Focusing-Oriented Art Therapy and Bookmaking to Promote Protective Resiliency of

Children Living in a Homeless Shelter

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ABSTRACT

This mixed methods study hypothesized that school age children who are living in a homeless shelter would experience an increase in self-esteem and promote protective resilience in a four-session Focusing-Oriented Art Therapy and Bookmaking art group intervention based on Positive Psychology. The participants would also experience an increase in self-awareness, expression, social interaction, creativity, and sense of accomplishment. Additionally, the research sought to answer the following qualitative research question: How does Bookmaking based on Positive Psychology and Focusing-Oriented Art Therapy promote protective resilience factors with school age homeless children? The study was a quasi-experimental, pre-test/post-test research design in which the data was collected from a non-random experimental group and the pre-test and post-test used to measure the participants' resiliency levels prior to and after participation in the four-session group intervention. The Art-based component used an art therapy assessment, "Draw a Person in the Rain". The group consisted of four school age children between the ages of seven and twelve. The independent variable was the four-session, one week Focusing-Oriented Art Therapy and Bookmaking group; the dependent variable was the participants' resiliency. The quantitative results of this study indicated that there was positive change in the pre-and post-test differences for the intervention on the SEARS-C Social-Emotional Assets and Resilience Scale and DAPR art based assessment. From the qualitative findings, an increase of protective resilience was found in participants' drawings. Participants perceived a positive change in their sense of self after the intervention and found the intervention was found to be helpful in improving self-awareness, self-expression, and a sense of accomplishment.

CHAPTER 1

INTRODUCTION/PROBLEM STATEMENT

Homelessness in the United States

Homelessness in the United States is growing societal problem. Homeless populations have been increasing continuously regardless of the U.S. government's efforts to decrease it. Studies demonstrate that homeless populations have been increasing among the U.S population with a complex set of circumstances. According to the U.S Conference of Mayors report from 2008, 19 out of 25 cities reported an increase in homelessness from 2007. Approximately, 3.5 million people in the United States are in danger of experiencing homelessness in any given year (Romeo, 2005). In particular, 16 cities reported an increase in the number of homeless families (U.S. Conference of Mayors, 2008).

While the homeless population in general has been continuously increasing, family homelessness in particular has significantly increased over the past ten years (National Coalition for the Homeless, 2009). Families with children are one of the fastest growing portions of the homeless population (Prescott, Sekendur, Bailey & Hoshino, 2008). Recent studies found that 23% of the homeless population in the United States is comprised of families with children (U.S. Conference of Mayors, 2007). In 2003, children under the age of 18 accounted for 39% of the homeless population, and 42% of these children were under the age of five (National Law Center on Homelessness and Poverty, 2004). Even though the predominance of youth homelessness is difficult to measure, researchers estimate that the number of homeless youth is approximately 1million to 1.6 million youth per year experience homelessness (National Alliance to End

Homelessness, 2006). According to the National Center on Family Homelessness, as many as one in 50 U.S. children (1.5 million) are homeless or living in short-term housing. A study conducted by National Law Center on Homelessness and Poverty in 2007 shows that approximately 1.35 million children are likely to experience homelessness in a given year.

Self-Esteem

Driver & Spady (2004) state that homeless children often have high levels of depression, anxiety, and low self-esteem due to the stress of homelessness. 'Self-esteem' refers to global evaluations of the self, and is also called 'self-worth' or 'self-image' (Santrock, 2008). In a recent study, Baumeister et al. (2003) define 'self-esteem' as "literally defined by how much value people place on themselves" (p. 2). Many self-esteem studies emphasize that one's self is subject to increases or decreases in self-esteem. Coopersmith (1967) defines self-esteem as "a personal judgment of worthiness that is expressed in the attitudes the individual holds toward himself" (p. 5). He added, "It is a subjective experience which the individual conveys to others by verbal reports and other overt expressive behavior" (p. 5). Driver & Spady (2004) assert that providing a healthy environment or education can help homeless children because education plays significant role in children who experiences homelessness. In order to reduce these symptoms and elevate children's self-esteem, positive reinforcement and teaching problem solving skills and cooperative learning is vital (Driver & Spady, 2004).

Resilience

Traditionally, research and practice concerning homeless children and outcomes for children has focused on the investigation of risk factors as well as interventions and services designed to decrease the influence of such factors. However, while mainstream mental health practice has focused on risk factors, the notion of resilience was introduced into the mental health field in the 1980's (Cheung & Cheung & Kwong & Lee & Ungar., 2010). According to The Bridge Child Care Development Service (2007), "the observation made over thirty years ago, that not all children succumb to the effects of risks, led to the investigation of protective factors and resilience" (p.2). The introduction of the concept of resilience brought new ideas to the psychology field (Rutter, 1987). Studies on resilience show that in spite of acute or chronic adversities, some children are able to overcome or are not as affected by their situation as are other children (as cited in Lee et al., 2010). In order to make positive outcomes, promoting protective resilience is crucial.

Positive Psychology

In a child's development, when a child enters the school-age period, it is important to help them form positive self-esteem since it strongly relates to their happiness. While mental health researchers have been emphasizing problems, the body of positive psychology has been evolving as well. According to Seligman and Csikszentmihalyi (2000), "Treatment is not just fixing what is broken; it is nurturing what is best" (as cited in Hutchinson & Pretelt, 2010, p. 20). This shows that positive approaches are vital because such problem oriented treatment approaches cannot treat people effectively. Hutchinson and Pretelet (2010) emphasized the important relation

between positive emotions and building resilience in children, stating, "Humor, serenity, trust, appreciation and compassion are positive emotions that are not only important in interrupting problematic and unhelpful cycles of interaction between children and the people who matter to them. They are also vital in helping to build and practice resilience (Hutchinson & Pretelet, 2010, p. 20)." Many homeless children lack self-confidence, and feel depressed.

Art Therapy

Art therapy shares many similarities with positive psychology. There is no right or wrong way to create art. The philosophy of art therapy embraces the idea that all art expression is acceptable (Malchiodi, 2007). Erikson named the fourth stage of development the latency period, which characterizes 6 to 11 years old children. He described that this period is a time of "producing things" with skill, domains, ideas, objects, and thoughts while learning to interact in a world both inside and outside the family (Erikson, 1963, p. 259).

Seligman claimed that in order for children to feel good about themselves, they must feel that they are able to do things well (as cited in Kagan & Gall, 2007). In this matter, art is very doable and approachable to anyone, allowing children to discover their ability to create their own art and feel good. This could link to children's self-empowerment and mastery as well. Pediatrician and child care expert T. Berry Brazelton (as cited in Kagan & Gall, 2007) emphasized that children develop self-esteem through the sense of competence and mastery that comes from tackling and triumphing over challenges, even modest ones.

Art is a non-verbal language that everyone is able to communicate. Stabno and Nagel (2007) stated the art is a safe tool to connect people's inner conflict in a safe way. Because art is language, it helps guide the child's therapeutic journey toward healing and mental health. Children like adults, have many ways of camouflaging their emotions, and the use of art allows them to enter into a safe zone, a zone where they can explore thoughts, feelings, frustrations, and abuse (p. 63).

Malchiodi described how people have been using art as a natural coping skill under stressful situations: "History shows us that individual under great stress have been known to make art as a way to express and transform inner conflicts" (Malchiodi, 2007, p. 16). Malchiodi (1998) defined creativity as "the ability to bring something new and unique into existence; as a union of opposites, impressions, ideas, and concepts that initially seem unrelated; or as giving birth to a new idea" (p. 65). Malchiodi assumed that creativity plays an important role in one's life in order to accomplish personal growth, self-understanding, change, and healing. Franklin (1992) also discussed the positive affect of art process, stating that art product and process allow clients to confront their self-esteem in a non-threatening manner. Moreover, Eisner (1982) stated that children gain competency, which is one of the learned attributes that characterize young artists, through making art at a young age (as cited in Carr et al., 2003). This way, a child recognizes the growth and maturation of his/her skills by comparing his/her past work to current work. Therefore, growing competency, self-understanding, and self-esteem from creating art can affect homeless children positively.

Art Therapy and Homeless Children

Prescott et al. (2008) conducted a research on homeless youth utilizing mixed quantitative (N=212) and qualitative (n=3) methods in order to measure the relationship between the function of creativity and art making and their effects on individual's resiliency (Prescott et al., 2008). The quantitative result showed that one's engagement in creative activity correlated strongly with his/her life achievement. The Heart to Heart Art program developed for homeless children and youth at the YWCA in Spokane, Washington indicated that since its establishment 4 years ago, the staff was able to observe that a sense of belonging, success, and creativity can be fostered by art creation (Shepard & Deborah, 2009). The researchers also found that structured activity programs enable homeless children to have healthy relationships and develop a sense of accomplishment by creating something beautiful (Shepard & Booth, 2009). Unfortunately, only few studies have been done with homeless children in general, and even fewer studies have used art therapy.

Focusing Oriented Art Therapy

Rappaport (2009) based her development of Focusing-Oriented Art Therapy (FOAT) on Gendlin's work that was developed from research that he conducted with Carl Rogers (1951) on what made psychotherapy effective. (Rappaport, 2009; Gendlin, 1996; 1981). According to Rappaport, "Focusing-oriented art therapy is a methodological and theoretical approach that integrates Gendlin's (1981, 1996) Focusing method and principles of Focusing-oriented therapy with art therapy" (p.139). Rappaport (2009) states, "Focusing incorporates inner listening, an empathic way of being towards oneself, and provides access to the body's innate wisdom" (p. 16). FOAT

incorporates methods to teach inner acceptance, emotional awareness, and stress reduction which may be beneficial for fostering resilience. Rappaport describes the benefits of FOAT, specifically an approach referred to as "Clearing a Space with Art":

> Clearing a Space is useful for centering, stress reduction, getting dis-identification from overwhelming feelings and dis-identifying from them. It also helps clients to have an experiential knowing that there is a self that is separate from their issues, as well as a place of inherent wholeness (p.112).

Marta Stapert (Stapert & Verliefde, 2008) pioneered the application of Focusing with children and was introduced to the use of art with Focusing through Rappaport (Rappaport, personal communication, 2011). Stapert states, "As I continued to use it professionally with school-age children, I saw that it deepened their connection to themselves, paving the way for growth and change (Stapert & Verliefde, 2008, p.10). Other Focusing professionals have found the benefits of using Focusing with art with children (add in from Focusing and Children on www.focusing.org). It appears that FOAT will be an effective art therapy approach with children living in a homeless shelter.

Bookmaking and Art Therapy

A number of benefits have been found when children are creating their own books. By creating a combination of graphics and written text, children engage in a kind of communication that transcends the sum of its parts -- their pictures, use of color, and words interact to convey messages with a new level of meaning (Hubbard, 1990; Johnson, 1997; as cited in Guzzetti & Wooten, 2002). Generally, while children are making a book, the children are going through the process of creating text and art images.

Some of the common benefits from book-making process are that children can find their uniqueness by creating a book. Guzzetti and Wooten also state, "children became familiar with the structural components of a book and how those components can be used to express theirs or others' ideas" (Guzzetti & Wooten, 2002, p. 7). Bailey (1995) asserts that the book making process helps children to increase their self-esteem, and it also gives great opportunity for children to learn organize thoughts.

Purpose of Study

This study seeks to assist homeless children living in a shelter to increase their resilience. A Positive Psychology framework will serve to emphasize growth promoting factors to enhance resilience. Since FOAT provides an approach that cultivates empathy, acceptance, emotional awareness, stress reduction, and the "life forward direction," (Rappaport, 2009), it complements Positive Psychology. It also seems that bookmaking has the potential to bring order and structure to assist children who have lost much of the routine of their lives from losing their home. It would seem that Positive Psychology using FOAT and bookmaking will be an effective approach for working with children who are homeless.

Hypothesis/Research Question

This study hypothesizes that Positive Psychology using Focusing-Oriented Art Therapy (FOAT) and Bookmaking will lead to an increase in protective resilience in school age children who are homeless. Additionally, the research seeks to answer the following qualitative research question: How does Bookmaking based on Positive

Psychology and Focusing-Oriented Art Therapy promote protective resilience factors with school age homeless children?

CHAPTER 2

LITERATURE REVIEW

This section reviews the literature on the subject, including the homelessness among children, related child development theories, implications of protective resiliency, and the development of assets from the positive psychology perspective. It also presents how protective resilience factors relates to a child's personal and social values, coping skills, learning and creativity. Next, it will review the use of Focusing Oriented Art Therapy with children specifically addressing their protective resilience, and how the use of book-making in art therapy addresses the protective resilience of children.

Homelessness

Family homelessness has seriously increased over the last ten years (National Coalition for the Homeless, 2009). Major reasons of homelessness are poverty, foreclosure and other factors such as domestic violence, mental illness, addiction disorder or lack of affordable health care (National Coalition for the Homeless, 2009). This problem is not only limited to urban areas, but also small towns and rural areas.

Homelessness and Child Development

Consequences of childhood homelessness impact childhood development in many ways. According to Hart-Shegos (1999), "Homelessness influences every facet of a child's life – from conception to young adulthood [and] the experience of homelessness

inhibits the physical, emotional, cognitive, social and behavioral development" (p. 2). Ellen L. Bassuk (2009, as cited in Cohen, 2009), president of the National Center on Family Homelessness and professor of psychiatry at Harvard Medical School, asserts that homeless children need urgent help. She states, "Without decisive action, millions of children will carry the burden of homelessness for their entire lives" (p.7). National Alliance to End Homelessness (2006) also asserts that youth homelessness is a serious problem due to numerous critical consequences; homeless youth are at higher risk for physical and sexual assault or abuse and physical illness, including HIV/AIDS.

One of the harmful consequences of the homeless experience during childhood is caused by the limited nature of proper educational opportunities available to homeless children (National Coalition for the Homeless, 2009). When children become school-aged, they are formally exposed to the larger world and its culture (Santrock, 2008). The National Association for the Education of Homeless Children and Youth (2009) suggests that although the lives of homeless children are filled with uncertainty, loss and deprivation, an appropriate school environment could offer them a place of safety, structure and opportunity. Yet, while housed-children have proper educational opportunities, homeless children experience unique obstacles that prevent them from accessing educational opportunities. These obstacles include being unable to meet enrollment requirements (e.g., proof of residency and legal guardianship, and school and health records); high mobility resulting in lack of school stability and educational continuity; lack of transportation; lack of school supplies and clothing; and poor health, fatigue, and hunger (National Association for the Education of Homeless Children and

Youth, 2009). In this manner, homelessness impacts their academic development tremendously.

Furthermore, many studies show that experiencing homelessness in childhood causes serious harm both psychologically and physically. Homeless children are more at risk of diseases, such as asthma, diarrhea and ear infections, and they are also more likely to experience stress and disruption in schooling and in friendships (Weinreb et al., 1998). Homeless children also have high rates of anxiety, depression and behavioral problems (Bassuk & Rosenberg, 1990). Kozol (1988) states that homeless children, both inside and outside of shelters, suffer psychological devastation associated with academic failure, loss of control, and unstable relationships, often leading to excessive anger, anxiety, depression, constant fear, isolation and low self-esteem. A recent study on school-aged children of homeless families reported that a higher proportion of homeless children experienced mental disorders with impairments, such as disruptive behavior disorders, social phobias and major depression, as compared to their low-income, housed counterparts (Anooshian, 2005).

More research on the impact of homelessness indicates that homeless children face threats to their wellbeing, such as health problems, hunger and poor nutrition, developmental delays, psychological problems and educational underachievement (Yvonne & Marybeth, 1991). Kelly (2007) discusses this matter in her recent study, claiming that the future wellbeing of between 930,000 and 1.35 million homeless children will be endangered each year because they are exposed to many risks (Kelly, 2007). She also found that homeless children are more likely to be victims of physical or sexual abuse; to be diagnosed with mental illness; to suffer from behavioral or emotional

problems; to exhibit educational disabilities; and to experience emotional stress stemming from separation from a parent, inadequate housing, or frequent moves (Kelly, 2007).

When the numerous problems associated with homelessness impacting child development, it becomes clear that help for homeless children is seriously and urgently needed. In life span developmental theory, every developmental stage is important, and of especial importance is the early development of cognitive skills, emotional wellbeing, social competence, and sound physical and mental health; all of these interact to develop a strong foundation for success in the adult years (National Scientific Council on the Developing Child, 2007).

Additionally, homeless children are confronted with stressful and traumatic events that they are too young to understand, which often leads to severe emotional distress. Homeless children experience stress through constant changes, which build up over time. These stressful changes result in a higher incidence of mental disorders, which become manifested in homeless children's behavior (Hart-Shegos, 1999). Strohchein's (2003) work demonstrates the ways in which negative life events, such as homelessness, early in an individual's life can act as a strong determinant of future negative life events. Exposed to these stressful and traumatic events at such a young age (between the ages of 6 and 17) causes homeless children to have much higher rates of mental disorders than their peers (Stohchein, 2003). The stress of homelessness in children can lead to insecure attachments to others, dysfunctional personality development and poor self-esteem (Hart-Shegos, 1999).

Self-esteem

Throughout one's life, self-esteem is critically significant because it influences one's psychological adjustment and quality of life. Since the term 'self- esteem' was first coined by William James in 1890 (The Gale Encyclopedia of Childhood and Adolescence, 2007), the significance of this concept has been discussed personally, socially, and psychologically for psychologists and those outside of the field of psychology (Coopersmith, 1967). The neo-Freudians, particularly Sullivan, Horney and Fromm, were highly attentive to the significance of self-esteem; Adler also clearly perceived its importance (Coopersmith, 1967). Furthermore, the work of such ego psychologists as Hartmann (1958), Erikson (1963), and Jacobson (1954), though indirectly, is related to self-esteem as well (Coopersmith, 1967). Major self-esteem theories have been proposed by Coopersmith (1967), White (1959), and Rosenberg (1979). Not only have psychologists emphasized self-esteem in the past, but also many researches have focused on the subject of self-esteem recently as well.

Self-Esteem in Children

Some studies have found that self-esteem changes over time and in relation to environmental factors. Robins, Gosling and Potter (2002) investigated global self-esteem across the lifespan and their results provide a comprehensive picture of how self-esteem varies between the ages 9 and 90 years, using cross-sectional data collected from 326,641 individuals over the Internet. They found a consistent trend of relatively high self-esteem in the youngest age group, followed by a gradual decline over the course of childhood as a result of experiencing more negative feedback from teachers, parents, and peers. Some

researchers have speculated that children have high self-esteem because it is artificially inflated and that the subsequent decline reflects an increasing reliance on more realistic information about the self (Harter, 1998, as cited in Robins et al., 2002). Throughout the course of their cognitive development, children begin to base their evaluations of self-worth on external feedback and social comparisons, which may produce more accurate judgments of where they stand in relation to others (Ruble et al., 1980, as cited in Robins et al., 2002).

Rosenberg (1979) states that the latency-age child tends to believe that "the ultimate truth about the self is to be found in some external source" (Rosenberg, 1979, quoted in Cotton, 1985, p.136). He added that latency-age children look for information from others because they consider "adults as having a more truthful view of themselves than they have" (p. 241). Mack and Ablon (1983) state, "in the child's eyes, his sense of self-worth is essential to his survival" (p. 12), and they add that "if the child does not experience his value in the eyes of his parents would worry their abandonment and its attendant dangers to his existence" (p. 12).

For homeless children, it is often difficult for them to find consistent support from parents or caregivers, and the unstable environment in which they live negatively affects their self-esteem. Homeless children may worry about how others think of them, and start to recognize differences between their housed counterparts and themselves. As children develop cognitively, it becomes vital to provide them with a safe and appropriate environment in order for them to have high self-esteem, which is closely related to happiness in their life, particularly for homeless children.

There is another reason why self-esteem in childhood has received significant attention. According to the U.S. Department of Health and Human Services (2002) self-esteem is an indicator of good mental health. Although numerous studies have tried to prove a clear relation between self-esteem and individuals' life outcomes, the connection still remains uncertain due to the subjectivity involved in its measurement. However, some studies have proven the existence of a correlation between self-esteem and one's happiness. Baumeister et al. (2003) found in their study that people with high self-esteem are substantially happier than others. They are also less likely to be depressed, either in general or in response to stressful, traumatic events in particular (Baumeister et al., 2003). In regard to this matter, since many homeless children have suffered from the depression and anxiety that is caused by stress and traumatic events, assistance in increasing their positive self-esteem is instrumental to their development.

Resilience

Resilience along with positive self-esteem is one of the important attributes that can be taught and learned. Resilience has provided a useful framework for understanding how individuals react to stressful environment and its relation to a child's healthy development in a difficult circumstance (Luthar, Cicchetti, & Becker, 2000). The National Institute of Mental Health (1995) inquires about "why some people collapse under pressure while others seem unscathed by traumatic circumstances, such as severe illness, death of loved ones, and extreme poverty, or even by major catastrophes such as natural disasters and war" (National Institute of Mental Health, 1995, p. 26), suggesting that some people are more resilient compared to others.

Rutter (1987) suggested that resilience is not a fixed trait and it helps people adapt to unavoidable risks in one's life as well as increase their self-esteem and self-efficacy. Buckner, Samuels, and Shinn (2010) explained the relation between self-esteem, self-regulation skills and resilience, showing that self-esteem, and particularly self-regulation skills, emerged as independent predictors of resilience. Resilience in children has been defined as "achieving desirable outcomes in spite of significant challenges to adaptation or development" (Masten & Coatsworth, 1995, p. 737).

One of the resilience studies with homeless children that have been conducted in an educational setting indicated that service providers such as teachers, social workers, counselors, and childcare providers are able to influence outcomes for homeless children and youth (Reed-Victor & Stronge, 1997). Newman (2004) defined four factors important for building resilience, which are risk, vulnerability, protective factors, and resilience. He defined risk as "any factor or combination of factors that increases the chance of an undesirable outcome affecting a person", vulnerability as "a feature that renders a person more susceptible to a threat", protective factors as "the circumstances that moderate the effects or risk", and resilience as "positive adaptation in the face of severe adversities (as cited in NCH the children's charity, 2007, p11).

The experience of stress in early childhood can be either growth-promoting or seriously damaging, depending on the intensity and duration of the experience, individual differences in children's physiological responsiveness to stress, and the extent to which a supportive adult is available to provide individualized support to help the child deal with adversity (National Scientific Council, 2007). Yet, homelessness is a significantly stressful and traumatic experience for young children and as such, it is most likely to

damage a child's development. Homeless children lack a support system and stable environment due to frequent moving and separation from family members. Hence, the importance of resilience is critical.

Positive Psychology

Positive self-esteem and promoting resilience skills share many ideas with positive psychology. Bassuk and Rubin (1987) stated that numerous studies found high levels of emotional disturbances, developmental delays, and psychopathology among homeless children. However, many of these studies have focused exclusively on deficiencies and psychopathology among this population without considering their competencies and strengths (as cited in Douglass, 1996).

Positive psychology is the scientific study of positive experience and individual traits as well as the institutions that facilitate their development (Duckworth, Steen, & Seligman, 2004). Positive psychology focuses primarily on helping people identify and build their unique strong points (Harvard Special Health Report, 2009), such as their positive emotions, experiences, and character traits (Harvard Mental Health Letter, 2008). Many researchers welcome the balance of positive psychology, the strengths perspective, and coping and resilience studies (Clark, 2009). In many ways, positive psychology builds on key tenets of humanistic psychology (2008). Carl Rogers's client-centered therapy, for example, was based on the theory that people could improve their lives by expressing their authentic selves. Abraham Maslow (2008) identified traits of self-actualized people that are similar to the character strengths identified and used in some positive psychology interventions.

However, the field of psychology has long emphasized one's problems or deficits rather than strengths. Rich (2003) asserted that psychology literature as a whole has focused on illnesses and deficits rather than on strengths and virtues. In addition, Prescott et al. (2008) criticized that researchers prefer to approach the problem by "using a damage model that focuses on pathology and attempts to rescue the youth from their plight rather than exploring ways to strengthen and encourage them" (p. 156). Positive psychology, on the other hand, focuses on individuals' strengths, not just on correcting their weaknesses (Duckworth et al., 2005). Duckworth et al. (2005) also mentioned positive feelings about the future, which include optimism, hope, and faith. Since the pleasant life maximizes positive emotions and minimizes pain and negative emotions, helping homeless children increase their self-esteem and adopt a more positive mindset.

Clark (2009) asked, "How is it that helping professions could have so extensively plumbed the depths of deficits and disorders without paying equivalent attention to health and happiness?" (p. 21). For example, Clark (2009) stated that exclusive use of punishment increases a recidivism behavior of juveniles when there is an absence of treatment while recent meta-analyses (Gendreau et al., 2002; Gendreau, Little, & Goggin, 1996; Gibbs, 1986; Taxman, 1999, as cited in Clark, 2009) clearly demonstrated that pure punishment makes matters worse. The field of juvenile justice has found it difficult to transition away from harsh and heavy-handed tactics (Clark, 1998; Walters et al., 2007, as cited in Clark, 2009). The bias toward punishment has been not only tolerated but in some instances also applauded.

High self-esteem and a positive self-concept are significant factors affecting a child's wellbeing (Donnellan, Trzesniewski, & Robins, 2006; Dusek & McIntyre, 2003;

Harter, 1999, 2006). A child's self-esteem and self-concept have been linked to numerous behavioral, academic, and psychological outcomes (Marsh & Governet, 1989). High self-esteem involves the sense that one is worthy of happiness (Branden, 1994), whereas low self-esteem increases a child's vulnerability to depression and suicide (Harter, 2002). Hence, promoting protective resiliency is crucial for homeless children and their development.

Art Therapy

The use of art therapy can be valuable in helping children deal with experience of homelessness. According to Liebmann, "art therapy groups and personal art groups can provide a combination of individual and group experiences that draw on the traditions of both group work and art therapy" (Liebmann, 2004, p. 15). Art making within a group offers some special qualities beyond those offered by individual art making (Malchiodi, 2007). Since many children have low academic skills and a history of poor attendance related to frequent moves and homelessness, creating art can provide a safe outlet for creative expression and skills mastery (Shepard & Booth, 2009). Creativity is a significant aspect of nurture because it is a component of resiliency (Prescott, Sekendur, Bailey & Hoshino, 2003). Creativity can provide distractions from dealing with painful circumstances and the opportunity to reshape reality as well as to create future goals and changes in addition to improving one's self-esteem, improving coping skills, and addressing existing concerns (Prescott, Sekendur, Bailey, & Hoshino, 2003). The "Heart to Heart Art" program developed for homeless children and youth at the YWCA in Spokane, Washington examined the creation of art, which can foster a sense of belonging, success, and creativity among homeless children. They also found that

structured activity program could enable homeless children to have healthy relationships and develop a sense of accomplishment by creating something beautiful (Shepard & Booth, 2009). In addition, importance of mindfulness-based practices for children is emphasized because children can be taught to focus on their feelings and thoughts without judging their experiences; therefore, promoting the development of self-awareness and self-esteem. The foundation of self-awareness and self-esteem is able to assist children in building resiliency, including increased coping and social and problem-solving skills (Coholic, 2010**).**

<center>**Focusing Oriented Art Therapy**</center>

Focusing (Gendlin 1981;1996) is an effective way for one to think about what is happening in his/her life. Rappaport (2009) states, "Focusing is a mind/body practice of bringing a welcoming, friendly attitude towards one's felt sense of an issue, situation, or experience – and taking time to hear its messages and meaning" (p. 139). Focusing techniques are useful not only for adults, but also for children. Stapert &and Verliefde (2008), Focusing professionals with children, describe, "Focusing is a special skill that helps a child explore the deep inner meaning of their experiences" (p. 11). Coholic and LeBreton (2009) stated that mindfulness-based practices can teach children with significant problems to relax, to cope better with daily problems, to become more self-aware and less judgmental of themselves, and to form more positive and healthy relationships with family and peers (as cited in Coholic, 2010). Coholic (2010) also stated that mindfulness-based practice are important for children because they can help children and young people learn to focus on their feelings and thoughts without judging these experiences; thereby, promoting the development of self-awareness and self esteem. In

turn, a foundation of self-awareness and self-esteem can assist children to build resiliency, including improved coping and social skills as well as problem-solving skills, and to improve their ability to understand the perspectives and values of others (Coholic, 2010).

Book-Making Art

Not many studies have examined book-making art. Instead, some studies have investigated comic-book making art therapy. Mulholland (2004) stated that comic book-making as a therapeutic tool is good for children and it could be a safe place to express their thoughts. Within each structure, one can come up with a plan how to create each page. Miles (2010) created the book-making program and suggested two positive aspects of book making. 1) Children can learn to organize the components of their artwork into a cohesive whole through knowledge of organizational principles of design and art elements. 2) Children can learn that both successful and unsuccessful efforts can be a constructive part of growth in the creative process (Miles, 2010, p. 2).

Summary

The purpose of this research project is to examine the effectiveness of bookmaking in an art therapy group based on Focusing-Oriented Art Therapy and Positive Psychology promoting protective resilience factors with school age children living in a homeless shelter. Experiencing homelessness during childhood influences every facet of a child's life (Hart-Shegos, 1999). As the prevalence of child homelessness continues to rise, it is vital for mental health professionals, including art therapists, to support everyone who is affected by this problem. The implementation of a

book-making within an art therapy group may prove useful in alleviating some of the

stress and anxiety experienced by these children while helping them learn positive and

healthy coping skills and improve their protective resiliency factors.

CHAPTER 3

METHODOLOGY

Hypothesis/Research Question

This study hypothesized that Positive Psychology using Focusing-Oriented Art Therapy (FOAT) and Bookmaking will lead to an increase in protective resilience in school age children who are homeless. Additionally, the research sought to answer the following qualitative research question: How does Bookmaking based on Positive Psychology and Focusing-Oriented Art Therapy promote protective resilience factors with school age homeless children?

Research Design

This research study was a mixed methods design incorporating quantitative, qualitative, and art-based components. The quantitative component utilized a quasi-experimental, pre-test/post-test design. The pre and post-tests were used to measure the participants' resiliency levels prior to and after participation in the four-session group intervention. The qualitative component utilized observations by the facilitator using Session Logs (see Appendix G) and a participant post-group questionnaire (see Appendix H). The Art-based component used an art therapy assessment, Draw A Person in the Rain.

Data was collected from a non-random pre-experimental group. The independent variable in this study was the 4-session, 1-week focusing-oriented art therapy group; the dependent variable was the participants' resiliency.

Participants

Participants for this study were recruited from Shelter Network, a homeless facility. Shelter Network provides housing and support services that create opportunities for homeless families and individuals to re-establish self-sufficiency and to return to permanent homes of their own. The researcher was given permission for the study to take place by the homeless facility. Approximately 6-8 school-aged children ranging in age from 7 to 11 was recruited from the Shelter Network in Menlo Park. The participants were homeless children from the facilities and they were included boys and girls, as well as children from all racial, cultural, and socio-economic backgrounds.

Exclusion Variables. Participants were excluded from the study if they (1) had serious mental health issues, (2) were developmentally delayed or autistic, or (3) were cognitively impaired, or (4) demonstrated suicidal ideation. According to their record the agency maintained, children were screened by the social worker at the agency.

Recruitment of Participants

The researcher obtained any required permission from the agency prior to conduct the two- week four- session focusing-oriented art therapy group (See Appendix A). A flyer (See Appendix C) was posted in the agency to recruit participants. Children and their parents/guardians who were interested in this study contacted the research study liaison who was the Children's Coordinator of the Shelter Network, regarding enrollment in the study. Once, referrals were received, the researcher was then follow up with the

families to provide information (See Appendix B). The researcher could also be contacted by phone and email.

Informed Consent and Debriefing Statement

Informed Consent

At the beginning of the study, the child participants were asked to complete a child assent (see Appendix E), and their parents/guardians were asked to complete the Informed Consent Form (see Appendix D) which described the purpose, procedures, possible risks, benefits, confidentiality, and researcher's contact information. Participants were also be given and asked to sign the Permission to Use Art Work Form (see Appendix F) during the Orientation session to grant permission for the researcher to reproduce the art work for educational and research purposes. Participants' identified information will remain confidential.

Debriefing Statement

Participants and their Parent/Guardian were given a Debriefing Statement (Appendix I) at the end of the fourth session, which specifies the purpose of the research and includes the researcher's contact information for follow-up questions or concerns.

Location

This study took place at the activity room and children's room of Shelter Network in Menlo Park, California, with on-site staff member and two graduate student volunteers from Notre Dame de Namur University Art Therapy Psychology Department. The researcher used activity room for orientation and children's room for four-session of

focusing art therapy group. The space was organized with one large table and multiple chairs with enough room to conduct a group session. The researcher administered the tests in the same place and made every effort to ensure a safe space for the exploration of issues relevant to the study.

Instruments

In order to collect information about the participants' gender, age, race, and previous experiences in focusing-oriented art therapy, and food related allergy, the researcher used a Demographics Information Form (see Appendix G). The instruments were used in this study including the SEARS-C Social-Emotional Assets and Resilience Scale Child Form Inventory (see Appendix H), Draw a Person in the Rain art therapy assessment, post group questionnaire (see Appendix H), and Session Log (see Appendix G).

SEARS-C Social-Emotional Assets and Resilience Scale Child Form. Researchers from the Oregon Resiliency Project at the University of Oregon have been developed a new set of strength-based social-emotional assessments for children and adolescents. The initiation of the SEARS project was influenced by the Positive Psychology movement and the problem-solving orientation (Cohn, Merrell, Felver-Grant, Tom & Endrulat, 2009). The first wave of preliminary research studies has been completed recently. These initial studies are preliminary, so the researchers anticipate the subsequent studies and publications will help to further clarify and details the reliability, validity, and clinical and research uses of the scales. The SEARS is a cross-informant social-emotional assessment system, currently being researched and refined. The SEARS-C is self- report

measures of children's perceived social-emotional strengths. The SEARS-C is a strength –based assessment system, aimed at assessing positive social-emotional attributes of children, including social and emotional knowledge and competence, peer acceptance and relationships, resilience in the face of difficulties, coping skills, problem-solving abilities, empathy, global self-concepts, and other positive traits (Cohn, Merrell, Felver-Grant, Tom & Endrulat, 2009). To complete the measures, children rate themselves on statements about how they feel, think, or act using a 4-point Likert scale (Never, Sometimes, Often, almost always). Items include, "I stay clam when there is a problem or an argument," "I make friends easily," "I am good at starting a conversation," and "I think before I ask." The SEARS-C is composed of 52 items and this measure requires 15-20 minutes to complete (Cohn, Merrell, Felver-Grant, Tom & Endrulat, 2009).

Session Log and Qualitative Instruments

Observations of the participants' responses to interventions, interactions with other group members, art process and content, and overall behavior were recorded in Session Logs, which was modified from DRDP, Desired Results Developmental Profile created by California Department of Education Child Development Division (2009) (See appendix G) for each session date. A Post-Group Qualitative Questionnaire (see Appendix H) was also given to participants in individual meetings with the researcher after completion of group sessions.

Art Based Assessment

The DAPR, Draw a Person in the Rain, art-based assessment is an adapted form of Machover's D-A-P, Draw a Person Assessment (1948) The Draw a Person in the Rain focuses on one's vulnerability, environmental stressors, supports, and coping skills (Oster

& Gould, 1987). The DAPR has been used for numerous clinicians: external stress is reflected by the amount and intensity of the rain and a person's methods of defense are represented by the protective gear such as umbrella, coat, or boots (Oster & Crone, 2004). If there are no protective factors drawn, the person may feel that he/she is not coping well with external stressors (Oster & Crone, 2004). Oster and Gould identified such referral questions as; "How will this person respond to stressful circumstances?" "What kind of personal resources does this person possess to cope with anxiety- provoking environments? "Is this person able to plan effectively in situations that might be considered anxiety-provoking?" And "What kinds of defenses does this person employ when confronted with unpleasant situations?" (Oster &Gould, 1987 p. 28). The researcher used this art-based assessment as a pre-post test and observed the participants' improvement of coping skills through out 4 art therapy sessions.

Art Materials

A variety of non-toxic art materials and media were provided by researcher including: paper (colored or white paper), oil pastels, crayons, paints, pens, pencils, colored markers, colored pencils, scissors, glue, collage materials, boxes, and pre-made book with blank pages by researcher. With permission from the Consent for Artwork form (See appendix F), a camera was used to photograph all art works from the 4 sessions.

Procedure

The following procedure highlights what took place during the course of the art therapy group sessions. Later sessions offered greater detail regarding the data collection processes.

1. Parents/ Guardians of participants were given an informed consent form (see Appendix D) explaining the scope of the study, possible risks, possible benefits, and confidentiality.

2. Parents/Guardians of participants were asked to sign a Consent for Artwork (see Appendix F) in which they gave permission for the artwork of their children to be reproduced and shown for educational and research purposes, with names remaining confidential.

3. The Parents/Guardians and participants were given an orientation to the study verbally and asked to complete the Demographic Information Form.

4. Each child then met individually with the researcher in order to obtain assent for participation and to administer the SEARS-C (social-emotional assets and resilience scale child form) (see Appendix H) and Draw a person in the Rain art-based assessment prior to the beginning of the first session and at the end of the fourth session. The children were informed that the purpose of the group was to provide a safe space for them to talk about their experiences, feelings, and worries.

5. The participant was asked to complete a short questionnaire at the end of the workshop.

6. Instructions of art activities were given at the beginning of each session that coincides with the week's goal. Participants were encouraged to participate in creating and sharing art, and discuss about the process. The focusing-oriented art therapy was consisted of both individual and group participation.

7. Artwork might be reproduced for use in the reports, presentation or publication in related to the research or educational purposes. All artwork was returned to the participants at the end of the 2-week workshops.

8. The photographic images of the artwork will remain the property of the researcher.

9. Participants and parents/guardians were given a Debriefing Statement (Appendix I) that specifies the purpose of the research at the end of the fourth session. The researcher's contact information was provided for follow-up questions or concerns.

Orientation

Participants and their parents/guardians were given an Orientation meeting at the Activity Room at Shelter Network, Menlo Park, CA and they were given the purpose of the research study, procedures, potential risks, benefits, confidentiality, and contact information of researcher. They might feel free to ask any questions about the research study.

Data Collection

Both qualitative and quantitative measures were used to collect data for this study. Confidentiality was ensured by assigning each participant as a number. The list containing corresponding names was only be viewed by the primary researcher. No names were attached to any forms, artwork, or notes.

Pre-test/Post-test

Before the first meeting and after the last meeting, the researcher met with each child individually to administer the SEARS-C (social-emotional assets and resilience scale child form) (see Appendix H) and Draw a Person in the Rain, art-based assessment. During the post-group, individual meeting, the researcher also have participants filled out the questionnaire and clarified any questions.

Detailed Session Plans

The group was consisted of four sessions of art therapy interventions, each addressing specific goals. Outlines of the four sessions were as follows:

Book-Making and FOAT Therapy Sessions

Participants participated in four, 60 minutes focusing-oriented art therapy group workshops. Prior to the start of the first session, the researcher explained the purpose of the Focusing group, how many sessions they would have, the ground group rules, and ensure confidentiality so that the participants had a safe feeling about disclosing their stories. This was a child-friendly way of introducing Focusing-oriented art therapy and explaining how they were going to create their own books over the course of 4 sessions; the researcher provided pre-made books for the participants. At the end of each session, the participants were either attach their actual artwork inside the book, or took a picture of the artwork and printed out the image from the printer that the researcher brought for the session. At the end of each session, participants were invited to reflect on each art activity by writing or creating an image. In addition, the researcher provided step-by-step instructions in order to prevent confusion.

Session 1: **<u>I AM</u>**

- Introduction to group, review of purpose of group, group rules, confidentiality

- Goals: Building trust within the group; recognizing commonalities; information exchange; Self-awareness; identity

- Warm up art activity: Participants stood in a circle with one person holding on to a ball of yarn. The facilitator said, "Introduce yourself and state one name of fruit you like that begins with the first letter of your name. Then, toss the ball of yarn to the next person, repeat the previous person's information, and then give your own." The facilitator brought a copy of names of fruit in the case of that the participants were not able to come up with the name of fruit.

- Activity: **Group Mural from Name Drawing Mandala** - Pieces of drawing papers were numbered and assembled together into one large rectangle. A line was drawn through all the pieces to connect them. Participants were each be given a paper to design and create an image with their name. The facilitator said, "Decorate the paper to tell the group about you. How large or how small does your name want to be? What kinds of colors come with those letters? Take a quite moment to check inside. How does your name want to be decorated? You may use any available materials. The only rule is to leave the previously-drawn line as part of your design." Once completed, the group shared one thing good about each other's name drawing and reconnected the pieces into the larger design and observed their new creation as a whole. This activity could be a tool to increase self-awareness as well as group cohesion.

- Closing: The participants put their art -work or a photo of their artwork into their own pre-made book and were encouraged to write a short reflection.

Session 2: <u>I HAVE</u>

- Review of group purpose, confidentiality, and rules; warm-up

- Goals: Recognize and identify feelings; to teach safe expression of feelings; cultivates being able to witness feelings without being overwhelmed by them; Positive qualities; strengths; increasing self-respect

- Activity: **Hanging Worries on a Tree** (Stapert &Verliefde, 2008) – The participants were encouraged to decorate a tree, pre-made by the facilitator, using variety of art material. Then, the participants were asked to write or draw each worry on a colored piece of paper and place on the tree. The participants could leave the piece of paper open if they wanted to others to see the worry or folded if the worry was private. Once each participant hung his/her worry on the tree, the participants were encouraged to create the "All Fine Place." (This exercise is based on Clearing a Space).

- **Activity: Something I am proud of my self-quilt** - On the same size papers, each participant took a sheet and drew or created something they were proud of. A variety art materials were used. Once completed, each participant put his/her work all together to make a patchwork quilt. The participants discussed how they arranged their artwork on the big piece of paper. If they wanted to rearrange the artwork, they asked permission to other participants. This activity was a tool to focus on positive qualities of oneself as well as group cohesion.

- **Closing:** The participants put their artwork or a photo of their artwork into their own pre-made book and were encouraged to write a short reflection.

Session 3: **<u>I CAN</u>**

- Warm-up and Check-in

- Goals: Understanding Positive qualities and strengths; increasing self-respect; Identify supports in life and need for support

- **Art: Support system** – Participants were encouraged to write or draw their support system. The facilitator said, "Think about person/people, friends, pets, experience, teachers, supports you." The participants were asked to put themselves in the middle of a circular paper and asked to add symbols to represent the supports around them.

- Closing: The participants put their artwork or a photo of their artwork into their own pre-made book and were encouraged to write a short reflection.

Session 4: **Book-Making and Celebration**

- Warm-up, review accomplishments and closing

- Goals: Focusing on happiness and wishes for the future; Highlight experiences of the group; review lessons learned; support one another; complete book-making

- **Activity: Wish box** - Participants designed a box using collage materials. The facilitator said, "Decorate your box with any materials provided. The box is to hold wishes that you make for yourself and for each other. After you decorate, write a wish on the pieces of paper for everyone else in the group to take with them."

- **Activity: Book-Making** -The participants put their artwork or a photo of their artwork into their own pre-made book and were encouraged to write a short

reflection. Next, the participants decorated the cover of the book using variety

art materials. Then finishing up their own book, and shared their thoughts

about the process. Participants may be revisiting the artwork, previously done

and share one memory from the group sessions as a closing ritual.

- **Closing:** Party – Celebrate the hard work of the group.

Session Logs

Qualitative data was obtained using multiple methods. The researcher completed

Session Logs (see Appendix G) for each participant after every session. Behavioral

observations, mood/affect, progress toward objectives, art assessment/impressions, and

future plan/follow up were documented in Session Logs. Photographs of participants'

artwork were also taken after each session as permitted by an additional consent form for

use of photography on participant artwork (see Appendix F).

Questionnaire

A questionnaire (see Appendix H) was also given to each participant at the

completion of the series of group sessions. The goal of this questionnaire was to gain

insight into the experience of participating in the art therapy group for each member. The

questionnaire includes four open-ended questions requiring written responses, as well as

six Likert items pertaining to participant's level of like/dislike of each art intervention.

Data Analysis

Data was analyzed using both quantitative and qualitative methods. The

quantitative analysis was consisted of comparison of pre and post-test resilience scores.

By determining the mean, mode, and median of the scores, the researcher examined

whether participation in the Focusing-Oriented Art Therapy group resulted in promoted

protective resilience. The measures of central tendency were presented in graphs and charts to visually display comparison.

The evaluation of several sources was used for qualitative analysis of the research. These include review of session logs for each participant, response to inquiries on the questionnaire, and observations of art process and content. Analysis of these sources was focused on gathering information and examining themes and patterns that may emerge. To analyze qualitative data, Tesch's (reference) steps was utilized:

1. Read through all of the sources carefully to gather a sense of the whole; take notes on any ideas that come to mind.

2. Take one participant at a time and review all of their qualitative data. Ask questions to aid in thinking about the materials. Search for underlying meanings and write notes on the margins.

3. After going through each participant, create a list of all topics that emerged. Cluster together similar topics and form categories for major topics, minor topics, unique topics, etc.

4. Abbreviate the topics as codes and insert codes into segments of the text materials in order to organize data. Look for new categories and codes.

5. Look for interrelationships between categories and reorganize a final list of topics.

6. Create a table to tally the frequency of each topic within the qualitative data.

   Art-Based Assessment. The data collected from the pre- and post-tests using Art-based Assessment, Draw a Person in the Rain were compared for analysis to determine if there was any change in coping strategies between the two tests.

Anticipated Risks and Benefits

Risks

There is a potential risk involved in participating in this study. The participant may experience of emotional reactions in response to the topics discussed during the art therapy session. Possible reactions could include emotional distress in regard to self-concept, self-worth, family support system, racial, ethnic, gender or cultural identity, exposure and privacy, and the participant's potential resistance or any discomfort to dealing with these issues. Thus, this art therapy intervention focused on participant's safety and building of trust in order to conduct safe research. This study also aimed to develop one's positive sense of self and to offer the children a non-threatening way to express themselves. Moreover, in order to build safety and reducing resistance among the participants, the researcher provided warm up exercises and group activities. The researcher checked-in with each participant before the end of each session to assess the emotional safety. If participants had a need for additional emotional support, they were referred for additional follow-up and support through the Director of Programs and Services: Brian Greenberg, Ph.D. (650) 685-5880

Benefits

Anticipated benefits of participating in Focusing-oriented art therapy group are listed below:

1. Participants may experience increasing of self-awareness
2. Participants may explore relationships with other participants and their environment.

3. Participants may learn how to express themselves in a non-threatening and creative way.

4. Participants may experience a sense of accomplishment by making their own book.

5. Participants may experience a sense of fulfillment by contributing to a scientific body of knowledge.

Confidentiality

The records from this study were kept in confidential. No individuals were identified in any reports or publications resulting from the study. All artwork, tests, questionnaires, and transcribed material were coded with a number that matches the corresponding consent and permission to use artwork forms. All forms were stored separately from all artwork, tests, questionnaires, and transcribed material were accessible to the primary researcher only. After the study was completed, all data and records from this study were kept for three years (or seven year if the study is published), after which will be destroyed.

Human Participants Consideration

Every effort was made in this research study to protect the human participants involved. Protection of the participants complied with the guidelines of the American Psychological Association, Art Therapy Credential Board, and Notre Dame de Namur University Institutional Review Board.

CHAPTER 4

RESULTS

Overview

This study hypothesized that bookmaking in an art therapy group, based on Positive Psychology, would lead to an increase in protective resilience in school age children who are homeless. The process of book-making interventions, aimed at promoting protective resilience, would increase participants' self-awareness, self-esteem, expression, creativity, social interaction, mastery skills, and a sense of accomplishment. Additionally, the research explored a qualitative component and posed the research question: How does Book -Making based on Positive Psychology and Focusing-Oriented Art Therapy promote protective resilience factors with school age homeless children?

The results of this study indicated that there was positive change in the pre-and post-test differences for the intervention on the SEARS-C Social-Emotional Assets and Resilience Scale. From the qualitative findings of the DAPR art based assessment, an increase of protective resilience was found in participants' drawings. Participants perceived a positive change in their sense of self after the intervention and found the intervention to be helpful in learning new skills, improving self-awareness, increase self-expression, and a sense of accomplishment. The participants became more self-directed, determined, and interactive over the course of the intervention. They felt satisfied and good about themselves and found the group to be enjoyable and beneficial.

This chapter presents the demographic data, quantitative results, and qualitative findings from the SEARS-C, Draw a Peron in the Rain art based pre/post-test (DAPR), book-making artwork, post group questionnaire, and session log.

Participants

Originally five children agreed with parental/guardian consent to participate in the

research study, however, one participant dropped out due to family issues. For the

purpose of this research, the results include only the data obtained from the 4 participants

who attended the four book-making art therapy sessions and completed the pre/post-tests

and surveys. The demographic information of the 4 participants is listed in Table 1. There

were two males and two females, ranging in ages between 7 and 12. None of them had

previous experience in Focusing-oriented art therapy (FOAT) or book-making.

Table1. Demographic Information of the Participants

Participant ID	Age	Race	Gender	Previous Experience in Focusing Oriented Art Therapy or Book-making
A	7	Caucasian	Female	No
B	8	Caucasian	Male	No
C	8	African American	Male	No
D	12	African American	Female	No

Quantitative Measures

Social-Emotional Assets and Resilience Scale Child Form (SEARS-C)

The SEARS-C scale is a strength-based assessment system and designed to

measure aspects of social competence, peer acceptance and relationships, resilience in the

face of difficulties, coping skills, problem-solving abilities, empathy, global self-concept,

and other positive traits. The higher the total scores indicate higher levels of perceived

resilience. The pre/post-test scores of the participants are shown in Table 2 and Figure 1.

Three out of four participants showed an increase of their total score in the post-test while

one of them showed remaining same score.

The means, standard deviations, and sample size for the SEARS-C are presented in Table 2. The pre-test mean score in this sample was 77.75, and the post-test mean score was 92.25, indicating an increase of 14.5, that is, 18.6% increase after the intervention. Due to a small number of sample size, a t-test was not performed to test the significant difference of the pre/post-test means.

Table 2. Total Scores, Means, and Standard Deviation of RSE Pre/Post-test

ID	A	B	C	D	Mean	S.D
Pre-Test	62	98	79	72	77.75	15.19
Post-Test	65	103	129	72	92.25	29.55
Change	3	5	50	0	+14.5	14.4

Note: S.D=Standard Deviation; N= sample size
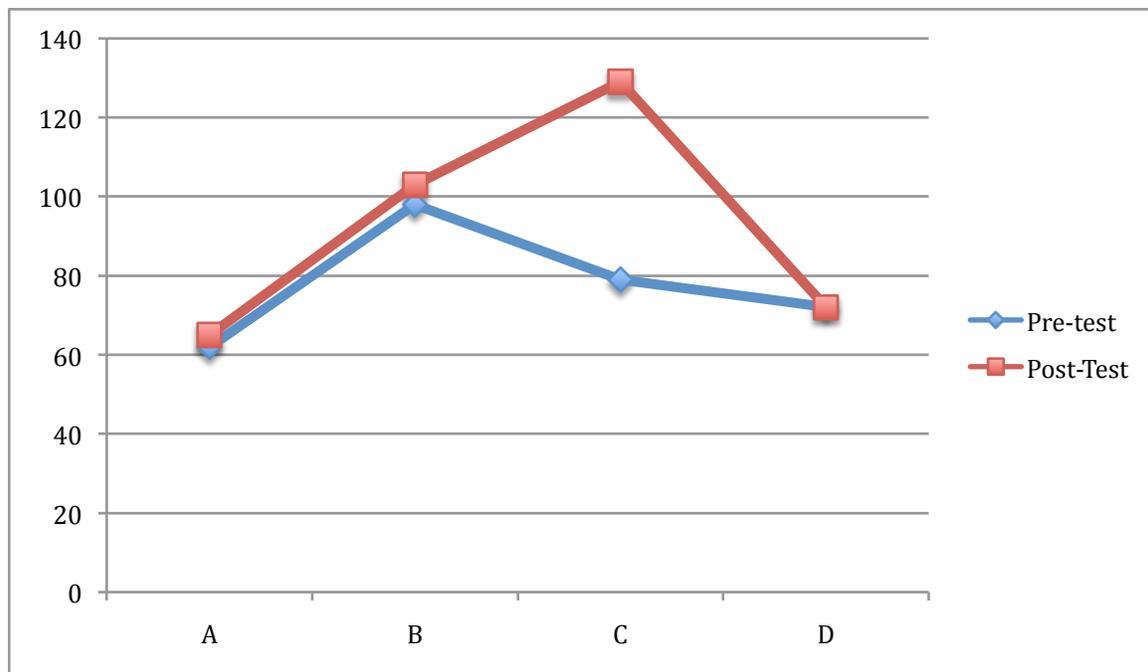
Figure 1. Comparison of the Total Score of the SEARS-C Pre/Post-Test

Draw a Person in the Rain Art Based Assessment

The Draw a Person in the Rain art-based assessment was scored based on a

Protection/Stressor Scoring Inventory for the Draw a Person in the Rain (Appendix I)

and presented in Tables 3 and 4. The mean score for the pre-test protection indicator was

1.5 and the post-test mean score was 2.25, indicating an increase of .75—a slight increase

of protection after the intervention. The mean score of the pretest of stressors, was 2 and

the post-test mean score was 2.25, indicating an increase of .25--a slight increase of

stressors after the intervention.

Table 3. Draw a Person in the Rain Protection Indicators

ID	A	B	C	D	Mean	S.D.
Pre-Test	1	2	0	3	1.5	1.29
Post-Test	2	3	2	2	2.25	0.5
Change	+1	+1	+2	-1	0.5	-0.79

Table 4. Draw a Person in the Rain Stressors

ID	A	B	C	D	Mean	S.D
Pre-Test	1	3	2	2	2	0.816
Post-Test	3	1	3	2	2.25	0.957
Change	+2	-2	+1	0	+0.25	+0.141

Correlation of SEARS-C and Draw a Person in the Rain

The changes in the pre and post scores of the SEARS-C score and Protection

indicator scores from the Draw a Person in the Rain are summarized in Table 6. The

results show that participants who had an increase in the SEARS-C score demonstrated a

positive change of the protection indicator scores in the DAPR. It also shows that participants who had an increase in the SEARS-C score did not necessarily demonstrate a decrease in stressors indicated through the DAPR. For example, Participant C, who had the highest increase in the SEARS-C post-test score, demonstrated both an increase in protection indicator as well as the stressor. Similarly, Participant A, who had an increase in SEARS-C post-test score, demonstrated increases in both the protections and stressors in the DAPR post-test.

Table 5. Comparison of the Changes in SEARS-C and DAPR Pre-and Post-Test

ID	A	B	C	D
Change in SEARS-C	3	5	50	0
Protection Indicators in DAPR	+1	+1	+2	-1
Stressors in DAPR	+2	-2	+1	0

Post group questionnaire

Following completion of the art activity during the last session, participants were asked to complete a self-evaluative written post-group questionnaire designed by the researcher to summarize their experience of the book-making art therapy workshop. Response rates to six art activities and participants' thoughts about each art activity are listed in Table 3. Figure 2 provides information on the rating of the most enjoyable art directive, whereas Figure 3 provides information on the rating of the art directive that was most helpful for positive sense of self.

From the responses to these questions, 20.8% of the participants found that "Bookmaking art therapy" was the most enjoyable activity; and 22.7% of the participants rated "Hanging Worries on a Tree" as the most helpful to generate a positive sense of self.
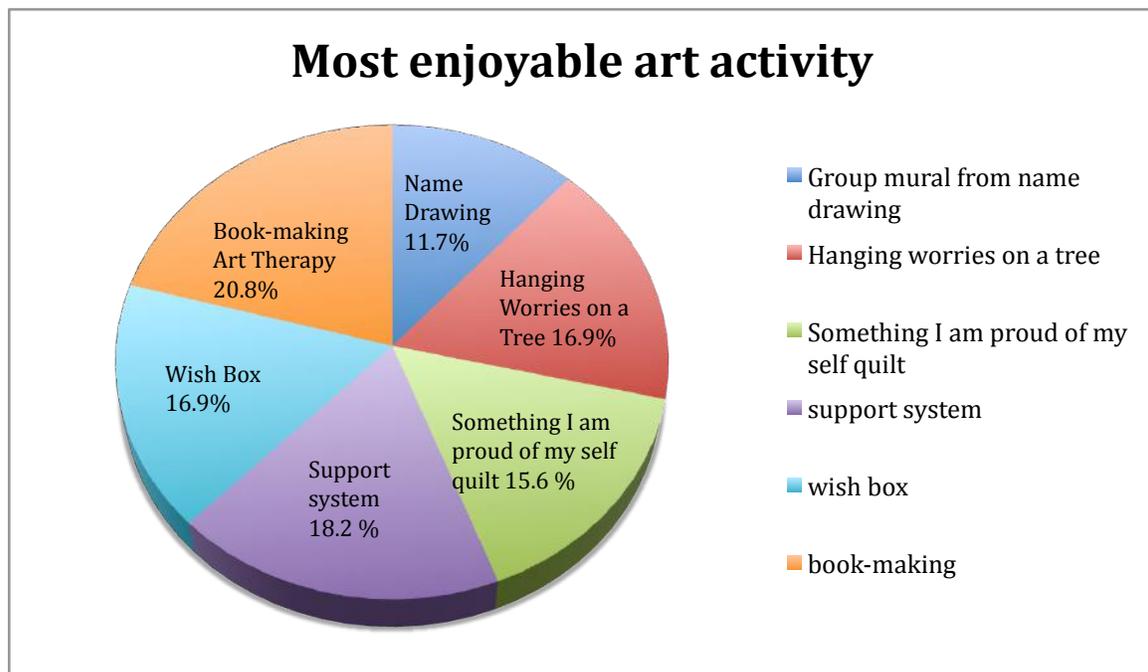
Figure 2. Most enjoyable art activity

Most helpful art activity
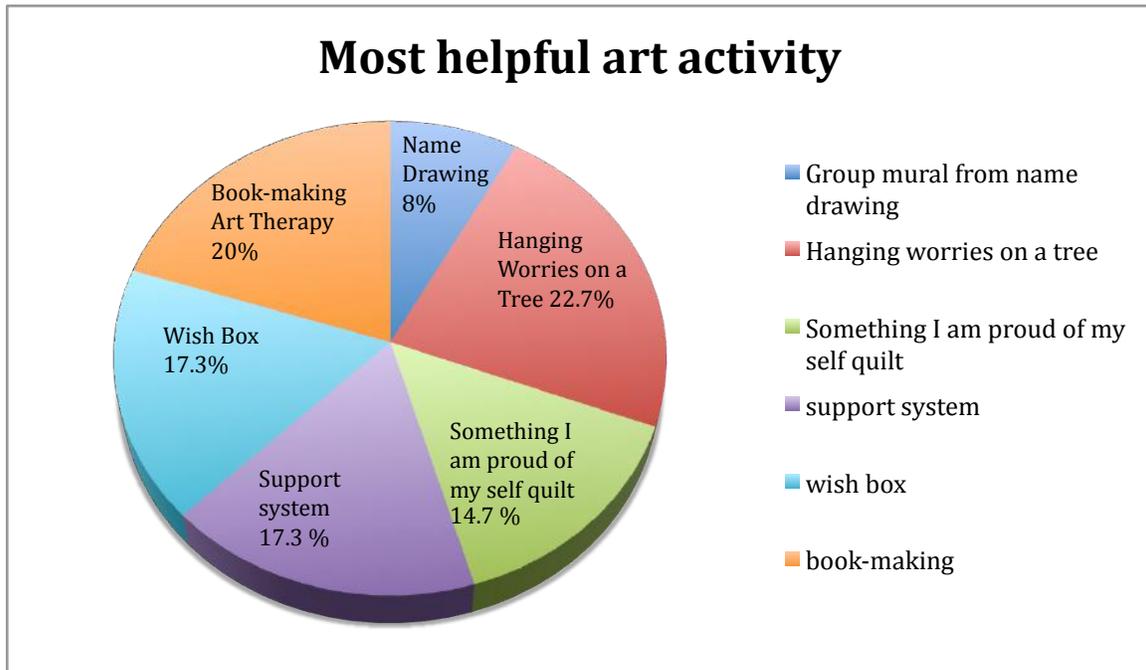
Figure 3. Most helpful art activity

Qualitative Findings

In order to enhance the validity of the qualitative analysis, the "Draw a Person in the Rain" art based assessment, art work from the book-making artwork, and the data from the session logs were triangulated and analyzed.

Draw a Person in the Rain: Art Based Assessment Pre/Post Test

The Participant A drew a person with one protective indicator—a pink coat in her pre-test (figure 4). A chose to use oil pastels and used 5 different colors of oil pastels. A's pre-test did not show any protections, such as an umbrella, roof, or tree to protect the figure from the rain. A's post-test (figure 5) shows two protective indicators--an umbrella and a pink coat. The rain looks heavier than in the pre-test and there is an additional

stressor, clouds. A used a pencil, and pink colored pen for the coat. A stated that "I have an umbrella here." A's post-test drawing shows more stressors but after the 4 sessions, she drew an umbrella as a protector from rain (figure. 5).

Figure 4. Participant A's DAPR Pre-test

Figure 5. Participant A's DAPR Post-test

Participant B's pre-test shows one protection in his drawing, hat (figure 6). B used a black colored pencil in his drawing, and the rain looks mild. The person is smiling in the picture, and there are no additional protections in the drawing. In the post-test (figure. 7), B used a pencil and did not use any colors that were used in the pre-test DAPR. However, there is one additional protection indicator when compared to the pre-test. Participant B added three trees in the drawing that seem to provide some protection. The person in the drawing still wears a hat, and smiles. The quality of line depicting the rain remains the same, and it indicates that his stress level looks the same in the pre/post test.

Figure 6. Participant B's DAPR Pre-test

Figure 7. Participant B's DAPR Post-test

Participant C's pre-test shows no indicators of protection (figure. 8). C used light green and a blue colored pen for his pre-test. Two indicators of stress are showing in the drawing--rain and cloud. The rain looks mild but is directed towards the person. Even though the rain is coming down towards the person, it does not touch the person. In C's post-test (figure. 9), he used blue and red colored markers within the clouds. The line quality seems weaker than in his pre-test but the size of person, cloud, and rain in his post DAPR looks the same as his pre DAPR. There are still two stressors remaining in his post-test--clouds and the rain focused on the human figure. However, two umbrellas are protecting the person. Compared to the pre-test, the rain seems closer to the human figure but the umbrellas are protecting the person from the rain.

Figure 8.   Participant C's DAPR Pre-test
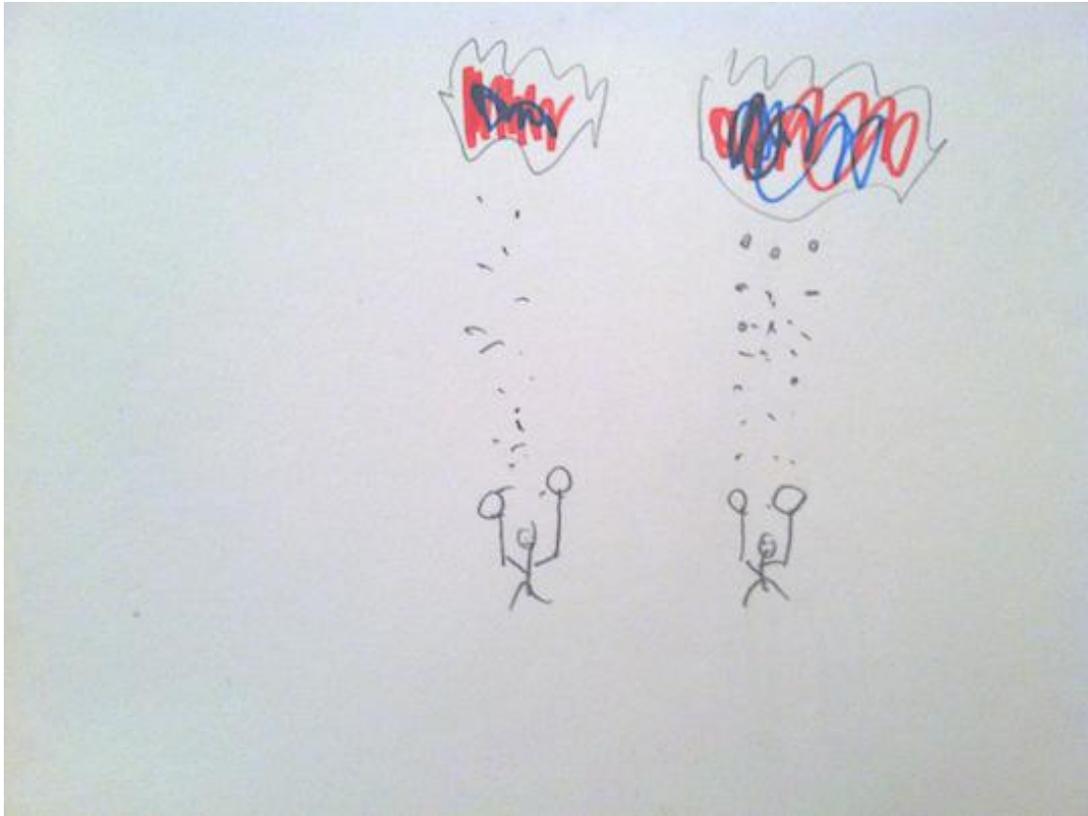
Figure 9. Participant C's DAPR Post-test

Participant D's Pre-test (figure 10) shows two indicators of protection--shoes and a coat. The person is smiling under the rain. There are two indicators of stress,-- a cloud and rain. D used blue, red and black colored markers, and the line quality is solid. The raindrops almost touch the person. D's post-test (figure. 11) still shows two indicators of stress—clouds and rain. D drew two clouds with raindrops but the size of the clouds look half the size of those in the pre-test. D used pencil only in her post-test but the line quality remains solid as well. The difference between D's pre-test and post-test is that there is an indicator of protection—an umbrella. The rain does not touch the person, and the person is holding an umbrella. The umbrella is large enough to completely protect the person from the rain. A positive indicator is that the person is not just standing there but walking through the rain.

Figure 10.   The Participant D's DAPR Pre-test
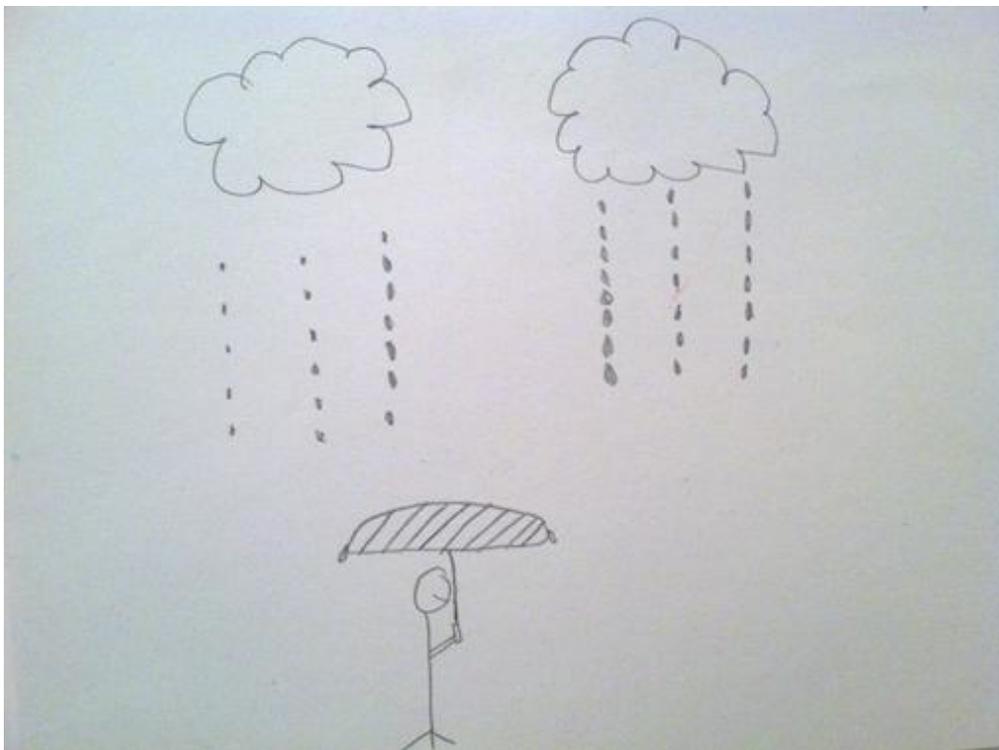
Figure 11. The Participant D's DAPR Post-test

In conclusion, all of the participants' post-tests show that one or more stress indicators were added in the drawing: D used no colors and simplified the person compared to her pre-test. C drew an additional cloud and rain in his post-test; and B and A's line quality look less solid than in their pre-test drawing. However, all of the participants' post-tests indicate that at least one or more positive protections were found. Participants A, C and D added an umbrella to protect the person from the rain, and participant B added three trees to protect the person from the rain.

Book-Making Art Therapy Exercises and Bookmaking Art Work

During the first session, the directive asked the participants to create an image with their name. Participants chose their favorite color of paper, decorated it and introduced themselves to the group. The participants were asked to take quite moment, to focus and check inside of themselves. After the short meditation, each participant created a Name Drawing. Each participant chose his/her favorite color of paper, and favorite art medium. They then added images or symbols of things they like. Participant A included a pet lizard, which she cares for as part of her family; however, the lizard died a couple months ago. Participant B included his siblings in his drawing. Participant C included the figure that he likes the most. Participant D included her favorite pet in her drawing. When the participants were finished with their individual name drawings, they were asked to create a group mural with their name drawing. Each participant carefully placed their drawing on a large white paper in an organized manner. The participants developed the theme that they included in their individual name drawing onto the group mural. This activity was a tool to increase self-awareness, as well as group cohesion. Due to confidentiality, the group mural with the Name Drawings is not included in this paper.

During the second session, the participants were encouraged to decorate a tree, pre-made by the facilitator, using a variety of art materials. Each participant was asked to write or draw his/her worry on a colored piece of paper and to place it on the tree. Each participant could choose to leave the piece of paper open if they wanted to share the worry with the other participants, or to keep it folded if the worry was private. This activity is based on "Clearing a Space with Art" in Focusing Oriented Art Therapy (Rappaport, 2009; Stapert & Verliefde, 2008). Each participant was able to write or draw his/her worries. Participant A mostly wrote and drew about her pet lizard and her sadness of losing him. Participant B also wrote his worry as feeling sad about his lost pet, as well. Participants C and D drew/wrote about their worries; they had common themes of their house and family. C and D worried about not living with their whole family members due to their housing problem. The participants did not share their worries verbally with each other, but all of them were able to externalize their worries onto the paper. Participant A used 7 pieces of paper because, she said, "I have a lot of worries inside of me." This affected other participants and encouraged them to externalize more worries.

One of the common themes in this session was the loss of something they cared about, and accompanying feelings of loss. All of the participants missed the pet they used to have, and felt sad when they had to leave them. This art activity provided the participants with an opportunity of "Clearing" their worries from the inside; the participants used this art activity as a tool to externalize their worries. "Clearing Space" with this art activity, helped the participants learn how to externalize their worries, put their worries aside, and to focus on themselves within safe environment.

Figure 12. 2ⁿᵈ Session: Hanging Worries on a Tree

After the participants hung the worries on the tree, each participant was asked to create their "All Fine Place." Participant A continued the same theme--her pet lizard and her grief. A mostly used warm colors; she smiles in the drawing. A shares that she wants to remember the moment that she spent a happy time with her pet lizard and she hopes to have another one in the future.

Figure 13. 2ⁿᵈ Session: "All Fine Place" by Participant A

Participant B created his "All Fine Place". B created three hills and two rivers between the hills and added three people, frogs and a lizard. He described his drawing as follows: " I used to have pet frogs and a pet lizard before I moved here. I had to leave all of them. My mom told me we cannot have any pets in here." The homeless shelter did not allow any types of pet, and B didn't understand why he had to leave his home and had to move to a place that he couldn't be with his pets. B included his pets in his "All Fine Place" and on the flower hill; he also included two of the facilitators who listened his story during the session.
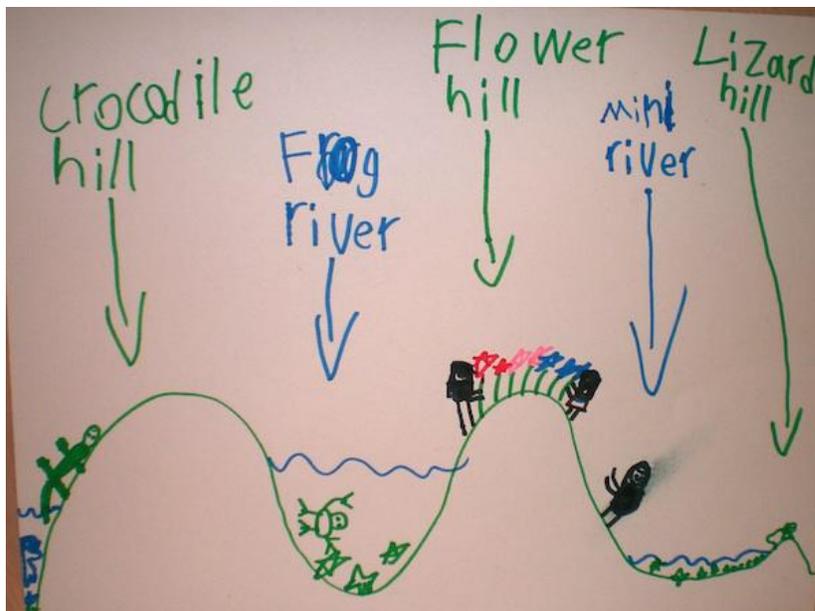
Figure 14. 2nd Session: "All Fine Place" by the Participant B

Participant C created his "All Fine Place." He included his pet that he used to have before he moved to homeless shelter. He remembered the days he walked his dog in the park, and he missed his dog so much. C saw participant A and B drew the memory about their pets, and now he was able to externalize his feeling of loss and sadness about his pet.

Figure 15. 2nd Session: "All Fine Place" by the Participant C

Participant D created her " All Fine Place." D included the house she used to live in and the dog she had before moving to the homeless shelter. She also included a sun, tree, and a car in her drawing. She stated that "I miss my dog and I want to go back to my house sometimes." Similar to the other three other participants, D expressed her feeling of loss and sadness.

Figure 16. 2nd Session: "All Fine Place" by the Participant D

However, the participants had a moment of putting aside their worries and being able to bring back their good memories; they stayed with the safe feeling during the session. After the participants finished creating "All Fine Place, they were asked to create something they are proud of themselves.

Each participant was asked to pick one colored piece of paper, and invited to draw or create something they are proud of. Participant A picked two pieces of paper. Similar to her previous art, she drew about her pets. She said, "I took care of them very well!" A

proudly said that she was a good caretaker for her pets, as well as a good friend for them. A also was proud of herself as a good artist. A was proud of herself that she was able to draw her pets very well. The sad feelings of her dead and lost pets shifted into positive feelings; once she put aside her worries of her pets, she was able to focus on the good memories with her pets. This helped her to focus on the moment and enjoyed drawing her loving memories. A used more colors in her drawings this time. A also showed her peers that her ability to use different quality of lines and details.

Figure 17. 2ⁿᵈ Session: "Something I am Proud of Myself" by Participant A

Figure 18. 2ⁿᵈ Session: "Something I am Proud of Myself" by Participant A

Participant B called himself an "inventor" while he was drawing. B was proud of himself that he is good at creating and inventing things. He wrote "I am good at making my telescope [and] I am proud of my self…". Unlike Participant A, B did not draw about his pets this time. B successfully externalized his worries and put them aside. Leaving the worries aside and creating his "All Fine Place" helped B to focus on himself, and gave him an opportunity to focus on his positive qualities.

Figure 19. 2ⁿᵈ Session: "Something I am Proud of Myself" by Participant B
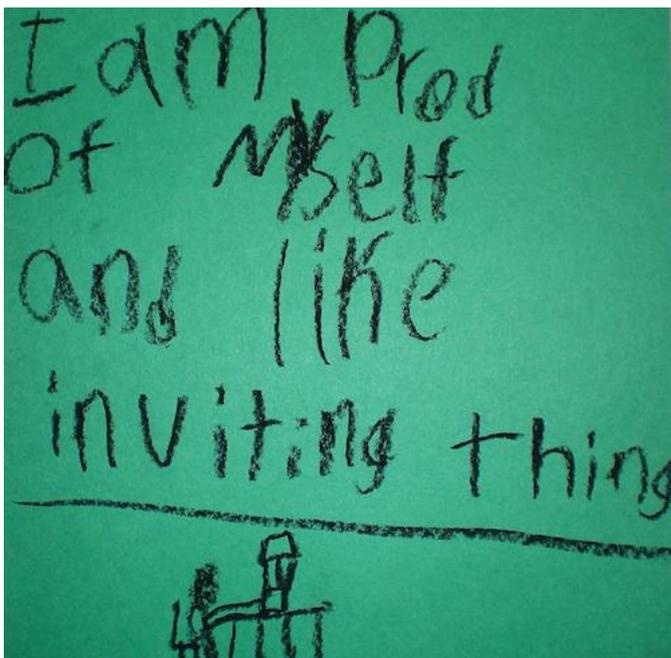
Figure 20. 2ⁿᵈ Session: "Something I am Proud of Myself" by Participant B

Participant C's drawing shows that he was also able to focus on himself rather than his

worries about his pets or housing problem. C proudly reported that he is good at sports,

especially basketball. C said, not only he is a good player, but also that he can come up with good game plans. C drew one of his game plans and was able to share his art in the group. C reported that even though he is little now, he believes that he will become tall and he will play much better in the future. While C was focusing on his positive quality, it naturally led him into hopes for the future.
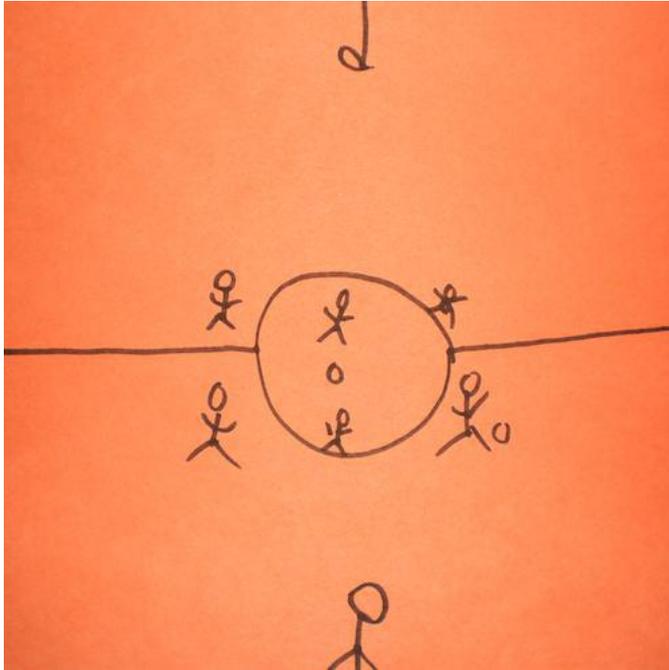
Figure 21. 2ⁿᵈ Session: "Something I am Proud of Myself" by the Participant C

Participant D proudly said, "I am a good student". D said, she is always proud of herself; she gets 'A's most of the time. D was oldest participant in the group, and she showed more insight into herself this time. She knew that she was living in the shelter, and understood that it is only temporary. She believed that education is very important, and it will open up many opportunities in her future.
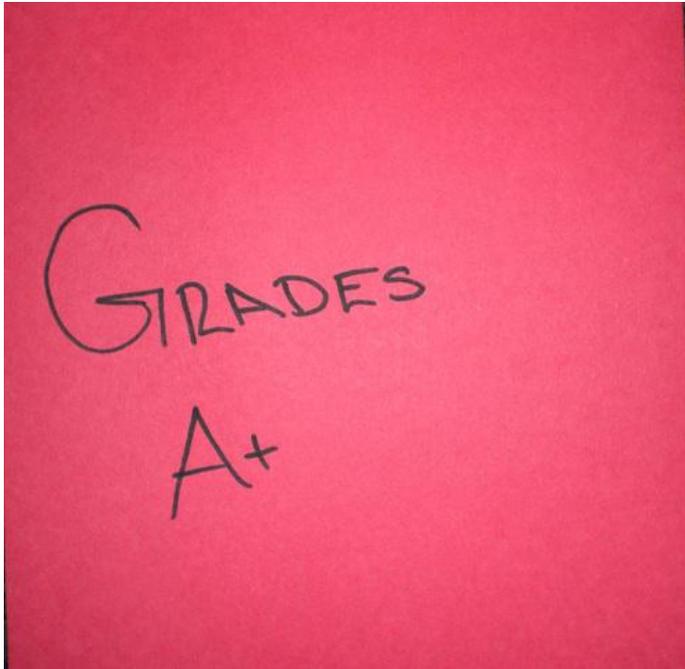
Figure 22. 2ⁿᵈ Session: "Something I am Proud of Myself" by Participant D

During the 3ʳᵈ session, each participant was asked to think about their support system. They were encouraged to write or draw their support system—for example, person/people, friends, pets, experience, teachers that support them that they can go to for help.

Participant A drew about her pets for her support system. Although her pets were no longer with her, she remembers the memories, and it supports her all the time. A chose to use more concrete art materials to depict her pets this time. A used colored pens and was willing to put more details in her drawing.

Figure 23. 3ʳᵈ Session: "Support System" by Participant A

Participant B was influenced by participant A. He started drawing his pets and explained how the memories with his pets support him. B also was able to expand his support system to his family. He reported that although he is no longer with his pets, he is still with his family. He drew his sister and himself on the paper. He reported that his sister and he are very close to each other; they talked about their pets everyday. She reported that he felt safe and happy when he is with his sister. He showed some hopes that he might have other pets in the future. He also said now he can put these pictures of his pets on the wall and feel supported. He can also revisit the pictures whenever he misses his pets.
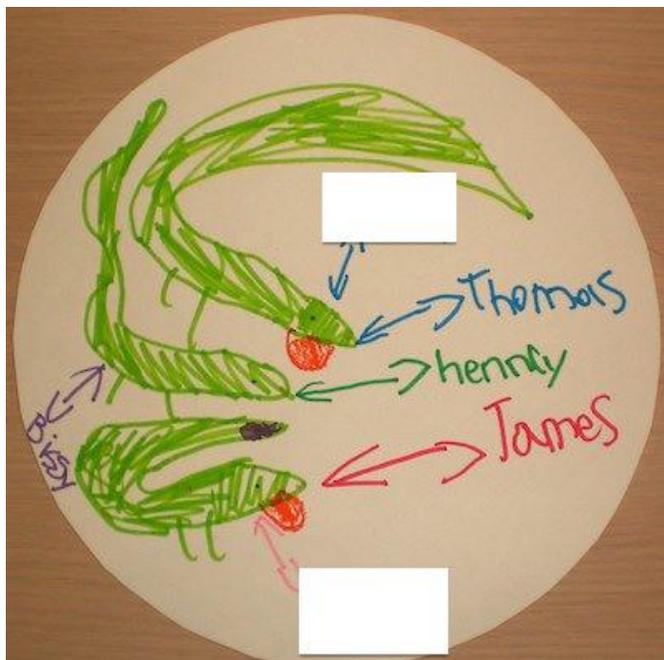
Figure 24. 3ʳᵈ Session: "Support System" by Participant B

Figure 25. 3ʳᵈ Session: "Support System" by Participant B

Participant C drew about his teacher and friends from school. Although he drew stick figures, he used his favorite colors to draw the figures. He reported that he had to move several times, so he also had to go to new school couple times. He said he didn't like that he had to make new friends. He hoped to stay in the school he currently goes to because he likes the teacher and friends are there. He reported that his friends and teacher support him.
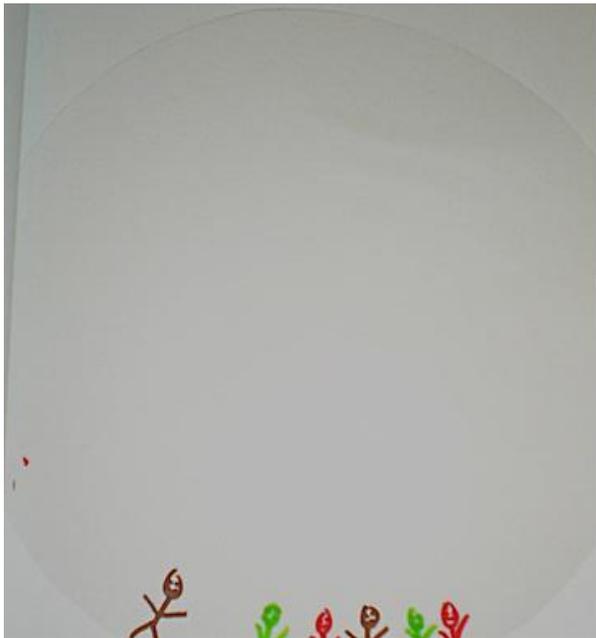
Figure 26. 3rd Session: "Support System" by Participant C

Participant D drew her mom as her support system. She was not willing to share details, but she noted that her mom is a strong lady. D only used a black marker in her drawing, and drew her mom in the center of the paper. Her mom is smiling with open arms.
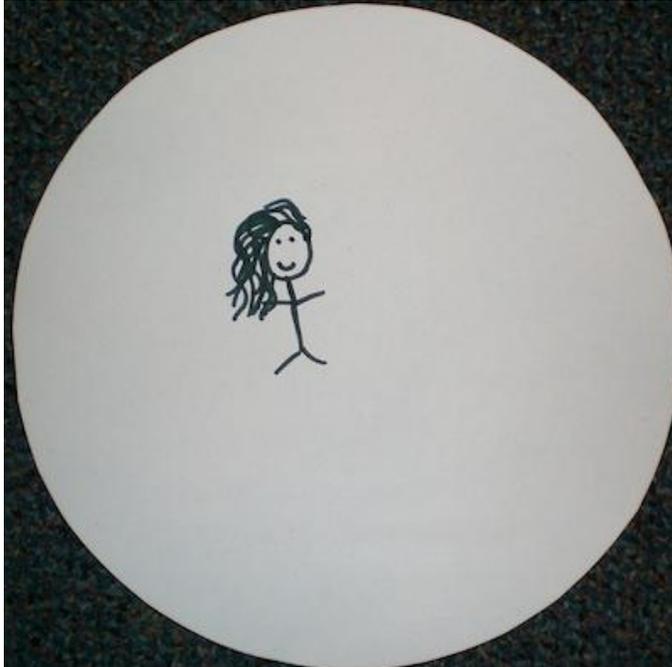
Figure 27. 3rd Session: "Support System" by Participant D

During the 4th session, the participants were asked to decorate a box using variety of art materials. Session 4 was focused on happiness and wishes for the future. The participants' wishes that they have for themselves and for each other would be remembered in the box. When the participants were finished with decorating the box, they put their artwork or photos of their artwork into their pre-made book.

Participant A liked to use glitter glue to decorate her box. A drew her memory with her pet, because she wanted to remember her pets. She also used letter stickers to write her pets' name.

Figure 28. 4th Session: "Wish Box" by Participant A

Participant B also drew his pet using glitter glue and wrote his name and his pet's name using letter stickers. When he was finished decorating outside of box, he continued to decorate inside of box. B used pom pom art materials, and created his pets and placed them in the box. He said, "They are safe here!" B carefully closed the box, and said he would revisit his pets whenever he misses them.

Figure 29. 4th Session: "Wish Box" by the Participant B

Figure 30. 4th Session: "Wish Box" by Participant B

Participant C used glitter glue to decorate the box. He was happy to use sparkly glitter glue, and different colors. B started using his favorite colors first, and tried more colors later. He said, "Fancy!" B reported that he had never used glitter glue before, so it's very fun to use this type of art material.

Figure 31. 4ᵗʰ Session: "Wish Box" by Participant C

Participant D also used glitter glue. Unlike other participants, she used her figure

tip for mixing colors. When she was finished decorating her box, she was willing to write

her wishes and put it into the box. She picked four different colors of paper. She drew a

house, smiley face, money, and wrote "health". She shared her wishes to be healthy,

wants to be happy, study hard to be successful in her life, and living in her family house.

D carefully placed her wishes in the box, and noted that she will remember this and

revisit this whenever she wants to.

Figure 32. 4ᵗʰ Session: "Wish Box" by Participant D

Figure 33. 4th Session: "Wish Box" by Participant D

Figure 34. 4th Session: "Wish Box" by the Participant D

Some key themes include their wishes to be with their pets or people they like. Overall, the participants were able to respond to the art directives appropriately. The artwork also indicated that they were able to identify who they are, express their thoughts, feelings, and ideas on their ages, find positive qualities, strengths, self-respect, identify their support system, and gain a sense of completion.

Session Log

To enhance the validity of the research findings, observations of the participants' responses to interventions, interactions with other group members, art process and content, and overall behavior was recorded in session logs, which is modified from DRDP, Desired Results Development Division (2009) (see appendix G) for each session date.

First, there were differences in the participants' responses to the art directives from the beginning to the end in general. Participants A and B were siblings, so they know each other very well. Participants A and B shared their thoughts while they were doing their process, but participants C and D were not interacting with each other as well as A and B. Participants A and B kept distancing from participant C and D. Participants C and D also kept distancing from each other. After an icebreaker activity, participants A, B and C showed a lessening of their tension, although participant D tried to keep distance from the other participants. While the participants created a group mural of their name drawings, participants A, B, and C expanded their sense of connection to others. They shared ideas with colors and how they created a group picture. Participant D did not speak up, but she nonverbally followed other participants' opinions. Every participant was able to follow the rules very well in the first session,

During the 2nd session, while they were hanging worries on a tree, each participant was developing empathy. They didn't share their art in the group, but shared their worries verbally. When participant A shared her sad feeling about her pet, participant D nodded her head, and participants B and C shared their experience with their pets. Each participant interacted more with each other in the second session, and group cohesiveness was growing. When participant B created his "All Fine Place", B

interacted with the adult facilitators actively, and described his art in detail. Participant D also showed active interaction with one of the facilitators, and shared her family story. After A shared her sad feeling, other participants were influenced by A's story, and all of them came up with common theme in "All Fine Place" art directive. Each participant included their good memories with their pets in their "All Fine Place". The connection to each other was expanding, and empathy was developing.

During the 3rd session, participants A, B and C needed more explanation about "support system", but D was able to understand with less explanation. B shared his art with other participant, and A, C and D only shared their art with facilitators.

In the last session, the participants were sitting differently. A and B used to sit next to each other, but B sat next to C and interacted more with the others. Each participant showed good manners for waiting certain art materials while other participants were using them.

When they were completing their book-making, they felt satisfied and good about themselves because they were able to bring home the book when they were finished. C said, "Cool!" He was happy to complete his book and ready to show his mom. B stated "I am going to keep this forever!" Participants were excited and felt a sense of accomplishment.

Furthermore, the participants gained a better sense of self and cohesiveness among themselves. D became more interactive over the course of the sessions. They became more familiar with group members and more comfortable expressing their emotions, feelings. Some of the participants who didn't want to share their art, shared their art by showing their books with others in the last session.

Lastly, comments made during the sessions, as well as at the end of the last session, indicated that the participants perceived the group to be beneficial and enjoyable. Participant D reported that she felt uncomfortable at the beginning because three of them are similar age and she was older. However, she felt more comfortable with a sense of belonging to this group over the course of the sessions. A and B wanted to make more books, and wanted the facilitators to come back.

The Focusing-Oriented Book-making art therapy group appeared to engage participants successfully enough for them to return. Participants reported that they are very happy and satisfied about their artworks and book.

Results Summary

In conclusion, there was an overall positive change reported in the pre-and post-test differences for the intervention on the SEARS-C scare and DAPR art based assessment. The session log and qualitative findings indicate that the participants perceived an overall positive change in sense of self and found positive qualities after the intervention. The Focusing Oriented Book-making art therapy workshop was found to be enjoyable and helpful in learning new skills, improving self-awareness, self-expression, self-appreciation, gaining confidence, sense of accomplishment, and felt group cohesiveness.

By examining each artwork and the participants' responses to their artworks, the researcher found that the intervention gave each participant an opportunity to have a felt sense of him/herself, feelings and thoughts, positive qualities, and wishes. The participants learned how to put their worries aside through the exercise, Clearing Space with Art, and learned how to shift their negative emotions into positive experience in a

safe way. They were satisfied with both the group and themselves, and they felt they

were not only enjoying the session but also benefiting from them.

CHAPTER 5

DISCUSSION

Overview of Significant Findings

The following analysis is reflection of the findings and interpretations of the researcher. The purpose of this study was to examine the efficacy of the Focusing – Oriented Art Therapy and Bookmaking art group in promoting protective resiliency of school age children who are living in a homeless shelter. The research questions explored the hypothesis that school age children from a homeless shelter who attended book-making art therapy sessions will be promoted protective resiliency.

The hypothesis was tested, and the following is a discussion of the findings. First, as noted in chapter four, there was an overall positive change reported in the pre- and post-test differences of the intervention on the SEARS-C scale and DAPR art based assessment measures. In addition, the qualitative findings of bookmaking art activity indicated that the participants perceived an overall positive change in their sense of self and promoted protective resiliency over the course of the intervention.

Moreover, interestingly, participants included at least one protective tool in their DAPR post-test after the intervention. One of the participants showed decrease number of protective indicator in her DAPR post-test, but the quality of the protector increased; she added umbrella to protect human figure from the direct rain in her post-test, and it seems the person looks less vulnerable. The increase of the quality of protective indicator was also found in other participants' post-test as well.

In addition, it was hypothesized that bookmaking, in Focusing-Oriented Art therapy group, based on Positive Psychology, will lead to an increase in protective resilience in school age children who are homeless.

The overall findings of this study indicate that Focusing-Oriented Book-making art therapy, based in Positive Psychology can promote protective resiliency, specifically in focusing on self, exploring positive qualities, improving self-expression, creativity, and sense of accomplishment.

Creativity

The participants used their art that they created over the course of the intervention in order to decorate their own book, and they reported that bookmaking art was the most enjoyable. From the cover page to the last page, each participant was able to take pictures of their creation, and printed out the pictures in order to put those in the book. Participants noted that it was great that not only they can keep the original work but also to keep the copy of it in the book. While the participants were decorating a book, they were asked to write a reflection or add more images. The participants were proud of themselves that they had capabilities to finish their own book and their creation.

Expression

Focusing-Oriented Art Therapy facilitated a safe environment to the participants to express and externalize their emotions among the group. The participants were directed to express their worries during the session, and also were give a choice not to share. In a safe environment, each participant was able to externalize their worries and able to put the worries aside. This helped the participants focus on their positive quality effectively. As Rappaport (2009) states, "Focusing incorporates inner listening, an

empathic way of being towards oneself, and provides access to the body's innate wisdom" (p. 16). Participants were able to listen to themselves; once participants experienced how to focus on themselves, it led them to express themselves better in their art. Participants also learned to be friendly toward themselves and this helped them to be more confident of their thoughts and their creation.

Self-awareness

The participants reported that they were able to understand what positive quality they have after the interventions. Each participant was focused on their worries and had a chance to clear the worries using the "Hanging Worries on a Tree" activity. They were able to accept their worries in safe environment and the activity gave them an opportunity to separate themselves from the problem. Rappaport (2009) states, "Clearing a Space with Art helps clients to have an experiential knowing that there is a self that is separate from their issues, as well as a place of inherent wholeness" (p.112). Participants in this study learned how to put their worries aside and it led them focus on themselves better. The Focusing moment on themselves helped the participant to aware of themselves more in depth.

Social Interaction

The participants became more comfortable each other, and interacted more over the course of intervention. Creating art together, and sharing them gave the participants a chance to interact with each other. The group therapy certainly demonstrated its function to promote social ability.

Experience of Focusing-Oriented Art Therapy

Focusing-Oriented Art Therapy naturally led the group to express themselves in safe environment. Participants did not have any experience of Focusing-Oriented Art Therapy, but they were able to follow through the process without having any problem. Focusing-Oriented Art Therapy provided a child friendly, and child centered environment. Participants were able to focus on one thing and moved to next step. Coholic and LeBreton (2009) stated that mindfulness-based practices can teach children with significant problems to relax, to cope better with daily problems, to become more self-aware and less judgmental of themselves, and to form more positive and healthy relationships with family and peers (as cited in Coholic, 2010). As Coholic and Le Brenton stated, the participants were able to learn how to relax even though they were thinking about their worries. Using Focusing- Oriented Art Therapy, participants were able to move forward rather than staying with their worries. Learning how to access a "Felt Sense", "Clear a Space with Art" and visiting "All Fine Place" would be beneficial for the participants in the future as well.

Experience of Bookmaking

Even though not many studies have been conducted with bookmaking art, some researches shows benefits of creating a book. Miles (2010) suggested two positive aspects of book making. 1) Children can learn to organize the components of their artwork into a cohesive whole through knowledge of organizational principles of design and art elements. 2) Children can learn that both successful and unsuccessful efforts can be a constructive part of growth in the creative process (Miles, 2010, p. 2). Over the course of the intervention, participants not only created art, but also had time to write a short reflection or create additional images about their art. When they were done with

bookmaking, participants had a felt sense of accomplishment and this elevated their self-esteem and positive sense of self. It was also observed each participant's emotional growth through out the creative process.

To conclude the findings from both the quantitative and qualitative measures, the group met the following goals as suggested for each session by the researcher:

1. Learning to express their inner feeling in safe environment using Focusing Techniques

2. Establish group cohesiveness

3. Sense of accomplishment

4. To gain self-awareness

5. To promote protective resiliency

6. Focus on positive quality on self

Threats to Internal Validity

Some threats to statistical validity exist because the sample size was small, with only 4 participants. This was due to the limited number of homeless children within the family homeless facility during the research period along with the time frame of graduate studies. The sample size dropped from 5 to 4 due to personal issues related to family of the participant. However, the study still met the requirements for assuming normality, and adequate group size as an art therapy group (Liebmann, 2004).

Threats to internal validity also exist, because there was no control group involved in the research. However, this might continue to be a problem when working with homeless children within a family based homeless facility, as their temporary stay from one to up to 4 months. Therefore, it was difficult to have enough participants for both a control and treatment group within the research period.

The researcher attempted to minimize threats to the validity and reliability of this study by using both qualitative and quantitative methods. A combination of qualitative and quantitative methods may help the researcher to obtain a more complete perspective of the problem studied.

Limitations

In order to minimize threats of internal validity, the researcher made sure there were minimal interruptions by shortening the time for the participants to be involved in this study. Generally, in family based homeless facilities, families would be relocated in as soon as they are able to find economic support. Due to this matter, the homeless shelter agency screened participants, and participants were not selected randomly. Moreover, one week of the research period may not be long enough to engage the participants more in depth.

Another possible factor contributing to the limitations of the study is the length of the intervention. Four sessions in one week was possibly not long enough to significantly influence the measures of protective resiliency.

Implications for Theory

This study sought to integrate a Focusing-Oriented Art Therapy group based on positive psychology to increase protective resilience throughout four sessions of a Bookmaking art activity. Since FOAT provides an approach that cultivates empathy, acceptance, emotional awareness, stress reduction, and the "life forward direction," (Rappaport, 2009), it complements Positive Psychology. It also seems that bookmaking has the potential to bring order and structure to assist children who have lost much of the routine of their lives from losing their home. From the results, it seems that FOAT and

bookmaking based on Positive Psychology is an effective approach for working with children who are homeless.

In this study, participants were asked to create their own book through out different art activities. In the first session, participants were given a time to focus on themselves leading to self-awareness. In second session, participants were able to learn how to externalize their worries by experiencing "Clearing a Space with Art" activity. After this activity, participants were able to focus on their positive qualities experiencing "Something Proud of Myself" activity. Focusing on positive qualities and strength rather than pathology relates to the philosophy of positive psychology. Focusing Oriented Art Therapy enhanced the process of moving forward direction.

Implications for Practice

Based on this research and by looking at the components that may contribute to a greater change in protective resiliency, the clinical implications for mental health professionals directly working with homeless children include the following: (a) interventions that facilitate the creativity, expression and sense of accomplishment influence in increasing self-esteem: (b) Focusing-Oriented Art Therapy may give children a safe place to express themselves, leading to moving forward direction: (c) Bookmaking may give sense of accomplishment and as a transitional object that they can bring it with them and revisit: (d) the positive psychology approach that emphasizes positive qualities and strengths generates hope, and (e) awareness of self and exploration of positive qualities may be helpful in promoting protective resiliency.

Implications for Education

The participants' responses to the Focusing-Oriented Art Therapy and Bookmaking workshop illustrate that Focusing-Oriented Art Therapy was able to facilitate a child friendly environment for the participants to express themselves safely. Bookmaking was found to be effective as discussed earlier in the second chapter. Some of the common benefits from book-making process are that children can find their uniqueness by creating a book (Guzzetti & Wooten, 2002). Guzzetti and Wooten also state, "children became familiar with the structural components of a book and how those components can be used to express theirs or others' ideas" (Guzzetti & Wooten, 2002, p. 7). In this manner, Focusing Oriented Art Therapy and a Bookmaking activity will be useful in field of art therapy in order to increase self-esteem and promote protective resiliency for homeless children population.

Implications for Research

This study indicates that Bookmaking and Focusing-Oriented Art Therapy based on positive psychology orientation is possible to promote protective resilience of the homeless children. As a pilot study, further research on its efficacy with a stronger quantitative support would be necessary. This study also suggests that some factors are significant to enhance self-esteem and promote protective resilience. Many researchers welcome the balance of positive psychology, the strengths perspective, and coping and resilience studies (Clark, 2009). Perhaps, this may suggests to investigate further what might be the possible factors to balance these four factors in order to promote protective resilience.

Suggestions for Future Research

In view of the limitations of this study as discussed earlier, the researcher recommends that further research can be conducted using a larger sample and a control group to increase the validity of the findings and the intervention effects. Additionally, the possible need for a longer program would be beneficial in order to build stronger sense of group cohesiveness.

Conclusion

There have been no studies that have specifically addressed homeless children's resilience and Focusing-Oriented Art Therapy and Bookmaking based on a Positive Psychology orientation. This study is best viewed as a pilot study using Focusing-Oriented Art Therapy and Bookmaking to promote protective resilience factors of homeless children due to the small sample size (N=4). Although this study cannot attribute the change of post-test scores solely to the group intervention due to a lack of control group, there were notable overall positive changes in their perceived sense of self and an increase of protective resilience. Participants found the Focusing-Oriented Art Therapy and Bookmaking workshop enjoyable and helpful for expressing themselves, focusing on positive qualities within themselves. The children from a homeless shelter, after participating in a four session Focusing-Oriented Art Therapy and Bookmaking art group, experienced an increase in expression, creativity, self-awareness, social interaction, and sense of accomplishment. The results highlight the possibility of enhancing self-esteem, and promoting protective resilience by experiencing Focusing-Oriented Art Therapy and Bookmaking art group based on Positive psychology orientation. This study is a contribution to both the Focusing-Oriented Art Therapy and

Positive Psychology at large. The results are important to art therapists, as well as mental

health and social service providers who work with the homeless population.

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Appendix A

Authorizing Letter from the Shelter Network

Brian Greenberg, Ph. D.
Director of Programs and Services,
Shelter Network
1450, Chapin Ave., 2nd Floor
Burlingame, CA 94010
Dear Dr. Brian Greenberg,

Re: Focusing-art Therapy Workshop in the Shelter Network

Dear Dr. Brian Greenberg,

I am a graduate student at Notre Dame de Namur University.

As part of my research study, I would like to conduct a 4-session 1- week focusing-art therapy workshop for the school-aged children from Shelter Network from June 1st to June 30th, 2010. The workshop will focus on providing an opportunity for children to promote protective resilience through self-awareness, the learning of expression, creative activity and social interaction through the experience of an art therapy group. A maximum of 8 participants of age ranging 7 to 11 would be recruited to the workshops through your agency. A recruitment flyer introducing the workshop is attached.

This research meets the approval of the Notre Dame de Namur University Institutional Review Board. I understand that I will need to present the research proposal to Shelter Network's IRB. I will submit the research proposal approved by NDNU's IRB.

This research will be supervised by Dr. Laury Rappaport, Ph.D., ATR-BC, REAT. Should you have any questions, please feel free to contact the researcher at (415) 652-8429 or henna.arttherapy@gmail.com. You may also contact Dr. Laury Rappaport at: lrappaprot@ndnu.edu or (650) 508-3674.

With your permission, I will proceed with this workshop and study at your facility. By signing below, you are authorizing the researcher to conduct the workshop and study. Thank you very much.

Sincerely yours,

_____   _____   _____   _____
Hyuna Lee   Date   Brian Greenberg, Ph.D   Date
Researcher   Director of Programs and Services,
                                    Shelter Network

Appendix B

Letter to Parents and Guardians

Dear Parents and Legal Guardians,

      Hyuna Lee, Masters Student in Marriage and Family Therapy/Art Therapy, will soon be starting a book-making art therapy group for children in Shelter Network. This group will offer a safe place for children to address and promote protective resilience and healthy and positive coping skills.

      Children will have the opportunity to build peer support, to learn effective coping strategies, to explore their feelings and emotions, and to be part of a fun, safe, and supportive environment with others going through similar experiences. The group is expected to begin in mid to late June and will meet four times in a week for a total of four 75 minute sessions.

      If you feel your child may benefit from this type of service and would like to participate, please contact Hyuna Lee at (415) 652-8429 or henna.arttherapy@gmail.com for more information.
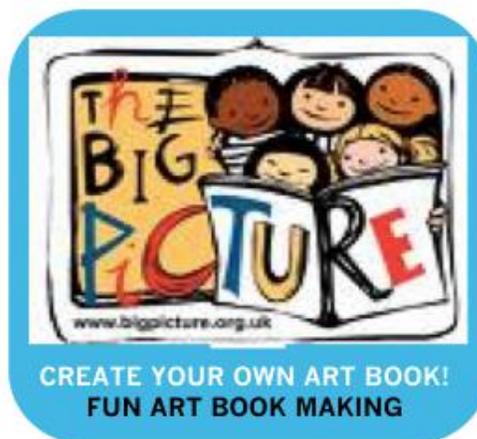
Thank you,

Sincerely,

Hyuna Lee

Appendix C

Recruitment Flyer of the Book-Making Art Therapy Group

NDNU
NOTRE DAME DE NAMUR UNIVERSITY

Appendix D

Informed Consent to participate in a Research Study
Notre Dame de Namur University
1500 Ralston Avenue, Belmont, CA 94002

Title of Research: Focusing on Positive: Book -Making Art Therapy promotes protective
resilience factors with school age children
Name of Principle Investigator/Primary Researcher: Hyuna Lee
Phone Number of Principle Investigator/Primary Researcher: (415) 652-8429
Name and Phone Number of Research Committee Chair: Laury Rappaport, Ph.D.
ATR-BC (650) 508-3674

A. Research Purpose and Background

The purpose of this study is to determine the effectiveness of the use of focusing-oriented
art therapy to promote protective resilience of school-aged children. Specifically, the
researcher seeks to determine whether or not the children's exploration of self and
improving their resiliency with book making throughout focusing-oriented art therapy
The research will be conducted by Hyuna Lee, a graduate student at Notre Dame de
Namur University, under the supervision of Dr. Laury Rappaport, Associate Professor of
Art Therapy Psychology at Notre Dame de Namur University.

B. Procedures

In voluntarily consenting to participate in this research study, the participant understands
the following:

1. The participant will be asked to participate in a one-week four-session group
    focusing-oriented art therapy that will last for approximately 75 minutes each.
2. The participant will be given an orientation to the study verbally and asked to
    complete the Demographic Information Form.
3. The participants will be asked to take a pre- and post-tests using the SEARS-C
    Social-Emotional Assets and Resilience Scale Child Form inventory and "Draw a
    Person in the Rain" art based assessment
4. The participant will be asked to complete a post group questionnaire at the end of
    the workshop.
5. Instructions of art activities will be given at the beginning of each session that
    coincides with the week's goal. Participants will be encouraged to participate in
    creating and sharing art, and discuss about the process.
6. Artwork may be reproduced for use in the reports, presentation or publication in
    related to the research or educational purposes. All artwork will be returned to the
    participants at the end of the one-week workshops.

7. The photographic images of the artwork will remain the property of the researcher.

C. Risks

There is a potential risk involved in participating in this study. The participant may experience of emotional reactions in response to the topics discussed during the art therapy session. Possible reactions would be about self-concept, self-worth, family support system, racial, ethnic, gender or cultural identity, exposure and privacy, and participant's potential resistance or any discomfort to dealing with these issues. Thus, this art therapy intervention focuses on participant's safety and building of trust in order to conduct safe research. This study also aims one's positive self and to offer them a non-threatening way to express themselves. Moreover, in order to build safety and reducing resistance among the participants, the researcher will be provide warm up exercises and group activities. The researcher would check-in with each participant before the end of each session to make sure comfort and emotional safety. If participants have a need for additional emotional support, they will be referred for additional follow-up and support through the Director of Programs and Services: Brian Greenberg, Ph.D. (650) 685-5880

D. Benefits

Anticipated benefits of participating in Focusing-oriented art therapy group are listed below:

1. Participants may experience increasing of self-awareness
2. Participants may explore relationships with other participants and their environment.
3. Participants may learn how to express themselves in a non-threatening and creative way.
4. Participants may experience a sense of accomplishment by making their own book.
5. Participants may experience a sense of fulfillment by contributing to a scientific body of knowledge.

E. Confidentiality

The records from this study will be kept confidential. No individuals will be identified in any reports or publications resulting from the study. All artwork, tests, questionnaires, and transcribed material will be coded with a number that matches the corresponding consent and permission to use artwork forms. All forms will be stored separately from all artwork, tests, questionnaires, and transcribed material and will be accessible to the primary researcher only. After the study is completed, all data and records from this study will be kept for three years (or seven year if the study is published), after which will be destroyed.

F. Alternatives

I am free to decline to participate in this research study without any consequences.

G. Costs/Compensation

There will be no cost to me and no compensation for my participation in this research study.

H. Questions

If I have any further questions about this study, I can contact Hyuna Lee by calling (415) 652-8429, emailing her at henna.arttherapy@gmail.com or writing to her at Notre Dame de Namur University, 1500, Ralston Avenue, Belmont, CA 94002, or the research supervisor, Dr. Laury Rappaport at (650) 508-3674.

Participation in this research study is voluntary. I understand that I am free to decline participation in this research study. I may withdraw my participant at any point without penalty.

Print Name _____ Date _____
    Research Participant

Signature _____ Date _____
    Research Participant

Signature _____ Date _____
    Principal Investigator

Appendix E

Participant Assent Form

Study Title: Focusing on Positive: Book -Making in Art Therapy to Promote Protective Resilience Factors with School Age Children Living in a Homeless Shelter

Investigator: Hyuna 'Henna' Lee

Why you are here?

We want to see if you want to be in this study. This form tells you about the study. If there is anything you do not understand, please ask your parent, your guardian or the study staff.

Why are we doing this study?

We want to see if book-making art therapy group session can help children to think positively and learn healthy coping skills.

What will happen to you?

If you want to be in the study these things will happen:

- The study will last one-week.
- You will meet 4 times a week at children's room for 75 minutes.
- At the beginning of 1st session and end of the 4th session, you will fill out a form asking you about yourself.
- At the end of the each session, you will answer a form asking you about your experience of art therapy session.
- Hyuna 'Henna' Lee will keep all your drawings and forms you write on in a safe place during the study.

The bad parts may be:

Sometimes people may feel uncomfortable answering personal questions. You don't have to answer any questions that make you feel uncomfortable.

Sometimes people may feel bad because they think they can't draw or are uncomfortable trying something new, like focusing or book making. These drawings, book making and all the activities in the session are not going to be graded.

The good parts may be:

Trying a new kind of art project.

Drawing with other students the similar age as you.

You will not get graded on anything you do-this is not a class.

You can take home your book at the end of the study.

What if you have any questions?

You can ask questions any time, now or later. You can talk to Hyuna 'Henna' Lee, Study staffs, your family or someone else.

Who will know what I did in the study?

Any information you give to the study staff will be kept private (or secret). Your name will not be on any study paper and no one but the study staff will know that it was you who was in the study.

Do you have to be in the study?

You do not have to be in the study. No one will be mad at you if you don't want to do this. If you don't want to be in this study, just say so. We will also ask parents if they would like you to be in the study. Even if your parent wants you to be in the study you can still say no. Even if you say yes now you can change your mind later. It's up to you.

Do you have any questions?

What questions do you have?

Assent

I want to take part in this study. I know I can change my mind at any time.

_____ **verbal assent given yes?**
Print name of child

Written assent if the child chooses to sign the assent.

_____ _____ _____
Signature of Child   **Age**   **Date**

I conform that I have explained the study to the participant to the extent compatible with the participants understanding, and that the participant has agreed to be in the study.

_____
Printed name of Signature of Day
Person obtaining assent

Appendix F

Permission to Use Artwork

I hereby give permission to Hyuna Lee, Art therapy Trainee, to use _____ (Participant's Name)'s artwork for research purposes. I understand that the participant's name will not be attached to the artwork and the participant's identity will not be released.

I understand that some of the artwork produced may be used in professional art therapy publications and presentations but no information that would indicate the artist's identity would be used in conjunction with them.

_____
Participant's Name

_____
Participant's Signature

_____
Parent/Guardian Signature

Appendix G

Demographic Information Form

Please fill in the following information for the use of the study only. All data will be kept anonymous and confidential.

Name: _____

Age: _____

Gender:

☐ Male
☐ Female

Race/ Ethnic Background:
☐ African American
☐ American Indian/ Alaskan Native
☐ Asian/ Pacific Islander
☐ Caucasian
☐ Hispanic

Do you have any previous experience in focusing-oriented art therapy?

☐ Yes
☐ No

Do you have any food allergies? If yes, give details.

☐ Yes
☐ No

Appendix H

SEARS-C
SOCIAL-EMOTIONAL ASSETS AND RESILIENCE SCALE
Child Form (for Grades 3-6) Item Tryout Version 1.0
Copyright © 2008, Kenneth W. Merrell

PART 1: ABOUT ME

The Name of My School

_____

My Age _____   My Grade in School _____   My Sex: □ Girl □ Boy

My Ethnic Group or Race: □ White   □ African American   □ Hispanic or Latino   □ Asian

□ Native American □ Other

_____

PART 2: DIRECTIONS

Here is a list of sentences that tell how kids sometimes feel, think, or act. Read each sentence, and circle the letter that tells about you the best. Circle **N** if the sentence is **NEVER** true for you. Circle **S** if the sentence is **SOMETIMES** true for you. Circle **O** if the sentence is **OFTEN** true for you. Circle **A** if the sentence is **ALWAYS** (or ALMOST ALWAYS) true for you. There are no right or wrong answers. Please answer every sentence, and do your best.

Remember: NEVER   **S**OMETIMES   **O**FTEN   **A**LWAYS

---

1. I like to do my best in school…………………………………………………… N S O A
2. I feel sorry for other people when bad things happen to them…………..…….. N S O A
3. I am good at understanding what other people think………………….. …..N S O A
4. I can do many things without help………………………………………….N S O A
5. I try to help other people when they need help………..…………………… N S O A

---

6. People like to be with me…………………………………………………….N S O A
7. I like to talk to lots of different people.……………………………………….N S O A
8. I make friends easily…………………………………………………………N S O A
9. I try to understand how my friends feel when they are upset, or sad…………..N S O A
10. I am a good listener when other people have something to say….……………N S O A

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11. Other kids invite me to hang out with them…………….…………………..N S O A
12. I have a best friend…………………………….…………….………………N S O A
13. People think I am fun to be with…………………….………………………. N S O A

14. Even when things don't go well for me, I am okay………..………………….... N S O A
15. Other people like me……………………………………………………………… N S O A

_____

16. My friends come to me for help………………………………………………... N S O A
17. I like doing things for others…………………………………………………… N S O A
18. I am good at solving problems………………………………..………………… N S O A
19. I understand how other people feel…………………………..………………… N S O A
20. I feel okay with the way I am………………………………………………… N S O A

_____

21. It is easy for me to tell people how I feel…………………………..………… N S O A
22. I ask for help when I need it……………………………………………………… N S O A
23. I could teach someone else how to calm down when they are angry………... N S O A
24. I know the difference between anger and aggression………………………... N S O A
25. I stay in control when I am angry……………………………………………… N S O A

_____

26. I care what happens to other people…………………………………………….. N S O A
27. I think before I act……………………………………………..………………... N S O A
28. I am comfortable when I am in a big group of people………………………… N S O A
29. Other people see me as a leader………………………………………………… N S O A
30. I like who I am…………………………………………………………………… N S O A

_____

31. Other kids respect me………………………………………..……………….. N S O A
32. I make good decisions…………………………………………………………... N S O A
33. I think about my problems in ways that help…………………..……………… N S O A
34. I like to go to school……………………………………………………………… N S O A
35. I am happy to be me……………………………………………………………… N S O A

_____

36. I feel good about myself………………………………………………………... N S O A
37. I can handle most things on my own…………………………..……………….. N S O A
38. I ignore other kids when they tease me or call me names……………………. N S O A
39. I stand up for myself when I need to………………………………..………….. N S O A
40. I can name lots of different feelings……………………………..…………… N S O A

_____

41. I know how to calm down when I am upset……………………...………….. N S O A
42. I know how to change my negative thoughts…………………………………… N S O A
43. When life is hard, I don't let things get to me…………………………………… N S O A
44. I know how to set goals for what I want in life………………..………….. N S O A

_____

45. I am able to handle problems that really bother other kids……………………... N S O A
46. I ask my teacher for help when I don't understand my school work………..... N S O A
47. My parents trust me…………………………………………………………….. N S O A
48. I work well with other kids on school projects…………………..………….. N S O A

_____

49. I like being at school……………………………………………………………… N S O A
50. I can identify errors or mistakes in the way I think about things…………..…… N S O A
51. I know when people are upset, even when they don't talk about it……..…….... N S O A

52. I stay calm when there is a problem or argument……………………..……… N S O A

Remember: NEVER   SOMETIMES   OFTEN   ALWAYS

Appendix I

Session Logs

Participant Number _____   **Session Number** _____

Affect _____   **Mood** _____

Identity of self and connection to others
Definition: Child shows increasing awareness of understanding of self and his or her connection to others

1	2	3	4	5
Developing	Understanding	Integrating	Expanding	Connecting

Self-esteem
Definition: Child makes positive judgments about self and his/her own abilities in increasingly broad contexts

1	2	3	4	5
Developing	Understanding	Integrating	Expanding	Connecting

Empathy
Definition: Child shows increasing awareness of others' feelings and experiences and responds appropriately through words or actions

1	2	3	4	5
Developing	Understanding	Integrating	Expanding	Connecting

Impulse control
Definition: Child shows ability to regulate responses to internal and external stimuli in increasingly broad settings

1	2	3	4	5
Developing	Understanding	Integrating	Expanding	Connecting

Follow rules
Definition: Child shows ability to follow rules in increasingly broad settings and understands the purpose of having rules

1	2	3	4	5
Developing	Understanding	Integrating	Expanding	Connecting

Awareness of diversity: appreciation of differences and similarities
Definition: Children show awareness, acceptance, understanding, and appreciation of others' special needs, genders, family structures, ethnicities, cultures, and languages

1	2	3	4	5
Developing	Understanding	Integrating	Expanding	Connecting

Interactions with adults
Definition: Child develops positive relationships with increasingly larger groups of adults and acknowledges adult's perspective, while expressing clear sense of own self

1	2	3	4	5
Developing	Understanding	Integrating	Expanding	Connecting

Friendship
Definition: Child develops one or more close relationships with peers and extends concept of friendship beyond his/her community

1	2	3	4	5
Developing	Understanding	Integrating	Expanding	Connecting

Conflict negotiation
Definition: Child resolves conflicts by proposing solutions that consider the needs of others and extends concept of negotiation beyond his/her community

1	2	3	4	5
Developing	Understanding	Integrating	Expanding	Connecting

Safety
Definition: Child shows increasing independence in following rules for personal safety

1	2	3	4	5
Developing	Understanding	Integrating	Expanding	Connecting

Understanding healthy lifestyle
Definition: Child shows increasing independence in making healthy lifestyle choices

1	2	3	4	5
Developing	Understanding	Integrating	Expanding	Connecting

Personal care routines
Definition: Child shows increasing independence in following personal care routines

1	2	3	4	5
Developing	Understanding	Integrating	Expanding	Connecting

Reactions/Response to intervention

_____

_____

_____

Verbal responses

_____

_____

_____

Non-verbal responses

_____

_____

_____

Interactions with group members

_____

_____

_____

Appendix J

Participant Post-Group Questionnaire

1. What did you like about the group?

2. What did you dislike about the group?

3. How did you feel about each of the art activities?

Group Mural from Name Drawing Mandala

1	2	3	4	5
Strongly Liked				**Strongly Disliked**

Clearing a Space with Art

1	2	3	4	5
Strongly Liked				**Strongly Disliked**

Something I am proud of my self-quilt

1	2	3	4	5
Strongly Liked				**Strongly Disliked**

Support system

1	2	3	4	5
Strongly Liked				**Strongly Disliked**

Wish Box

1	2	3	4	5
Strongly Liked				**Strongly Disliked**

Book-Making

1	2	3	4	5
Strongly Liked				**Strongly Disliked**

---

4. Did you learn anything from this group that you didn't know before? (Give details.)

Appendix K

Participant Packet Number_____

Scoring Inventory for the Draw-a-Person-in-the-Rain

Protection Indicator	Absence/ Presence/ Unused	
1. Hat	0	1
2. Coat	0	1
3. Shoes	0	1
4. Umbrella	0	1
5. Tree	0	1
6. Roof/Awning	0	1
7. Smile	0	1
8. Other_____	0	1

Participant Packet Number_____

Scoring Inventory for the Draw-a-Person-in-the-Rain

Size and Density of Rain   Absence/ Presence

   1. Large Rain   0   1

   2. Small Rain   0   1

   3. Dense Rain   0   1

   4. Diagonal Rain   0   1

   5. Rain Focused over Figure   0   1

   6. Puddle(s)   0   1

   7. Cloud(s)   0   1

   8. Other   0   1

Appendix L

Debriefing Statement

Notre Dame de Namur University

1500 Ralston Avenue

Belmont, CA 94002

Thank you for your participation in the study. The primary purpose of this study was to examine the effectiveness of the use of book-making art therapy group based on focusing-oriented art therapy and positive psychology to promote protective resilience. Your participation represents a valuable contribution to the development of art therapy research.

The data collected are for research purposes only. The information will remain confidential. If you have any questions about this research study, please feel free to contact the primary investigator, Hyuna 'Henna' Lee, by email at henna.arttherapy@gmail.com, or the research supervisor, Dr. Laury Rappaport, Ph.D., ART-BC, REAT, Art therapy at the Art Therapy Psychology Department of Notre Dame de Namur University (650) 508-3674.

The purpose of this group was to provide a safe environment for children to address and explore their feelings and concerns, to build peer support, to gain knowledge and information, and to learn effective coping strategies. If a participant experiences distress, they may be referred for additional follow-up and support through the Director of Programs and Services: Brian Greenberg, Ph.D. (650) 685-5880. Thank you for your participation in this study.