 3

Alex turned to me for help, but I encouraged him to talk to Collin about his thoughts. Alex turned to Collin, and told him that the moustache was too big. Collin liked the size of the moustache, and held firm to his belief. However, as the two continued to discuss the issue and listen to each other, they eventually were able to come to a compromise, and agree on a smaller sized moustache.

During the session, there was an enormous shift in the level of acceptance, communication, and collaboration. As the session progressed, I often commented and gave praise when the boys interacted well, listened to each other, and cooperated. With this gentle, but firm and persistent reinforcement from me, the two boys responded positively, and worked together very well.

Collin began working on his environment, and chose a lizard as his animal. He managed to build a home with a bed, a lamp, and a television. His

yard was in a separate box, and was well organized, with a palm tree, some flora,

and a small pond (see Figure 4).

Figure 4

While Collin worked on this, Alex began to make luxury items for the party

island.

Overall, I was impressed that that the two boys managed to interact so

well. Although initially reluctant to include Collin in the group, Alex ended up

taking on a positive role, and explained the purpose of the group, and how it

functioned. Collin had begun to symbolically build a place of belonging in the

group through his environment. However, I had a feeling that the gains that had

been made in this session would be relatively short lived, especially considering

that the dynamics of the group would change the following week with the

addition of Andrew.

Session 2:

Members Present: Alex, Andrew and Collin

I had carefully prepared this session in anticipation of the shift in group dynamics. The initial plan was to create a new group contract that would acknowledge the changes in the group and facilitate progression toward some group cohesion. Following this short activity, Alex and Andrew would work on the party island and make a communal space where everyone was welcome. Collin could finish working on his environment and add some companions. I had decided to possibly offer 10 minutes of non-directive play if things were going well. I hoped that this free play would provide a place to share the art projects in a safe and non-threatening way, a means to eliciting personal material from the children, and a time to reflect on group changes and dynamics (Wilson & Ryan, 2005).

The actual events unfolded quite differently. At the beginning of the group, Alex made his rejection of Collin very clear by making negative remarks about him and his membership in the group. At first, Andrew voiced that he was going to stay out of this dynamic, but eventually began to express that he did not want Collin in the group either. In attempt to redirect the energies of the group, I had them move to a round table in the room. I told the group the story about King Arthur and the Knights of the Round Table. I explained that King Arthur wanted all of his knights to contribute equally to discussions and agreements, and that King Arthur felt that every member of the group was important and belonged. Using this story, I introduced the new contract, and asked the children to come up

with an agreement that would reflect the goals of respect and acceptance in the group. However, the children had a difficult time coming up with what to put on the contract, and there was still a good deal of tension among the group members. In short, the children refused to sign the contract or to be a part of a new group.

As tensions rose, Collin continued to be the target of provocation and rejection by the other two group members. I decided to put the contract on hold until the following week, to prevent further escalation of tempers. I suggested that the children continue to work on their animals and environments, although we were coming to the end of the session. Alex made another negative remark directed at Collin. At this point, Collin became extremely upset. He ripped up the environment that he had been working on thus far, and had an emotional outburst that ended in tears and painful feelings of rejection. The other two members seemed regretful for their actions, and apologized immediately. However, Collin said that he did not accept the apology, and said he never wanted to come back to the group again. Despite the other two children offering to help Collin put his environment back together, Collin refused to fix it. Thus, I put the remnants of his environment back in the box, and told him that I would keep it safe until the following week if he did indeed decide to come back (See figure 5).

Figure 5

Building up to Collin's outburst, I tried to negotiate within myself when to intervene, when to observe, and when to let the children discuss amongst themselves. Although I had tried to put a stop to the negative remarks towards Collin, ultimately I had not been successful. Perhaps there were deeper issues among the group members, as they mourned the loss of the previous member, and were dealing with their own issues of rejection and need for acceptance in their own homes and peer groups. Furthermore, it had quickly become evident to me that the contract activity had not been structured enough, and the children were neither ready nor capable of completing this relatively open-ended activity. When Collin became upset and destroyed his art project, I worried that I had not intervened enough, and that I was in part responsible for his breakdown. However, as I reflected on this session in my process notes and in supervision, I realized that the incident had presented an opportunity to bring the issues of rejection and isolation to the forefront, which Collin had been feeling in the day treatment program. It also brought about an opportunity for the boys to reflect on their own behaviors and feelings about rejection.

Throughout this session, I became aware of how much the children invested themselves and their feelings into their artwork. In Collin's case, he had been carefully constructing a home and an environment that could be placed on the blue mat, and would symbolize his inclusion in the world of the animals, but more importantly, his acceptance within the group. However, as he continued to be provoked and rejected by the other members of the group, Collin was able to express his own rejection in a very concrete way by ripping up his art project, and revoke a place where he fit in. Moreover, the destruction of his world illustrated to the other two children, and to me, just how destroyed he was feeling inside as he was targeted by the other children. His actions deeply affected the other two members of the group, who immediately expressed their apologies and offered to help Collin rebuild his world. At this point, Collin was too hurt and defeated to rebuild his environment, and the session ended. I reflected to the group that this had been a difficult session. However, I pointed out that difficult sessions like this can be learned from, and to think about how things might go differently in the next session.

Session 3:

Children present: Alex, Collin, and Andrew

I had short individual meetings with each child before our next session. I felt that it was important to have the opportunity to talk to each member directly about the events of the week before. In the meetings, I let the children know that they were not in trouble, and we discussed what might make the group a safe

place for everyone. In his individual meeting, Collin agreed to join the group again.

During the next session, there was indeed some tension in the group, although to a lesser degree. Some of this tension was sublimated into a new contract activity, which provided more structure than the activity from the previous week. I had prepared some written words and drawings that the group could choose to include or exclude on a group contract. Some of the words were *respect, acceptance, welcome, rejection, name calling,* and so on. As the members began to assemble the new contract, Alex chose the word *rejection,* and glued it onto the contract. I questioned his choice, and asked Andrew and Collin how they felt about including the word *rejection* on the contract. Both boys did not want to include it. I suggested that Alex peel it off, and at first he refused. With some more discussion, he decided to take it off, but at this point it was stuck firmly onto the contract. Thus, he began ripping, scratching and peeling the word *rejection* off the contract, until it was gone. He then scribbled over the paper where the word had been. This experience of Alex physically struggling to rip *rejection* off the group contract was cathartic for both Alex and the rest of the group. He worked with intensity and purpose, and the group members watched with anticipation. As he finished, with scraps of paper all around him, there was a sense of relief and completion. The activity ended soon afterward, with various positive words glued down. I read over the words that the boys had chosen to include, and we briefly discussed each one. Then we traced our hands at the bottom of the contract, and signed our names to complete the agreement.

In this session, Collin successfully rebuilt his art project, affirming his place in the group. With the reconstruction of his environment, Collin was able to participate in the group processes and play in the imaginary world created by the environments (see Figure 6).

Figure 6

As Collin worked, I asked the other two children to each build a boat that could be used on the blue mat to visit one another and facilitate interaction. The aim of this project was to create a mobile vehicle that could be used to transport the characters to other environments, and to facilitate more interaction in the play. Furthermore, the boats would help maintain a physical and protective boundary around the characters as they interacted (see Figure 7 and Figure 8).
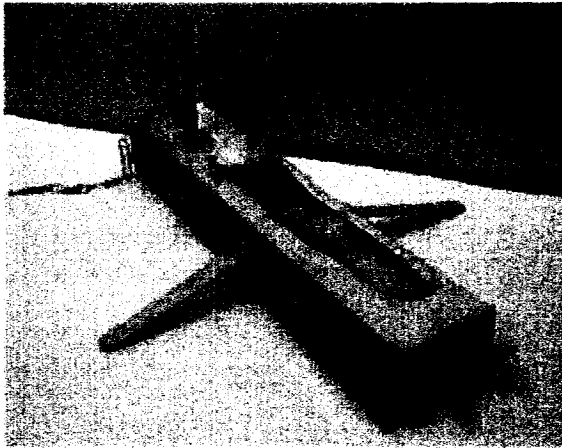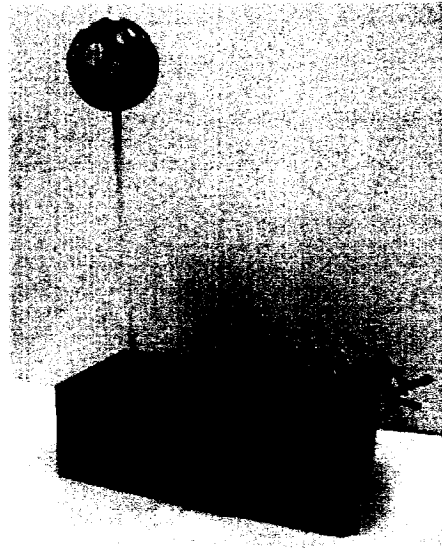
Figure 7   Figure 8

It was interesting to note that for the first time, Alex chose to sit away from the other group members at the smaller table to make his boat. Although he appeared indifferent toward the other members of the group, he also seemed to be struggling with his own feelings of vulnerability and insecurity. I felt that our alliance had waned after the incident the week before. Perhaps he was feeling that with the rejection Collin had experienced the week before, it was possible that I had taken Collin's "side", and had somewhat rejected or abandoned my alliance with Alex. This seemed to echo some of the issues with rejection and abandonment that Alex had experienced in his own family.

I felt it was important to let the children know as a group that they were not in trouble, but that we would continue to discuss and work through the issues of rejection and acceptance. I spent some time with Alex as he worked on his boat, simply observing and being a caring presence. I asked some questions and gave him encouragement as he worked, to show that I still accepted him as a

group member, despite the group tension. As the session progressed, I felt that

Alex seemed to become more comfortable in the group once again.

The children were not able or ready to sit and share their creations with

each other verbally. Thus, they shared their art through the non-directive play at

the end of the session. During this time, Collin sat at the table, and told me that

he didn't want to play. However, Andrew invited Collin to play on "his team",

and Collin accepted this invitation. He placed his island on the mat, symbolically

taking his place within the group. I was pleasantly surprised at Andrew's gesture,

as it showed that perhaps Andrew had begun to internalize and act upon our group

discussions about acceptance and respect. Furthermore, through Collin's

acceptance, it showed that Collin was ready to take his place in the group.

Andrew and Collin then used their animals and boats to battle against Alex's

animal and boat in play. Although it seemed that Alex felt some of the rejection

that he had been placing on Collin, he was able to continue to play cooperatively,

and follow the story line initiated by the other two children.

Session 4:

Children Present: Andrew, Alex and Collin

At this point, there had been a break in the weekly group sessions, as one

session had been cancelled due to a snowstorm, and the following week had been

a holiday. In consideration of this break and the change of dynamics in the

previous session, I felt that it would be beneficial to change gears by eliciting

more cognitive learning, as opposed to focusing primarily on experiential

processes. Thus, I had planned a new kind of activity. I had hidden a small

figurine of a turtle in the room, and I explained that it was my animal. I let the

children know that there was a small box hidden by the turtle. In the box was a

booklet that I had made for each child, with questions about their animal. The

children could choose to answer the questions in the booklet by writing or

drawing.

The children were very excited about having something hidden in the

room, and the little booklet made the project enticing enough for the boys to

complete each question. I was pleased to see that every child completed the book

with a degree of thoughtfulness and reflection. Their work evidenced that they

were able to participate at a more cognitive level with their animal symbols, and

had consciously been able to bestow their animals with personal meaning (see
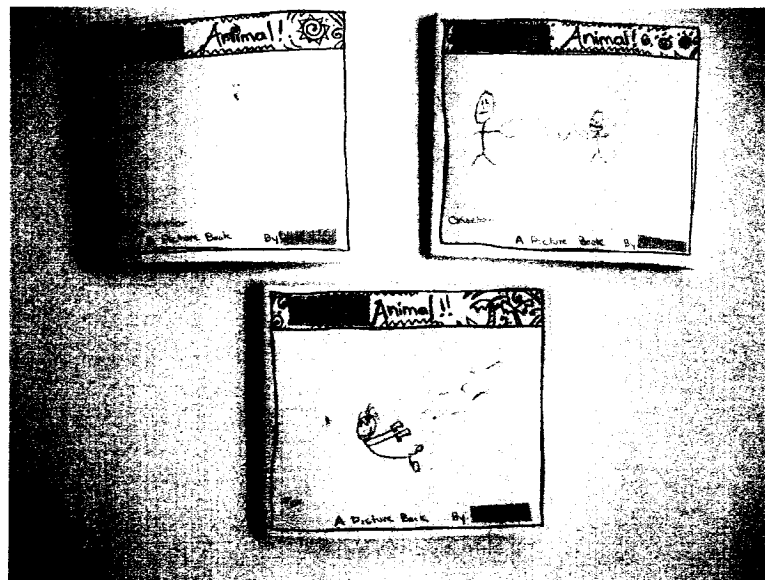
Figure 9).

Figure 9

As the children finished at different times, I was able to go through the booklets

individually with each child so that they could share their answers with me. This

was the first session that each boy was able to sit down beside me and discuss his art.

This was also the first group where it seemed that everyone felt safe and contained within the group, and was most successful in terms of behaviour, cooperation, respect, and acceptance. As the therapist, I felt that I had shown strength and perseverance throughout some difficult challenges to the frame. In doing this, it seemed that a sense of containment and safety had been established. With this containment and safety came a sense of trust. The children had begun to feel that despite the feelings of rejection and isolation that they had been placing on one another, this group was a place to work through and understand these difficult feelings without getting in trouble. Furthermore, it was a group in which they could belong.

In this session, I also introduced the topic of termination, and let the group know that we had three more sessions together. This upset Collin, and affected his mood. He became sullen and quiet. When it came time for free play at the end of the session, he did not want to join in with the others. However, during free play at the end of the session, Andrew was able to use the animal environment once again to invite Collin to join in and play on his team. Collin accepted this invitation after a moment. I found this quite encouraging, as Andrew continued to be a positive force within the group dynamics, and seemed to have internalized our group discussions about acceptance and inclusion. Collin was able to accept the invitation, maintaining his new place within the group.

Session 5:

Children Present: Alex and Collin; Andrew was absent

In an earlier session, I had used the legend of King Arthur and the Round Table to elicit thought about belonging to a group. In this session I used this story again to help explain that lessons can be learned through animal metaphor. I told the children that King Arthur had once been a young boy, and that a wizard named Merlin had turned Arthur into different animals to teach the boy valuable lessons about life and leadership. I then asked the children to imagine what lessons they might learn if a wizard had turned them into their animal, and draw their thoughts on paper. Reflecting on this, I asked the children to use a print making technique to make a protective design for a shield.

The goal of this activity was to build upon symbolic thinking about animals. By thinking about the animal's virtues, weaknesses, strengths, and protective qualities, I hoped that the children could begin to make connections between their animals and their own lives. Although the boys were not particularly interested in the story at first, they became engaged in thinking further about the story when I asked them what Arthur might have learned from being turned into various animals. In our discussion, both boys shared good insight into this story and the use of animal metaphor.

In the first part of the activity, Alex drew himself as a shark eating a fish. I suggested that as a shark, he might learn to be fierce and take care of himself. Collin drew his lizard as a warrior defeating a frog. I offered that perhaps as a lizard, Collin would learn how to defend himself from attacks from others.

During the print making activity, Alex worked fairly independently because he had gone through this printmaking process before in an earlier session. On his shield, Alex depicted a skull with crossbones as his symbol (see Figure 10). He finished fairly quickly, then set up his environment on the mat and waited for Collin to join him.

Figure 10

However, Collin became easily frustrated with the process. He complained that the prints were not turning out the way he intended. He needed a lot of my assistance throughout this project. When he finally completed a final print, he became upset that it did not look good, and told me that he was going to destroy it. I did not intervene at first, but when he hesitated, I used this opportunity to gently encourage him to complete the project. He accepted my assistance, and he was able to complete his shield (see Figure 11).
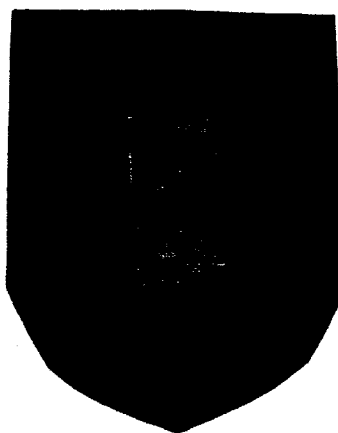
Figure 11

When the two boys had finished their art projects, they were eager to play together on the blue mat. Seeing that they had spent quite a while discussing animal symbolism and doing art, we did not spend more time talking about the symbols they had depicted on their shields. Both boys were excited to play with their animal environments, and Alex invited Collin to join him. I let them know that there was five minutes until the end of the session, and the two boys used this time to play cooperatively on the mat.

When it came time to leave, Alex packed up and lined up at the door. However, Collin decided to build a boat, and refused to leave. Seeing that he had not yet built a boat, I understood that he wanted to catch up to where his peers were, and I let him know that he could build a boat in the next session. However, he insistently went on making his boat, and refused to comply with my requests to come and line up at the door. It seemed that this particular challenge to the frame reflected some of Collin's anxiety about the impending termination of the art therapy group. He wanted to complete this project before the group ended, and he

was also having a difficult time leaving the group, to which he had finally been accepted and included amongst his peers. I struggled with my own frustration at the situation, and my own feelings of powerlessness as he refused to leave the room. Not only was he blatantly refusing to listen to me, but his case workers were expecting the group back to go to a special event. I reflected to Collin that sometimes it is difficult to leave at the end of the session, especially when it is close to the termination of the art therapy group. I also reminded him that Alex and I were waiting for him, and that his case workers were expecting him back as well. Colin continued to rush through his boat making, and after a few tense moments, felt that it was complete enough to leave. As he came to the door where Alex and I waited for him, he cried out, "Was that so hard to wait!?" Alex replied, "Yes! It was!"

Reflecting on this after the boys had returned to their case workers, I expected that Collin, and perhaps the rest of the group, might continue having difficulty leaving as we approached our last session. I made a note to start the next session by processing this with the group the following week, to acknowledge the difficult feelings involved in endings, and to also talk about the importance of respecting the time frame of therapy.

Session 6:

Children Present: Alex, Andrew and Collin

We began this session by talking about our art therapy group coming to an end. As planned the previous week, we discussed coming and going from the art therapy room, and the importance of leaving on time together. As we were

nearing the last session, I recognized in myself that I too had to prepare for termination and deal with my own feelings of ending the group.

With the prospect of termination, I was feeling that I wanted to provide an activity that would offer a sense of completion in regards to the animal project and our group. I hoped that this would help give some closure to our art therapy group, as well as an opportunity to review some of the group processes and goals that had been attained. I felt that there had been great progress made towards the goals of fostering a secure and safe environment, building trust amongst the group members and with me, and sharing and listening to thoughts and feelings of the other group members. Furthermore, the boys had made great strides towards building some sense of group cohesiveness, acceptance, and belonging. Lastly, through the art projects, this group had begun to attain a deeper understanding of emotions and thoughts on both an experiential and cognitive level.

However, I also felt that although this progress had been made in just a few short sessions, that it was unfortunate that the group was coming to an end so soon. Although changes in behaviour, acceptance and respect were evident, there was still room for growth. I put plenty of thought into planning the last two sessions to prepare the group for termination, and to make a solid plan to secure the frame within myself. I felt that keeping my research question close at hand as I worked with this group had helped me reflect closely on how to provide this solid frame throughout the termination process, and had prepared me to do this effectively.

The boys had many questions about ending therapy, especially Andrew. He wanted to know what would happen to the art therapy room once I completed my internship, if another art therapist would run groups there, and what I would be doing once I left. I reminded them that I was leaving because I would be finishing my program and graduating. Andrew quickly related to this by saying that he would be graduating from the day treatment program shortly, and that he would be going back to regular school. Alex piped in to let me know he would be doing the same. We talked about what feelings might be associated with endings, and that often people can feel different feelings at the same time.

As this session was the second to last session, the activity focused on the animal project as a whole, and acted as a review for the group members. Before starting the activity, I reviewed with the children what they had already made: a home for protection, an environment for personal space, a family for companionship, and a boat to visit each other in. They had also made symbolic books and shields that explored each animal's powers, strengths, and weaknesses. In this session, I posed the question, "I am wondering what your animal needs now?" This question started some discussion about what the children may not have made that their animal would need. This session offered time to finish any projects that had not yet been completed or started for various reasons. I gave each child an island that was cut out of a large sheet of construction paper. I told them that the limits were that anything they made must be able to be contained on the island. I gave them the option to work at a table, or work on the mat on the floor.

The goal of this activity was to maximize each child's creative freedom. The children were able to create from their own imaginations, to exercise their individual ideas, and were provided with enough containment for them to manage, get along, and share the space. Giving the children the option to work on the mat allowed them to begin to incorporate their surroundings into their artwork, including the other islands, and to initiate spontaneous free play as a group. As the children worked, I was able to call Alex and Andrew to the table to review and collect some of their artwork made in earlier sessions, which they would be taking home.

The children's use of space on the blue mat was quite significant in this session, and was a way to bring about issues of group dynamics in a concrete, yet experiential, way (see Figure 12).

Figure 12

Andrew put his island down first, near the edge of the bottom left-hand corner of the mat (see Figure 13). Alex placed his island near the centre (see Figure 14). Then Collin placed his island on the opposite corner from Andrew (see Figure 15). Alex moved his island closer to Andrew's island. Eventually, Alex's island was overlapping Andrew's, and both of their islands were pushed in the opposite corner of the mat from Collin. I asked Andrew and Alex how they felt about having their islands overlap, and they both said that they didn't mind.
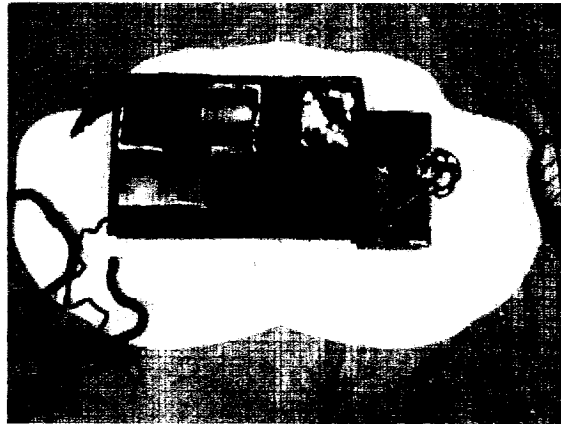

Figure 13

Figure 14

Figure 15

On the other side of the mat, Collin began to take up a great deal of space on the ocean by setting up two fishing boats with elaborate nets and lines. His lizard also had a fishing rod. He began to cast his rod out towards the other two boys' islands. Alex started to complain that Collin was taking up too much space. I pointed out that he could set up his island anywhere on the ocean- the choice was up to him if he wanted to move over. Collin kept whipping his fishing rod about, hitting Alex's island and Alex. Alex complained more, and I had to intervene to stop Collin from hitting Alex with his rod. However, I pointed out that perhaps Collin was taking up so much space because he was looking for somewhere on the ocean that he fit in and felt safe. This seemed to calm the dynamics a little, but not completely.

Collin then said that his animal needed many fish to eat and to survive. Alex said his animal only ate leaves, and then threw some sparkly pipe-cleaners into the water. Alex explained that the pipe cleaners sent out an electric current that killed all the fish. This upset Collin greatly, as he said that his lizard would die if he didn't have fish to eat. It seemed that underlying his tone was the message, "*If you kill all the fish, you kill me. Don't you care if I die?*" Collin became teary and sad. I pointed out that maybe Collin could invent a place that was safe from all electric current- maybe a safe little cove by his island. However, my comment seemed to miss the point, as Collin felt hurt by the comments made by his peer and he remained upset. Then Andrew placed some cotton on the mat, and said that it would pollute all the water, and kill all the fish. Collin became even more upset.

At this point, I pointed out that the boys seemed to be provoking Collin, and purposely trying to elicit a reaction out of him. They both denied this. However, Andrew quickly redirected his actions, and explained that the cotton was actually a filtration system that cleaned the water. This seemed to help relieve the tension in the group. By this point it was nearly time to go. I asked the boys to set up their islands so I could take picture to give to them the following week. Collin once again had some difficulty leaving the art therapy room, but not nearly as much as the week before. With some prompting, he was able to stop what he was doing, and join the rest of the group to leave.

Session 7:

Children present: Andrew, Alex and Collin

As this was the group's final session, we had agreed to have a breakfast together to commemorate our last meeting and to mark it with a celebration. Also, food was a way to gather the boys around the table, and elicit discussion among the group members.

I had loosely planned activities for this session, but I was willing to be flexible and respond to the needs of the group. After eating, I decided that the children could use the rest of the time to play. I had set up the environments on the blue mat before the children came into the room, as closely as possible to the way they had set the islands up in the last session. The goal of this free play was to give the children one last chance to play with their animals and environments. More importantly, it gave the children an opportunity to bring some closure to their play and the group as a whole. I also set up a blue island, which was shaped

differently than the other three islands. On this island, I placed the turtle, which had come to represent me. I set up three docks out of popsicle sticks around my island, and let the children know that they were welcome to play on this peaceful island if they chose to. I decided to be more directive by incorporating my animal, the turtle, as a way for the children to express their feelings toward me in this last session as we prepared for termination. The turtle offered a way to incorporate a symbol of me into their animal world, where much of their interaction had taken place through symbolic means and play.

On entering the art therapy room there was a sense of excitement, especially when the boys saw that their environments had been set up. During breakfast, the children were quiet. However, as soon as they finished, they became very excitable. Andrew and Alex ran to where I kept the turtle, and began throwing it around the room. I had to intervene to keep the children's excitement contained. All of the children then went to the mat, and began to play with their environments. Andrew and Alex quickly built a bridge connecting their islands. They had created more distance between their islands than the previous week, but found a way to concretely show their remaining connection. Collin built a bridge to the turtle's island, and began to play with his lizard and the turtle. This seemed to suggest his desire to make interpersonal connections with others, yet he made his alliance with me. Perhaps this reflected his feelings of having a connection with me; yet it was also a safe choice, as he had found comfort making an alliance with someone who would not reject him.

The play continued fairly cooperatively among the group members. The children were able to follow each other's initiatives in creating a story line in their play. They were able to collaborate in their imaginative play, as plasticine balls became bombs, pipe-cleaners became snake guardians, and the world on the blue mat became full of life and interaction. At one point, Alex invited Andrew onto his boat. He made room for Andrew's cheetah, even though the boat initially had only enough room for one animal. Together, the two animals went sailing through the sky in the little boat. Through playful interaction, Collin expressed his desire to join in on this flying boat ride. Although there was no room in the boat, Alex helped Collin hook the lizard's tail onto a chain hanging from the boat. The three animals flew off, all finding a place where they belonged in this collective space, and compromising so that every member could take part in the ride.

At the end of the session, I helped each child pack their environments and remaining art into bags to take home. As I helped Collin, he became very upset as we tried to put his environment into a bag and parts of his artwork began to bend. His temper escalated very quickly, and he began to shout and cry when he accidentally ripped some leaves off a tree in his environment. The timing of this outburst seemed to indicate his anxiety about the group ending. I gave him some time to cool down before addressing the issue with him. After coming to a compromise, we were able to pack his things into a bag, and prepare to leave.

Just before the group ended, I presented the box that had been kept near the turtle. Inside was a small gift for each child. I had drawn a black silhouette of each child's animal onto smooth, small stones. I had also printed small photos for

each child of their island, and written a little message on the back to acknowledge

the children's participation, efforts, and growth in the group (see Figure 16).
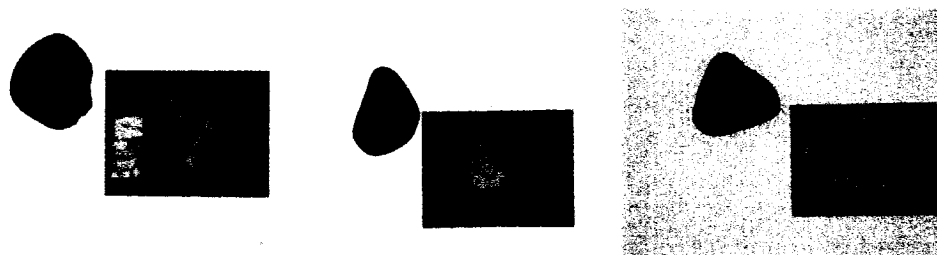
Figure 16

All of the children were very touched by this gesture. They exclaimed their

excitement and amazement at the likeness of their animals on the stones. I

explained that they could keep the stone to remind them of the group, of the

lessons that they had learned, and of strength they had gained through their

animals. The children all put their stones in their pockets, and kept them there

with them for the rest of the day.

Discussion

Minding the therapeutic frame is particularly important in working with

behaviourally disordered children. Without firm rules, boundaries, and limits, the

behaviour of these children can quickly become defiant, aggressive, and

disordered, especially in group settings. A solid frame creates a safe and secure

therapeutic environment, and establishes the foundation for progress and growth

towards therapeutic goals. In working with this group, it took time, patience, and

experience to establish the rules, limits, and boundaries. However, the animal

project provided enough structure for the children to embark on their own creative

expeditions in constructing miniature worlds, where dynamics within the group

could safely come to life. Within the directives given for the overall project, there was enough room for each child to exercise personal inventiveness and creativity.

The overall goal of the animal project was to provide a frame through art, which would facilitate the exploration of therapeutic goals, including personal issues, peer relationships, and group interaction. However, as I worked with these children I encountered various challenges to maintaining a safe and secure therapeutic frame. Upon reflection, I recognized that there were three factors that I continually kept in mind to help work towards the goals set forth for the group: (a) consideration was given to planning each session, and to the behaviour management of this group of children who have difficulty interacting in group settings; (b) I often negotiated within myself how much structure to provide for these children and how much flexibility to afford, in order to balance both containment and individual autonomy; (c) I frequently used the art projects to further the efficacy of the therapeutic frame in providing a safe, secure, and trusting environment. These art projects were designed to engage the children in the art making, to promote interaction in a safe and non-threatening way, and to encourage awareness and exploration and of significant personal issues. Each of these points is elaborated upon with specific examples in the following three sections.

Special Considerations

As Polsgrove and Smith (2004) state, children with EBD have difficulty controlling their behaviour, interpreting social situations, and responding appropriately to their environments. Rozum (2001) points out that these children

experience repeated failure in social situations and simple daily tasks. Thus, it can be quite challenging to set up a group for successful participation and interaction. I found that planning sessions in advance helped me secure an internal structure within myself. I used these plans to help keep the goals of each session in mind. Furthermore, this structure acted as an internal compass, which I used to guide the decisions I had to make quickly when group members became defiant, impulsive, provocative, or inappropriate. By securing the frame within myself, my goal was to help each child feel understood, and to further their social, emotional, and behavioural development.

Throughout the weeks, it was imperative that the frame remained consistent (Safran, 2002). Working on the same project consecutively over the seven weeks greatly facilitated this consistency, as the children came into the art therapy room each week knowing what to expect. They quickly became familiar with the routines, and after just a few sessions, were able to work more independently. This facilitated smooth transitions, such as moving from the art project to non-directive play on the blue mat. At one point, Alex was the first member to finish his art project. He went over to get the blue mat out himself, set it up, and began to quietly play as the other boys finished their projects. This familiarity with the routine not only helped me out, it also fostered a sense of autonomy and independence amongst the group members.

Consistent positive verbal reinforcement was also invaluable. As Witt et al. (2004) point out, when working with these children, restrictions are often placed on inappropriate behaviour, whereas compliance of the rules is not

frequently acknowledged. Yet, a direct link has been demonstrated between acknowledging positive behaviours and rule compliance (Witt et al.). Working with this group, it became apparent that frequent acknowledgement of positive behaviours, such as being cooperative, focusing on projects, and listening to the instructions, went a long way. Not only did it promote positive behaviour, it also helped the children become aware of when they were working well, and fostered positive feelings about themselves and their participation in the group.

Another important consideration that a therapist must prepare for when working with a difficult population is being able to tolerate personal frustrations (Rozum, 2001). There were a few times that I felt my own frustration stewing when I encountered certain challenges. For example, I felt frustrated when I was unable to put a stop to Alex's and Andrew's negative remarks directed at Collin in the second session, and when Collin refused to leave in the fourth session. In both situations, I felt my own sense of powerlessness against the defiance and non-compliance of the group members. In these tense moments, I did my best to become aware of these feelings within myself, and to set them aside in order to deal with the situation as effectively as possible. In both situations, there were deeper underlying matters that had to be addressed, which were difficulties with acceptance and rejection, and the impending termination of therapy. I had to acknowledge these underlying issues, and gently reflect them back to the children. Both of these issues became pertinent material that was addressed in subsequent sessions, and ultimately facilitated self-awareness and growth in each child.

Structure and Flexibility

Several authors have advocated the importance of providing a balance of structure and flexibility in the therapeutic frame (Gnaulati, 1999; Gold & Cherry, 1997; Polsgrove & Smith, 2004; Rubin, 1984; Yorke, 1993). However, the question remains as to when it is appropriate to provide more structure, and when it is appropriate to be more flexible. Within each session, various challenges to the therapeutic frame arose, compromising the sense of security, safety, and trust that I was attempting to establish. Whether such obstacles were relatively small or quite significant, I had to negotiate how to manage these transgressions. Furthermore, I had to provide the group with an appropriate balance of structure and flexibility to promote and facilitate each child's competence, autonomy, self-awareness, and growth (Polsgrove & Smith).

When the limits of appropriate behaviour were clearly being pushed, such as when Andrew and Alex were throwing the turtle around the room out of excitement, it was clear that this behaviour had to be redirected. It was in the subtleties of interpersonal interaction among the three boys that it became more difficult to deem what behaviour was simply inappropriate, and what behaviour had underlying issues that had to be worked through. Oftentimes, the three boys provoked each other, attempting to elicit a reaction from one another or from me. I had to judge when to intervene to try to put a stop to this, and when to observe how the children dealt with such confrontations themselves. After some time, I found that reflecting the children's behaviour back to them verbally was enough to bring awareness to what was taking place (Barratt & Kerman, 2001). For

example, when Alex and Andrew were pretending to put things in the water that would kill the fish that Collin needed to survive, simply reflecting that it seemed that the two boys were provoking the other was enough to increase their awareness of the situation. Andrew quickly changed his behaviour, placing a 'filtration system' in the water instead. Thus, instead of overtly intervening, reflecting on the dynamics of the group gave the children some autonomy to make their own decision of how to change their behaviours.

At other times, the tensions between the group members called for more structured directives and interventions. When I first planned to make a contract with the group, I thought I had prepared it with enough focused directives and clear goals for the children to complete the project successfully. As it turned out, with the existing tension between the members, and the relative flexibility that the project offered, the activity was too open-ended, and tensions arose. Collin became upset as the other two boys refused to sign the contract. Collin ended up showing his frustration by ripping up his animal art project. The following week, I provided more structure for the contract by writing out words and pictures that the boys could decide to glue on or leave off the contract. By revisiting this project with more directives and structure, the boys were able to complete the project, and the group was able to move forward in their acceptance of the new member.

Art and the Therapeutic Frame

Successfully managing an art therapy group for behaviourally disordered children requires experience, thoughtful planning, and the ability and willingness to experiment (Rozum, 2001). There are various components of the frame that

must be thought through by the therapist, including the planning of activities, the use of space and time, and the development and management of rules (Case & Dalley, 2000; Rozum, 2001; Rubin, 1984, 2005; Safran, 2002). Art can also facilitate the development and maintenance of the frame (Rozum: Rubin, 1984, 2005). It can engage the children in a combination of directive and non-directive activities, to both structure the development towards therapeutic goals, and to create a sense of autonomy, personal choice, and creative freedom. It can provide a means of safe and non-threatening interaction (Case & Dalley). It also allows for experiential exploration and cognitive awareness of personal issues (Wilson & Ryan, 2005).

As Rozum (2001) points out, children can release anxious or aggressive feelings through art. This release of emotion can be expressed in a positive or negative way, and the therapist must be prepared for either (Rozum). In this group, such expression of emotions was evident through the group members' interaction with the art materials on numerous occasions. Collin was able to express his painful feelings of the rejection he experienced by the other two members by ripping up his project. Although his actions were powerful and destructive, the expression of these feelings was directed toward his artwork. Furthermore, as the group prepared to leave at the end of the session, I placed the ruins of his project into a box, and let him know I would keep them safe in case he decided to come back. This gesture, expressed through concern for the art, communicated the caring and holding environment within the art therapy group. On the second occasion that Collin threatened to destroy his art, because he was

unhappy with the print he had made on his shield, I took his hesitation as an opportunity to gently intervene and to show him that his frustration and difficult feelings could be tolerated (Rozum). He was then able to complete the project with more success.

Art was also used many times to communicate feelings that might be too dangerous to disclose overtly (Rubin, 1984). Specifically, the animal environments were used on several occasions by Andrew, Alex, and Collin to express feelings through actions instead of words. For example, Collin took his place within the group when he finally added his animal environment to the blue mat, and joined the other two boys in play. Andrew and Alex both used the environments to invite Collin to come play with them on several occasions. This invitation might have been too difficult outside of the art and play, as the alliances in the group were strong and clear. However, within the imaginary world of animals, both Andrew and Alex were able to practice new behaviours that were too threatening to try outside of the pretense of play. These invitations communicated to Collin that he was an accepted member of the group, and that alliances could change. Furthermore, it was reported to me, by both Andrew and his case worker, that outside of therapy Andrew had begun to invite Collin to join in other activities as well. This seemed to evidence growth, self awareness, and the ability to change his behaviour both inside and outside the group.

As these group members did not have the attention span or capacity to share their art verbally, the three boys shared the progress of their projects through non-directed play at the end of each session. They typically shared their

progress experientially as they played. However, I often reflected on the dynamics of the play, increasingly shifting the focus to more cognitive processing of what was taking place (Wilson & Ryan, 2005). The play gave the group some freedom at the end of each session, but also provided limits to foster respectful interaction. In the last session, the three boys played very cooperatively, as they all compromised and participated in the flying boat ride. This seemed to demonstrate growth toward group cohesion and acceptance among all three members.

Creative Freedom and Therapeutic Growth

Children with emotional and behavioural disorders often have difficulty controlling their behaviours and emotions, interpreting social situations, and responding to the social world appropriately (Polsgrove & Smith, 2004). In a group therapy setting, it is the adult's role to help these children contain their impulsive and disruptive behaviour, and to teach ways of behaving that will maximize the child's emotional, behavioural, and social development (Polsgrove & Smith). Thus, working towards goals such as developing trust, engaging in respectful and meaningful interaction, and developing an awareness of how one's behaviour affects others and oneself, facilitates children's growth toward becoming more competent and self-regulatory, and in exercising individual free will (Polsgrove & Smith).

Projects in group art therapy can offer both structure and freedom of choice to foster successful participation in the group (Rozum, 2001). A directive project can give the child guidelines to work within, yet it allows for investment

of one's own creative freedom. Working within specific guidelines can help instill a child with confidence in his own creativity, and subsequently facilitates expression through the content and form of the artwork (Rubin, 2005).

In this particular group, the first few sessions were much more structured. By persevering through the first two difficult sessions after Collin joined the group, a sense of safety and containment was established. With this safety and containment, trust began to emerge. This trust took time to be established, and was not something that could be hurried in any way. As the group members worked through the difficulties of accepting the new member into the group, the group dynamics began to settle, and became less hostile. By the third and fourth session the children knew what to expect of the project, the routines, and which behaviours would or would not be tolerated. Through various discussions, and reflections on the underlying emotions that were being expressed through the art and play, the members began to internalize our discussions regarding acceptance and act upon them. As the sessions progressed, the children were able to handle increasing freedom of choice. They became engaged in the animal project, and in thinking on both an experiential and cognitive level about their animal symbolism, as well as about their role and participation in the group.

Having certain prerequisites in place in the therapeutic setting helped establish a contained, safe, and consistent group environment, and facilitated the three members in feeling secure within the therapeutic frame. Changes within each child also became evident throughout the seven sessions.

Firstly, Collin was able to invest himself and his feelings in the art projects readily. In the early sessions, he felt the painful rejection of the other members. He expressed this hurt by ripping up his art project. However, he was eventually accepted by the other two boys, and affirmed his place in the group by rebuilding his environment and adding it to the communal space on the blue mat. Although the other members were able to accept him in the group, perhaps it was even more important that Collin was able to accept himself as a member of the group. Over time he began to participate in the group processes with more self assuredness and freedom.

In the first few sessions, Andrew openly rejected Collin by isolating him and provoking him. However, he seemed to become more aware of the effects of his behaviour when Collin became upset and ripped his art project up. By processing the group dynamics experientially through art projects and play, Andrew began to internalize and act upon our discussions about respect and acceptance. Furthermore, he also became cognitively aware of changes in his behaviour, as he proudly shared with me one day that he had been inviting Collin to play outside of group therapy as well.

In the first few sessions, Alex also openly rejected Collin. His behaviour was very provocative, and needed a lot of firm structure and clear guidelines to contain his disruptive behaviour. However, as the sessions progressed, he began to become familiar with the routines and ways of working with the new member in the group, and he began to work more independently. At one point, when my attention was directed at helping Collin finish his project, Alex quietly got out the

blue mat, set it up himself, and began to play on his own. He waited until Collin had finished his art project, and then invited Collin to play with him. This seemed to suggest growth in his sense of autonomy, as well as in his acceptance of the new member in the group.

By providing certain routines, rules, and boundaries, the children began to feel secure and safe within the structure of the group. Each one of them made progress toward the therapeutic goals set forth for the group, and were able to invest their creativity, skills, thoughts, and feelings into the art projects. As the therapist, my objective was to remain sensitive to the therapeutic goals, and to ensure that the group environment supported and encouraged each child's successful participation, creative freedom, and therapeutic growth.

Future Recommendations

Investigating the field of emotional and behavioural disorders through qualitative study is a relatively recent endeavour (Sabornie, 2004). Despite the scarcity of qualitative research in this field, such studies offer valuable information regarding the nuances of what it is like to have an emotional or behavioural disorder, as well as what it is like to work with this population (Sabornie). Preparing for this research project provided much information and guidance as I worked with this group. Further investigation of the difficulties an art therapist is likely to encounter in regards to the therapeutic frame would be valuable, particularly for young therapists and interns working with this population. Such information could help prepare others for what it is like to work with this difficult population, and could possibly facilitate successful planning for

future groups. For example, a heuristic study, which investigates the internal processes, challenges, and struggles that an art therapist encounters in managing the therapeutic frame could possibly shed some light and give guidance to other professionals who encounter similar situations.

In working closely with these children, I also noticed the impact of peer acceptance/rejection on the children's self esteem. Further exploration of the subtleties of this relationship would be invaluable in shedding light upon the daily struggles and challenges that children with emotional and behavioural disorders face. Furthermore, research on the use of animal symbolism in art and play would be of great interest to many art and play therapists, considering the high levels of engagement and involvement that this group achieved through the animal art project over the weeks. Such information may be useful in describing interventions for engaging this clientele in the therapeutic process on both experiential and cognitive levels. These studies would be a worthwhile endeavour, especially in contribution to the dearth of literature on art therapy and children with EBD.

As there were only seven sessions to work with these particular three boys, it seemed as though the group came to an end just as things were getting started. However, in many settings, children's groups often only run for a limited amount of time- usually spanning for 7 to 10 weeks. The luxury of groups that run longer is rare, often because of limited funding. Thus, it is helpful to have research to consult before starting a group, as to become familiar with the difficulties that a group of this population is likely to face. Initial goals can be set,

even before the therapist meets the children, to help provide a solid framework to build upon. For example, based on the experience with this group, initial goals I might suggest would include working towards acceptance of other members, building trust among the group members, and establishing ways of working that promote safety and security within the group.

If this group had continued several weeks longer, the group goals would have continued to focus on the practice and reinforcement of social skills, the ability to relate to each other, and the ability to support each other. Group dynamics would have likely been a topic of focus, as to further develop self awareness by learning to exchange and receive feedback from one another in a positive way. I would have also liked to work towards providing less structure in the art projects to promote more personal choice, autonomy, and self regulation.

If I were to facilitate a group with a similar population in the future, I would not hesitate to organize it similarly to this group's structure. I would use the animal art project as an initial and ongoing project. However, I would expect that throughout the first several weeks individual issues would arise, unique to the children in the group, and further goals could be established accordingly.

It would be ideal for future groups to be closed to new members. Having children join or leave an ongoing group makes it more difficult to build trusting relationships among the group members. This can also potentially cause difficulties with the children's ability for self-disclosure, and could compromise confidentiality. Groups for school aged children can be organized to reflect the cycles of the school year. A group could run throughout the year in three or four

sessions of 10 to 12 weeks. Although each session would be closed to new members for those allotted weeks, new children could enter the group at the beginning of a new session, such as at the beginning of the school year or after the winter holidays. Those who were ready to move on could leave the group at the end of the session. Although this may not have been possible in the setting that I worked in, it would have been ideal to have structured the group like this. It would allow for group members to experience the beginning and ending of each session, and would have helped the overall structure of the group feel more complete.

Needless to say, I learned a lot working with this group. I initially became motivated to learn more about working with groups of children with EBD as I experienced some struggles and difficulties in maintaining a secure therapeutic frame in the first few sessions with the three original group members. I felt more comfortable and confident once I did a literature review of contemporary issues in emotional and behavioural disorders in children. This gave me a base of knowledge on which to build my own art therapy group. Despite the various challenges I encountered with this group, overall my experience working with these children was absolutely rewarding, and I remain motivated to continue to work with a similar population in the future. I have both witnessed and experienced the opportunities that art therapy can present for change and growth, as well as for the development of self awareness, tolerance, and acceptance. This group truly was a source of inspiration for me, and I am most appreciative of the opportunity I had to learn from and work with these three boys.

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Appendix A: Letter of Information

LETTER OF INFORMATION

ART THERAPY STUDENT: Shawna Perkins
                        Art Therapy Intern
                        Master's in Creative Arts Therapies Program
                        Concordia University
                        (Phone Number)

PRACTICUM SUPERVISOR: *(Supervisor's Name)*
                        (Name of Hospital)
                        (Phone Number)

Dear Parent/Guardian,

My name is Shawna Perkins, and I am an Art Therapy intern enrolled as a Master's Degree student at Concordia University. I am working with your child, *(name)*, in a weekly art therapy group as a part of the *(name of treatment program and hospital)*. Art therapy is the use of creative art processes to achieve therapeutic goals in a way that is well suited to your child's age and abilities. Some topics of focus are social skills, self-esteem and self-expression. Art materials such as paint, clay, and drawing materials are offered to each child to work with. Children usually respond spontaneously and enthusiastically to this active and experiential therapy.

As my work at the *(name of hospital)* is also a part of the completion of the Master's Program in the Department of Creative Arts Therapies, I would like to use some of my experiences in working with this group towards the writing of a final paper. The topic that I have chosen for this paper is the use of art therapy in group work with children. With your permission, I would like to take some photographs of your child's artwork and include some brief descriptions of your child's participation in the art therapy group in this paper.

Because of the personal nature of this group, your child's confidentiality will be respected in every way possible. Neither your child's name, the name of the hospital or program, nor any other identifying information, will appear in the research paper or on any artwork. The artwork will be completely anonymous and a pseudonym will be assigned to every participant.

To my knowledge, your consent will not cause any inconvenience or advantages. A copy of the paper will be bound and kept in the Concordia University Library, and another in the Department's Resource Room. Whether or not you give your consent will have no effect on your child's participation in the group or his/her treatment. You may consent to all or just some of the requests on the accompanying consent form. As well, you may withdraw your consent at any time before the paper is completed without giving any explanation. If you have

any other questions, you may contact me or my practicum supervisor at the phone numbers above.

Sincerely,

Shawna Perkins

Appendix B: Consent Form

CONSENT FORM

ART THERAPY STUDENT: Shawna Perkins
           Art Therapy Intern
           Master's in Creative Arts Therapies Program
           Concordia University
           (Phone Number)

PRACTICUM SUPERVISOR: *(Supervisor's Name)*
           (Name of Hospital)
           (Phone Number)

I, the undersigned,

_____

Authorize_____

To use selected photographs of my son's/daughter's artwork and descriptions of my son's/daughter's participation in the art therapy group from *(date)* to *(date)*. This paper is in partial completion of Shawna's Master's Degree in the Creative Arts Therapies Program at Concordia University.

I understand that my son's/daughter's confidentiality will be respected in every way possible. Neither my child's name, the name of the hospital or program, nor any other identifying information will appear in the paper or on any artwork. The artwork will be completely anonymous and a pseudonym will be assigned to keep my child's confidentiality. I understand that a copy of the paper will be bound and kept in the Concordia University Library, and another in the Department's Resource Room.

I understand that agreement to this request is voluntary, and that I can decline consent with no effect on my child's participation in the art therapy group. I also understand that I may withdraw my consent at any time with no explanation, simply by contacting Shawna Perkins or her supervisor at the phone numbers above.

I have had an opportunity to ask questions about the implications of this consent, and I am satisfied with the answers I have received.

I have read and understand the contents of this form, and I give my consent as described above.

_____ _____
Signature of Parent/Guardian   Date

_____ _____
Signature of Art Therapist   Date

Appendix C: Data Collection Form

Data Collection Form

Children present:
Date:
Description of Activity:
Therapeutic Goals:
Materials:
Children's Use of Time:
Entering the Art Therapy Room
Routine: listening to instructions, engaging in art making, tidying, sharing art, etc.
Leaving Art Therapy Room
Space:
Reflect on how the children interacted within the art therapy space today (i.e.) respect towards other group member's space, sat together or separately, use of space at table and on mat, etc.
Materials:
How did the children interact with the materials? Appropriately used? Level of engagement? Creativity?
Children's Interpersonal Interaction:
Interaction with each other
Therapist's reflections on the Frame:
Were there any particular challenges to the frame today? (i.e.) safety, respect, discipline, support, acceptance, rejection, group cohesion, etc.

• How did you address them?
• How might you address this in the future?
• How did the child/group respond?

Next week forecast: