



ART THERAPY

a case study

Michelle De Boer

Trevor* is a good student. He is quiet and cooperative, plays well with the other children in his grade three class, listens attentively to the teacher and does well on his assignments.

Trevor is the youngest of two children. His older sister is handicapped; she looks and speaks differently than other children. She has significant health concerns. Because of her condition, she demands a great deal of attention and effort from her parents. Trevor is loud and angry at home. He often disrupts the evening meal with crying and tantrums. He can be physically aggressive towards his parents.

His parents asked for art therapy for Trevor to help work on his problem behaviour in the family home. Although there were no issues at school, I began to meet with Trevor once a week for an hour at his school.

Each art therapy session begins with a fun art activity using his preferred art materials. Trevor smiles frequently, involving me in the activity. Our next activity usually has to do with his feelings about his classroom, his friends, or a project he is working on. He is talkative and engaging, eager to share his latest academic achievement or recent sport highlight on the school's soccer field.

* not his real name



Trevor's family picture.

As time progressed and Trevor and I saw each other week after week, he knew that I would remember his previous week's story and be excited to give me an update.

Our third and most challenging activity in our therapy session involves us talking about his family. Trevor changes: his voice softens, his shoulders slouch, he bows his head. He is quietly kicking the leg of the table with his toe. He no longer looks me in the eye. It is difficult for Trevor to share his feelings about his family. He wants to protect them. That is a natural feeling for anyone. But he is hurting and it is because of his family.

It is a difficult position for any one to be in, let alone an eight year old child. He tells me about last night: his sister was sick again, dad was

working late, mom was busy with his sister. There was no time to help Trevor with his homework, no one available to sit with him for supper, no one to read him a bedtime story. Mom quickly tucked him in and left the room, busy with Trevor's sister. It's like this a lot, he shares. No time for Trevor.

Sometimes Trevor creates art from ideas he comes up with or brings into the session with him. Sometimes Trevor needs a suggestion and I give him a directive. During a particularly difficult session with Trevor, I suggested that he draw a family portrait. To my surprise, Trevor was eager to get to work. His final product spoke more to me than hours of conversation could. On a large piece of paper Trevor drew a

Director's Corner

Mark Vander Vennen,
MA, MEd, RSW

One of the mysteries of our faith is that some of the most difficult, painful and damaging conflicts between people take place in church settings. Likely almost all of us know of congregation-based disputes that have left people hurt and embittered—perhaps even questioning the faith itself.

What real practices or patterns of reconciliation actually exist in our churches to deal with such situations? Sadly, churches appear to be able to draw on very few living, active practices of reconciliation and conflict transformation to deal with their experiences of conflict. Often, heeding Jesus' call to love our neighbours, the desire for restoration is present at some level, but the tools and habits are lacking.

Salem is determined to help address this need. Ironically, the effort grows



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Editor
Judy Cook

Layout & Design
Marian den Boer

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RN 13056 6011 RR 0001

1 Young St.
Suite 512
Hamilton, ON
L8N 1T8
Telephone:
(905)528-0353
(866)347-0041
Fax:
(905)528-3562
Web:
salem.on.ca

out of Salem's *hosting* project, in which churches act as the hosts of restorative justice circles involving young people who have broken the law and their victims. Churches therefore act as places where local community reconciliation processes happen. A natural and necessary extension of this project is to bring reconciliation practices to bear on relationships within churches themselves.

Recently, it's been my privilege to lead several workshops on *Dealing with People Who Can Be Difficult (But Who Also Have Many Other Qualities) in Church Settings*. We have mused together about using and adapting the proven circle processes of restorative justice to deal with people in a church setting who can be difficult (which is all of us, myself included). In a restorative circle, questions like these are asked of each stakeholder in the conflict (tailored to their role in the conflict):

- What happened?
- What were you thinking at the time?
- What have you thought about since?
- Who has been affected by what happened?
- In what way?
- What do you think you need to do (or needs to be done) to make things right?

The participants then develop a joint plan. I spoke about the need to build “third-party platforms for restoration.” That means having trained people available who are *neutral* to the conflict to facilitate such circles—a service that churches could offer each other, either directly or at a regional

level. Gradually, perhaps a culture shift could then occur in churches, whereby involvement in such processes is the expectation, the norm.

The use of restorative practices in church settings is brand new in the restorative justice field, but it holds enormous promise. In August, 2007, Salem plans to bring in David Brubaker, an international expert in the use of such processes in church settings. He teaches this topic at Eastern Mennonite University in Virginia, where he is a colleague of restorative justice and conflict transformation pioneers Howard Zehr and John Paul Lederach.

David will spend two days with 6-8 experienced, leading restorative justice practitioners in Ontario. They come from a variety of denominations. Using this pool of people, Salem then hopes to be able to offer a service for church congregations from various denominations who request it.

Watch for this exciting new project as it develops! It complements Salem's other efforts (such as the *Congregational Assistance Plan*, *WrapAround* and the *Restorative Justice Hosting Project*) to support churches in their desire to reach out and reach in with the uncommon, healing balm of Jesus' perfect reconciliation.

And thank you for your support of Salem as it explores and undertakes these areas of service!



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Art Therapy a case study

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beautiful park scene. Trevor's sister stands between their father and mother, taller than both of them although she has a slight build and is a mere five feet tall. They all have smiles on their faces and great detail to their drawings: outfits, shoes, jewellery. Each one's clothing is coloured in with great detail.

Trevor spent the majority of our hour session working on these details. He drew trees and birds and hearts above his family members. Trevor then found the grey crayon. He drew a ghostlike figure in the top right of the page. He added two legs but no arms. He drew eyes, a nose, and a straight line for the mouth. Trevor took the white crayon and coloured over the figure, giving it a translucent look.

Trevor did not want to talk about this picture during the session he created it but wanted me to keep it. A few sessions later when he was ready to talk about it, he shared with me that he often feels invisible in his own home. He thinks that his family would not realize it if he were not there. He shared that often he wants to fly away—like the birds he had drawn in the picture—no where

in particular; just anywhere but home. We talked about Trevor's feelings of loneliness, anger, and disappointment.

As the end of the school year approached, Trevor and I began to talk about ending art therapy. I suggested that maybe he would like to invite his parents to come to our last session and Trevor could share some of his art work with them. He was excited about this but when the day came, only Trevor's father was available. Trevor was again disappointed but he did show his father most of his art projects and eventually presented the family portrait. He quietly looked at the picture and avoided eye contact with myself and his father. I prompted Trevor to talk about his picture and ever so quietly and slowly Trevor explained his picture in great detail to his father. His father was taken aback as Trevor shared his feelings. It took courage for a young boy to share those thoughts with his dad. Trevor walked out of the art therapy room on that last day with his artwork in hand and his dad beside him, hopefully to begin a new chapter in their lives.

Michelle De Boer has worked in both hospital and elementary school settings, and we welcome her as our newest Salem staff member. Michelle has a B.A. in Psychology and Criminal Justice, has completed a three year M.A. equivalent program at the Toronto Art Therapy Institute, and is a member of the Canadian Art Therapy Association. Michelle is available to provide art therapy to children, youths and adults at Salem on Mondays. For an appointment please call Salem at 905-528-0353.



Michelle with her son.

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BUILDING THE BONDS OF ATTACHMENT

Betty J.B. Brouwer

A number of changes and developments have been taking place at Salem as a result of the visioning that Salem's board and staff have been engaged in over the last couple of years. As a result Salem has begun developing a *Building Healthy Attachments* program. The intent of this program is to reach out to those struggling with attachment related issues, e.g. foster families, adoptive parents and adoptees, or those dealing with trauma.

Attachment occurs in relationship. It is a learned way of relating to others. Our initial attachments serve as a template or foundation for future patterns of relating to others. The ability of the parent and child to form a secure and healthy attachment influences how the child then navigates other relationships in life. Children who have had traumatic experiences, who have experienced loss, abuse, neglect or relinquishment and adoption may be hampered in their abilities to form healthy attachments.

Although the attachment template is forged at a very early age the exciting prospect about working in the area of facilitating healthy attachments is the possibility and potential of hope: the ability for change and resiliency. Altering those first templates that were forged on mistrust, fear, and/or neglect is possible. Hope is always present and it is that hope that helps a person persevere despite the tragedies, hurts and suffering within the world, within families, and within children.

The following case study illustrates the attachment struggle and the healing that can come when a healthy attachment is achieved.

Anna* is a nine year old girl who has been living in a kinship care arrangement (extended family member) for the last 4 years. In her short life Anna has lived in a variety

of different family arrangements, experiencing neglect in her early years and the loss of both her parents as they were either unable or chose not to be involved in her life.

Anna, although academically capable, had difficulties in school. Completing work, getting along with other children, and simply coping with the routine of the day proved to be very challenging for Anna. At Salem our work involved both Anna and her kinship care provider as we focused on issues related to attachment, helping Anna cope with the loss of family and her sense of self-worth.

Anna is making positive gains in her school setting, socially and at home. Since Anna's kinship provider has been caring for Anna consistently over the past years and the courts have now finally given full legal custodial rights to Anna's kinship provider, Anna has been able to move forward and make gains. Once she was able to fully realize that she would not be leaving her current home she was in a secure enough environment for her to begin to explore more fully a wide range of memories, emotions, and current experiences that could be potentially frightening, shameful,

and therefore had been habitually avoided or denied. Anna continues to experience ups and downs, although more ups than downs as she grows in security in the stability of her current situation. She is making up for lost experiences that she needed as a child to develop a secure and healthy attachment.

And hope, always present, continues to grow. In fact Anna and her kinship care provider drew a picture depicting this hope. Anna, describing the picture, said, "This is the hope and it is getting bigger (compared to an earlier picture where the hope was quite small). It is going to keep getting bigger and bigger." When the question was posed as to what is allowing the hope to grow, Anna immediately responded, "Because I know I will always have a place to live with someone who cares for me." This sense of security, the growing healthy attachment, will provide Anna with a solid base from which to continue to grow and develop. Anna will likely have to grapple with questions about her family situation as she matures, but she has the security of a home that is for always and in which she is unconditionally loved and accepted.



Betty J.B. Brouwer, M.Sc., brings together over 15 years of experience working with children, adolescents, and their families, receiving art and play therapy training as well as the ongoing experience she acquires in parenting her own children. Betty has completed the advanced level (level 3) training with Dr. Daniel Hughes, a leading specialist from Maine, USA, in the field of Attachment. Betty is part of CO-Place, a group of senior therapists from Ancaster to Cobourg, who work in Dyadic Developmental Psychotherapy, and who meet regularly for peer supervision and consultation. Betty is available to discuss any questions you may have, and is available to explore how Salem can work with you and your specific situation. Salem also has available a DVD titled: Building the Bonds of Attachment, by Dr. Daniel Hughes. If you are interested in borrowing this DVD please contact the Salem office.

* not her real name