Drawn to Success: Art Therapy and Other Creative Strategies with FASD.

A Proposed Book

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Preface

Many parents and professionals have become frustrated when working with someone who has a fetal alcohol spectrum disorder (FASD). Behaviors that are directly related to this neurological disorder can be puzzling at times. One minute a person with FASD comprehends it, then the next minute, cannot apply it. People with FASD require a support system of family, professionals and a community that understands them. Because no two people with FASD are affected the same way, it is critical to understand how the brain damage effects them individually. Observing behavior, asking the right questions, being patient and learning to adapt the environment to their needs are important.

Art therapists have an advantage to working with this population, because people with FASD are strong visual, kinetic and experiential learners. People with FASD have natural strengths in art, music, poetry, computers, mechanics, and imagination. As a mental health profession, art therapists are employed in many clinical settings with diverse populations. Art therapy can be found in non-clinical settings as well, such as art studios and in workshops that focus on development of creativity. The role of the art therapist is a therapeutic witness to a client’s self-discovery and recovery, a guide to living more creatively and enriching one’s self-worth, a facilitator in experiential skill building, and finally, a consultant and advocate for environmental adaptations with
special populations. Alternative methods learning and living are requiring for a person with FASD to succeed in school, work, relationships and life.

A high number of people with FASD suffer additionally from mental illness, which is a result of secondary defensive behaviors like: aggression, anxiety, isolation, sexual promiscuity, avoidance, addictions, self-destructiveness and suicide. These behaviors are the consequence of over-compensation for feelings of inferiority, not feeling a sense of belonging or significance, and stressful environmental risk factors such as abuse, neglect, domestic violence, gang violence, parental substance abuse and psychopathology. In adoptive families some factors of mental health might include: family of origin and cultural identity confusion, discouragement with personal abilities, peer influence and pressure in risky behaviors, poor judgment, impulsivity, and inability to learn from consequences. Using art therapy can be instrumental in reducing secondary behaviors and mental health symptoms.

According to the International Art Therapy Organization, “Art therapy encourages self-expression, self-discovery and emotional growth; for these reasons, it has been used in the treatment of mental illness for almost 100 years” (www.internationalarttherapy.org) Art therapy is a form of psychotherapy which can involve both the creation of art and the discovery of it’s meaning.

Creativity is a great strength with people who have FASD. In Adlerian theory, behaviors become creative ways to adapting to one’s environment early in childhood. These behaviors can become maladaptive or misguided. Drawing upon their strengths gives them the tools to build the skills in order to succeed. Early intervention with this population will build social interest, a sense of belonging an ability to overcome feelings
of inferiority, encouraging a person with FASD to feel safe, and to promote personal growth and self-discovery.
Section One

What is FASD?

According to Jones and Smith (1973), fetal alcohol syndrome (FAS) was first identified in the United States as a major birth defect resulting from prenatal alcohol exposure. FAS, partial FAS, alcohol-related neurodevelopmental disorder (ARND), alcohol-related birth defects (ARBD) are diagnoses that fall under the umbrella of fetal alcohol spectrum disorder (FASD). FASD is not a diagnosis in of itself. Alcohol exposure prenatally can appear as all or some of the following characteristics: facial anomalies, growth retardation, and central nervous system dysfunctions.

Paley and O’Connor (2001) stated:

Over the past three decades, extensive research has documented the teratogenic effects of alcohol in both animal and human studies, and such research has highlighted a range of cognitive, behavioral, and physical impairments associated with prenatal alcohol exposure. Intellectual and learning disabilities, executive dysfunction, speech and language delays, behavioral and emotional difficulties, poor social skills, and motor deficits have all been reported among people with FASD. (p. 64)

Because most people with FASD have no visible signs of alcohol exposure, their problems may be wrongly blamed on poor parenting or on other disorders. Early diagnosis and intervention contribute to positive long-term outcomes (Paley & O’Connor,
FASD is an invisible disability that has by history been misunderstood by professionals and society.

**A Societal Problem**

From economic, societal, and family perspectives, FASD represents a major public health issue. The prevalence of FASD is estimated to be 1% to 5% of live births. The lifetime cost for an individual with FASD has been estimated approximately $2 million, the majority of which reflects costs for special education, medical and mental health treatment (Lupton et al., 2004). This estimate does not include the cost if the individual enters into the criminal justice system. As people with FASD enter adolescence, risky behaviors, substance abuse and involvement with the corrections system increases dramatically and may impact as many as 60% of this population (Burd, et al., 2011).

Multiple contributing factors may be considered when working with people that have FASD. Paley and O’Conner (2011) stated, there are risks to the mother’s health and environment while she was pregnant, such as: exposure to other teratogens, poor prenatal care, poor maternal nutrition, or maternal stress during pregnancy. After birth, individuals with FASD may also experience environmental risk factors, including ongoing parental substance use/abuse, parental psychopathology, exposure to inter-parental conflict or domestic violence, and neglect or abuse. Many of these children are eventually placed in foster care. Children with FASD are overrepresented in the foster care population, as much as 10 to 15 times higher than the general population. The argument of removing children from their biological parents may reduce some risks to these children in the future.
**Victim vs. deviant identities.** A prenatal and postnatal factor that may affect a child with FASD identifies an individual as a victim of a societal problem. If interventions are in place in a child’s early years, an individual with FASD can lead a relatively normal life. However, as the child grows into an adolescent then young adult there often is a gap in services leading many to become the correction systems issue (Burd et al., 2011; Dej, 2011; Fast et al., 2009).

Erin Dej (2011) states:

I demonstrate that while the symptoms associated with FASD do not differ from childhood to adulthood, their conceptualization and thus social and governmental responses to individuals with FASD change dramatically… (p. 137) In childhood, the FASD identity is salvageable victim, in adulthood the FASD identity is deviant, dangerous and irredeemable (p 138).

The literature suggests determination of FASD in the corrections population is challenging due to the method of screening for prenatal alcohol exposure. Many individuals can only report that their mother drank during a sibling’s pregnancy, a relative witnessed drinking while the mother was pregnant or FASD symptoms are diagnosable with medical tests. FASD is difficult to diagnose medically after the child grows in to adulthood, especially those who have a normal IQ (Dej, 2011). Many of the other symptoms, such as impulsivity, hypersexuality, lack of empathy, lack of proper social skills and boundaries, and egocentric thinking can look like a personality disorder. It is estimated that corrections population is 3,080,904 and as many as 28,036 to 717,850 individuals have FASD (Burd et al., 2011).
Dej (2011) suggests that the transformation from child victim to deviant adult takes place over several factors. The characteristics over a lifetime appear to be the same: affectionate to sexual aggressive, hyperactive to impulsive, irritable/anxious to aggressive/violent behaviors. Less emphasis on egocentrism past early childhood of children with supportive services, and an expectation for these children to adapt to their environment rather than adapt the environment to the child. In childhood, the victim identity prevents personal responsibility for their problems such as poor school performance and behavioral issues, and blame is often attributed to parents and caregivers. Transitional independent living services are not common, but are needed to helping individual’s with FASD to continue success from early childhood services. It is estimated that as many as 75% of adults with FASD have absolutely no access to supportive services, yet they are expected to grow out of their disabilities.

**Physical Characteristics of FAS/E**

People that are affected by prenatal alcohol exposure can have physical identifiers like in Fetal Alcohol Syndrome/Fetal Alcohol Effects (FAS/E) and represent a small percentage of this population. People that are not diagnosed with full FAS/E can look completely normal with no abnormal physical characteristics however, all people with FASD have brain injury sustained in-utero and this type of birth defect is an invisible disability that represents the majority.
For diagnosis of FAS, three conditions must be present and confirmed by a medical doctor:

1. Growth deficiency before or after birth.

2. All facial features associated with full FAS are present.

3. Damage to the brain and central nervous coordination, hearing and vision deficits or seizures.
**Primary Behavioral Characteristics**

Mablin (2002) suggests the primary characteristics are those behaviors believed to most clearly reflect underlying brain differences in people affected by FASD.

<table>
<thead>
<tr>
<th>Primary Behaviors:</th>
<th>Characteristics:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication challenges</td>
<td>Often repeats rules verbatim, then fails to apply the rules due to the lack of comprehension – able to “talk the talk” but does not “walk the walk.”</td>
</tr>
<tr>
<td>Compromised executive functioning</td>
<td>Difficulty planning, predicting, organizing, prioritizing, sequencing, starting and following through.</td>
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<td></td>
<td>Difficulty setting goals, managing time, or adhering to a schedule.</td>
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<tr>
<td>Difficulty with memory</td>
<td>Information input, integration, forming associations, retrieval, and output.</td>
</tr>
<tr>
<td></td>
<td>Inconsistent memory or performance; may remember one day but forget the next.</td>
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<td></td>
<td>Difficulty learning from the past and will often make the same mistake regardless the outcome.</td>
</tr>
<tr>
<td>Difficulty with abstract concepts</td>
<td>Such as math, metaphors, money and time.</td>
</tr>
<tr>
<td>Dysmaturity</td>
<td>Often function cognitively at a much younger level developmentally then their chronological age. A 13-year old may be developmentally more like a 7-year old.</td>
</tr>
<tr>
<td>Inability to generalize information</td>
<td>Not flexible in thinking, difficulty predicting outcomes, forming links and associations, unable to apply a learned rule in a new setting; learns to look both ways before crossing the street at 4th and Wall, but walks into traffic without looking at a new intersection.</td>
</tr>
<tr>
<td>Impaired judgment</td>
<td>Difficulty understanding safety and danger, friend and stranger, or differentiating fantasy from reality. Often unable to make decisions on own.</td>
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</table>
Impulsivity
- Acts first then is able to see the problem after the fact.

Language problems
- Expressive language and talking excessively, creates the impression of competence. Conversations can be one sided. May agree or comply easily and not truly understand. May not hear all the conversation due to slow processing speeds and fills in the blanks, which leads to misinterpretation. May create memory or confabulate to fill in the blanks as well.

Preservation
- Can be a rigid thinker, gets stuck easily, difficulty transitioning or stopping from an activity.

Sensory systems dysfunctions
- May over-react to stimuli or have difficulty filtering. May under-react to physical pain like an earache.

Slow auditory and cognitive pace
- May think more slowly or require more time to generate and answer. Language is processed more slowly, requiring more time to comprehend. May only grasp a third of the words spoken.

Strengths
- Creative expression like: art, music, poetry, drama, interpersonal skills, computer, etc. Very social, affectionate and curious about others. Hard workers if given enough time to complete tasks.

*This breakdown of primary behaviors has been adapted from D. Malbin, 2002 “FASD: Trying Differently Rather Than Harder,” and J. Wemigmans, 2008 “FASD Tool Kit for Aboriginal Communities.”*
Secondary Behavioral Characteristics

As Malbin stated (2002), “Secondary behaviors are those behaviors that are believed to develop over time when there is a chronic poor fit between the person and his or her environment” (p. 23). These behaviors are reflective to defending one’s self from harm, finding creative ways to feel significant and compensating for feelings of inferiority, in a societal view of what a person with FASD “can’t” or “won’t” do.

- Fatigue, frustration, acts out, aggression, resistant, argumentative
- Anxious, fearful, chronically overwhelmed, shut down
- Poor self-concept, feelings of failure and low self esteem, often masked by self-aggrandizement
- Pseudo-sophistication: May echo words, phrases, manners and dress in order to fit in.
- Isolated, few friends, picked on
- Family and/or school problems, fighting with peers, suspension or expulsion
- Inappropriate humor—the “class clown”
- Sexual promiscuity, hypersexuality
- Truancy, may run away, other forms of avoidance
- Trouble with the law, addictions, high risk behaviors
- Housing issues and homelessness
- Depression, maybe self-destructive, suicidal

High-risk behaviors, not having a sense of danger or harm, unhealthy unsupportive environments can lead to an early death. With the early identification and proper interventions these secondary defensive behaviors are believed to be preventable.
The following list are estimates of secondary problems and demonstrates the possible devastating consequences of FASD if early intervention and needs are not met:

- 80% diagnosed with ADD/ADHD, 60% also have learning disabilities.
- 60% expelled or dropped out of school.
- 95% experience mental health problems, co morbid diagnoses. (52% depression, 43% Suicide Threats, 33% Panic Attacks, 29% Psychosis, 23% Suicide Attempts)
- 60% experience trouble with the legal system starting as teens. Up to 23% of the prison population has FASD (Burd et al., 2011).
- 70% females and 50% males experience drug and alcohol problems as adults.
- 80% Adults are unable to obtain employment, regardless of I.Q.


**Common Diagnoses Associated with FASD**

Many children with FASD have co-morbid diagnoses or are misdiagnosed with a disorder other than FASD.

- Attention Deficit Disorder, Attention Deficit with Hyperactivity Disorder
- Oppositional Defiant Disorder, Reactive Attachment Disorder
- Learning Disability, Speech and Language Delay, Pervasive Developmental Delay, Developmental Receptive Language Disorder
- Sensory Integration Dysfunction,
- Conduct Disordered or Severely Emotionally Disturbed or Post Traumatic Stress Disorder
- Borderline Personality Disorder, Antisocial Personality Disorder
- Autism or Asperger’s
The more knowledge about prenatal alcohol use will result in a higher percentage of children getting the proper diagnoses, reevaluate for appropriate co-morbid diagnoses and implementing the right interventions. More research needs to be done to determine how FASD and environment, impact co-morbid mental health diagnoses.

Summary

The effects of prenatal alcohol exposure was identified about 40 years ago, since then FASD has been identified as a public health crisis and more professionals are becoming aware of this crisis. That being said, what is clearly missing is research and case studies about the lifespan of FASD on a single person or group of people. Infants to school-aged children appear to have a great deal of focus on research and interventions. Adolescents are studied, but due to the largest psychosocial maturity gap at this stage, the complex challenges of puberty, self-identification and peer pressure. This requires professionals and society have more reflection and sensitivity to promote success. The correctional system has research with adults with FASD, but studies in successful adults are limited at best. The research is only making educated guesses to identify those adults in the corrections system that may suffer from FASD based on reported history and witness accounts, which prove difficult when so much time has lapsed and biological family members may not be available due to adoption or other complex situations.

Impulsivity, difficulties interacting with others, and cognitive problems are among the variety of symptoms applicable to FASD that identifies children and adults. “The discourses that produce the FASD child and adult identities appear to be in opposition with one another but emerge from the same characteristics that define the FASD diagnosis” (Dej, 2011, p. 154). The perceptions in which individual’s with FASD
are viewed by society and professionals will have to change in order to foster self-responsibility.

Understanding the behaviors that are directly affected by the brain damage from prenatal alcohol exposure and the secondary behaviors resulting in defensive reactions are critical. Primary behaviors are the result of the brain working harder and rerouting processes to comprehend everyday tasks and social interactions resulting in slower reaction time or misinterpretation. The primary effects of FASD are deficiencies that will remain for a lifetime. Secondary behaviors or the socially un-useful behaviors can be viewed, as both a creative answer to getting personal needs met and instinctual responses to protecting one’s self in a world hard to understand. However, if giving enough time to comprehend, using experiential processes for learning, building appropriate skills based on strengths and positive support, a person with FASD can be successful. Early interventions give people with FASD tools to allow; easier transitions, stress management, gain self-control and confidence, as well as independence.

The literature suggests that the prevalence of FASD appears to be a much larger problem due to the lack of services for, and the lack of knowledge regarding FASD in medical and psychological professions. Research has identified the severity of cost of FASD to many levels: individual, family and societal. This researcher suggests that more services and create more adaptable interventions, like: experiential learning and self-processing through art will help access individual strengths increasing higher social functionally. Alternate successful methods should be in place for an individual’s lifetime and to reexamine the lifespan of people with FASD versus just childhood.
Section Two

Behavioral Strategies and Skill Building

The development of behaviors, useful or not, that helps an individual to obtain their needs are patterns that are developed in early childhood. Alfred Adler stated that children are born with a sense of being inferior because they are physically small and dependent on adults. A child born with an organic brain injury will depend more and longer on adults in their lives than a typical child. Neurological deficiencies in daily functioning continually add to feelings of inferiority and/or growing up in a discouraging childhood situation like abuse and neglect, reinforce the inferiority complex felt by an individual with FASD. Un-useful behaviors become the compensation or over-compensation to these feeling of inferiority.

Traditional behavioral interventions are based on the assumption that the brain can perform basic cognitive functions of storing and retrieving information, generalizing and abstracting. Techniques such as time outs, extra chores, ignoring, shaming, star charts, contracts, grounding, suspension, and incarceration, do not work for individuals with FASD. Because of the spectrum of brain damage as the result of prenatal alcohol exposure, there is no real “cook book approach” to working with an individual with FASD and alternative methods are suggested.
**Behavioral Interventions**

Paley and O’Connor suggest several behavioral interventions for children and adolescents with FASD. First, few are family focused including: parent-focused interventions to help with the difficulty of parenting a child with FASD, and supportive behavioral consultation to address family needs. Educational and cognitive interventions focus on academic success. Interventions focused on the self and independent living skills include; Cognitive control therapy that instructs children in strategies that facilitate their ability to acquire and organize information more effectively; Self-regulation intervention to enhance self-regulation skills and remediate executive functioning deficits; Working memory strategies to promote the use of rehearsal strategies; Adaptive and social skills training to address social communication and environmental adaptation deficits; and lastly, to increase the ability to assess for personal safety. This approach appears to have a sense of gestalt; the whole is greater than the sum of the parts.

**Identifying Strengths and Talents**

Malbin (2002) identifies that if strengths and talents of an individual, especially with FASD, are not fostered they are left with and defined by their many deficits and discouraged. Helping a person with FASD find their strengths and talents early in childhood will give them something to excel in, giving them a chance to thrive into adulthood. Malbin further suggests, “The goal is to provide adaptations that create a good fit between people and their environments, without limiting growth or enabling inappropriate behaviors to continue” (p. 38).
The following strengths are areas of interest and talents that often stand out in people with FASD:

- Music
- Singing, playing instruments, composing
- Art: fine arts or applied arts and crafts
- Spelling
- Reading
- Computers
- Mechanics
- Woodworking
- Skilled vocations: welding, electrician, mechanic
- Writing, poetry
- Rich Fantasy life
- Sense of wonder and a great imagination

These additional strengths may be built on to help support the learning process:

- Creative
- Often have strong long term visual memory
- Friendly, loyal, loving
- Eager to please
- Determined
- Concrete, experiential, contextual learners
- Work well with hands
- Great sense of humor
- Learn by being shown rather than told
- Learn through relationship
- May be visual, kinesthetic, learn best when all modalities are involved
- Perseverative (hard workers)

Adapted from D. Malbin, 2002 “FASD: Trying Differently Rather Than Harder.”

The unique and creative aspects of goal driven behavior can be viewed as personality strength. People with FASD have natural talent in creative thinking. Because their perception of the world is different from a typical person, an individual with FASD becomes very creative in how he or she functions.

In Heinz and Rowena Ansbacher’s translation of Alfred Adler’s writings (1956), Adler comments on creativity and the creative self;

We have been impelled to attribute to the child a creative power, which casts into movement all the influences upon him and his potentialities, a movement toward the overcoming of an obstacle. This is felt by the child as an impulse that gives his striving a certain directive.
Eckstein and Kern (2002) suggest one person’s solution to and obstacle is always different from another’s, although there are similarities between the outcomes. Spontaneous and unique behavior suggests choices on the part of the individuals. “Choices are based on a forward-oriented, purposive, value psychology rather than on a casualistic, reductionist psychology” (p. 19). The concept of the creative-self places the responsibility for the individual's personality into his own hands. Creativity can be thought of as a positive mechanism for survival and significance. Tapping into the creative aspects of daily living and fostering encouragement can reduce negative defensive behaviors.  

**The Eight Magic Keys: Developing Successful Interventions**

Substance Abuse and Mental Health Services Administration (SAMHSA) published a brochure in 1997, “Eight Magic Keys: Developing Successful Interventions for Students With FAS, “to aide educators with a tool to help students with FASD succeed in school. The Eight Magic Keys can be utilized with more than just educators, but caregivers, professionals and anyone who experiences someone with FASD. Because people with FASD are not all effected in the same way there is no real manual or “cook book” method, however working on the following guidelines there can be great success:

1. **Concrete** - Do not use words with double meanings, idioms, etc. Because their social-emotional understanding is far below their chronological age, it helps to “think younger”. The gap for chronological age and social-emotional age is greatest during adolescence. Example: Tracy is a 15 year old who acts and relates to 7 year olds.

2. **Consistency** – Difficulty generalizing and learning from one situation to another, they do best in an environment with few changes, this includes language.
3 Repetition – Chronic short-term memory problems leads to forgetting things learned and information that should be retained. In order for something to make it to long-term memory, it may simply need to be re-taught and re-taught with patience.

4 Routine – Stable routines make it easier for students to know what to expect, reduce anxiety and enabling them to learn.

5 Simplicity – Remember to “Keep It Short and Sweet” (KISS method).

6 Specific – Say exactly what you mean. Tell them step by step what to do, developing appropriate habit patterns.

7 Structure – A student with FASD achieves and is successful because their world provides the appropriate structure as a permanent foundation.

8 Supervision – Because of their cognitive challenges, students with FASD bring a naïveté to daily life situations. They need constant supervision, as with much younger children, to develop habit patterns if appropriate behavior.

**FASD Throughout the Lifespan; Creative Strategies for Families and Teachers**

The following breakdown of developmental life stages is an introduction to understanding some behavioral characteristics, appearance and patterns that individuals with FASD can face. Accompanied with the behavioral characteristics are objectives and interventions/suggestions for families, teachers, professionals and all of those affected by FASD to help prevent or reduce secondary defensive responses and behaviors.
<table>
<thead>
<tr>
<th>Infants</th>
<th>Toddlers/Preschoolers</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Jitteriness, seizures, tremors, may cry a lot</td>
<td>o Hyperactivity-short attention span</td>
</tr>
<tr>
<td>o Weak suck or poor feeding, little interest in food</td>
<td>o Poor eye-hand coordination</td>
</tr>
<tr>
<td>o Unpredictable or disrupted sleep/wake cycles</td>
<td>o Poor balance</td>
</tr>
<tr>
<td>o Failure to thrive</td>
<td>o Central auditory dysfunction</td>
</tr>
<tr>
<td>o Poor ability to filter out stimulus, sights, sounds and touch</td>
<td>o Delayed language</td>
</tr>
<tr>
<td>o High susceptible to illness</td>
<td>o Mental retardation</td>
</tr>
<tr>
<td>o Problems with bonding</td>
<td>o More interested in people than objects</td>
</tr>
<tr>
<td></td>
<td>o Overly friendly, highly social</td>
</tr>
<tr>
<td></td>
<td>o Unable to comprehend environmental and stranger danger</td>
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<td></td>
<td>o Prone to temper tantrums and non-compliance</td>
</tr>
<tr>
<td></td>
<td>o Do not respond well to changes; prefers routines</td>
</tr>
</tbody>
</table>

### Objectives

**Protect from being over stimulated.**
- Maintain a calm quiet environment.
- Limit the number of objects hanging on the wall and ceiling.
- Introduce extra stimuli slowly over time.
- Limit number of toys or options.

**Provide a safe environment.**
- Use calm colors on the walls, such as cool pastel colors, and avoid bright colors.
- Stick to a routine for sleep and feeding.
- Limit the number of caregivers.
- Invent safe place play, like; a fort, tent, cozy corner with favorite stuff animals that the child has complete control over who is invited in to play.
- Keep environment predictable, like: do not rearrange the furniture often.

**Promote attachment and bonding.**
- Be vigilante to cues and respond properly.
- Limit the number of caregivers.
- Age appropriate (teething books, etc.) photo albums.

**Teach to self soothe.**
- Turn the lights down low.
- Transitional objects such as stuffed animals, dolls, blankets, caregiver’s shirt.

**Promote age**
- Create habits of organization. Example: Label containers with
appropriate skill building. 
- Create a routine journal, using words and pictures, for everyday routines like getting ready for bed. For instance: Brush teeth, rinse with mouth wash, use toilet, wash hands and face, shut off water, turn off lights, find pj’s, etc.

Establish routines. 
- Define spaces for play and eating. Example: create a map of the house and walk through to talk about each room’s role in the house.
- Sleeping, eating and quiet activity routines will help with predicting events and staying organized, visual routine charts can help.
- Sing songs/jingles about specific activities to help memory.
- Set limits.

Provide language stimulation.
- Talk to child about what you are doing and why, read stories.
- Point out how things are related.
- Singing, playing games.

### School Age Children
- Attention impairments
- Learning disabilities
- Cognitive disabilities
- Arithmetic disabilities
- Language deficits
- Poor muscle control
- Temper tantrums
- Easily influenced
- Difficulty predicting and understanding consequences
- Poor comprehension of social rules

### Objectives | Interventions/Suggestions
---|---
Utilize environmental adaptations. | - Maintain a calm quiet environment.
- Limit the number of objects hanging on the wall and ceiling.
- Introduce extra stimuli slowly over time.
- Limit number of activities or options.
- Use calm colors on the walls.
- Keep environment predictable.
- Headphones for quiet times.
- Small group of students in classroom. More one on one time.
- Remove smells that are distracting.
- Use lower incandescent lamps versus fluorescent overhead lights.

Maintain a consistent predictable routine from day to day. | - Keep rules few and simple. Be consistent in your enforcement of rules.
- Give cues for beginning and ending activities.
| Help promote focus. | - Routine “brain breaks” during the day. A good balance of quiet time breaks and energy release breaks.  
|                    | - Quiet focus promoting activities: drawing, putting together a very simple puzzle, looking at a picture book, etc.  
|                    | - Energy release activities: play a game like “ships across the ocean,” tossing and catching a ball, tag, recess play etc.  
|                    | - Snacks are important because child may not read personal cues of hunger, which helps with focus and mood.  
|                    | - Fresh air and green spaces can be relaxing and stimulating.  
| Promote auditory, language and reading skills. | - Use books with simple, plain pictures.  
|                    | - Read aloud to children. Put on a puppet play of well-known books.  
|                    | - Encourage developmentally appropriate quality of speech. Have children create puppet characters and assist with dialogue for a play they put on for others.  
|                    | - Use music to teach vocabulary and to help remember processes.  
|                    | - Talk using language appropriate for their level.  
| Promote the concept of math. | - Help in the understanding of math as a concept not just memorizing the numbers.  
|                    | - Focus on one number at a time and touch on sensory stimulation (touch, sight, sound, kinetic, etc), examples: One marker, one mark on one piece of paper, one drum, one drum stick, one stroke makes one sound, etc.  
|                    | - Teach functional math: money, time, addition and subtraction. Touch and count objects.  
| Teaching concepts. | - Use sensory stimulation to teach concepts: to teach the color purple, wear purple clothes, paint with purple paint, use purple paper, read a story about purple, eat something purple and smell something purple, etc.  
|                    | - Provide kinesthetic, experiential, and relational options for learning.  
| Foster independence and daily living and organizational skills. | - Foster independence in schoolwork and in play.  
|                    | - Provide limited choices and encourage decision-making.  
|                    | - Encourage positive self-talk.  
|                    | - Break activities down into small pieces.  
|                    | - Teach daily living skills.  
|                    | - Create habits of organization. Example: Label containers with both words and pictures.  
|                    | - Teach how to prepare for the next day before going to bed.  
|                    | - Create a routine journal, using words and pictures, for everyday routines like getting ready for bed.  
|                    | - Establish routines
Sleeping, eating and quiet activity routines will help with predicting events and staying organized, visual pictures coupled with words on a routine chart can help. Sing songs/jingles about specific activities to help memory.

### Adolescents (ages 13-18) and Young Adults

- Memory impairments
- Difficulty with judgment
- Difficulty with abstract reasoning
- Poor adaptive functioning
- Inappropriate social skills
- Does not learn from consequences
- Difficulty separating fact from fiction
- Low motivation or low self-esteem
- Substance abuse risk
- Greater risk for depression and suicide.

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Interventions/Suggestions</th>
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<tr>
<td>Create a structured environment.</td>
<td>- Keep rules few and simple. Be consistent in your enforcement of rules.</td>
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<td>- Establish clear and set routines.</td>
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<td>- Provide supervision.</td>
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<td>- Give cues for beginning and ending activities.</td>
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<td>Help promote focus.</td>
<td>- Teach a new skill in the setting in which it will be used.</td>
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<td>- Repeat and re-teach patiently.</td>
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<td>Teaching concepts.</td>
<td>- Routine “brain breaks” during the day. A good balance of quiet time breaks and energy release breaks.</td>
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<td>- Quiet focus promoting activities: drawing, putting together a very simple puzzle, looking at a book, etc.</td>
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<td>- Energy release activities: play a games, outdoor play, etc.</td>
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<td>- Snacks are important because may not read personal cues of hunger, which helps with focus and mood.</td>
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<td>- Fresh air and green spaces can be both relaxing and stimulating.</td>
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<td>Foster independence and, daily living and</td>
<td>- Use sensory stimulation to teach concepts.</td>
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<td>organizational skills.</td>
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<td>- Create a safety plan.</td>
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both words and pictures.
- Teach how to prepare for the next day before going to bed.
- Create a routine journal, using words and pictures, for everyday routines like getting ready for bed.
- Establish routines
- Teach household tasks.
- Sleeping, eating and quiet activity routines will help with predicting events and staying organized, visual pictures coupled with words on a routine chart can help.
- Sing songs/jingles about specific activities to help memory.
- Supervise money management.
- Use lists.

Promote building successful social skills.
- Do not expect children to “act their age,” it may not be possible.
- Join a group to practice social skills with peers.
- Praise appropriate behaviors.
- Redirect inappropriate behaviors.
- Create a play or book about something you like and share it with your peers.

Encourage positive self-awareness, healthy relationships and emotional regulation skills.
- Encourage positive self-talk and self-worth.
- Teach coping skills the manage stress.
- Keep a bodily sensations journal using a picture of the body and coloring in where their emotion is felt.
- Discuss “what is different about my brain.”
- Coach love and dating.
- Ways to identify and cope with dreams and fantasies.
- Help create a safe place, a quiet place that an individual has complete control of who is invited.
- Keep a thought journal.
- Make hand-made cards for others in the family or friends.

Teach consequences for risky behaviors.
- Teach about the law, drugs, safe sex and gangs.
- Identify risky behaviors and there consequences.
- Teach about death and dying.
- Teach about exploitation vs. vulnerability.
- The previous three suggestions above can be complicated and will require repeating at an age appropriate level.
- Talk with a police officer in person about their job to prevent
fear.
- Utilize age appropriate illustrated books, poems, plays and movies to help illustrate talking points.
- Create a card for individual to carry that has all contact info in case of an emergency.

This breakdown of developmental stages and interventions has been collected and adapted from the following sources: D. Malbin, 2002 “FASD: Trying Differently Rather Than Harder.” J. Kleinfeld & S. Wescott, 1993 “Fantastic Antone Succeeds! Experiences in Educating Children with Fetal Alcohol Syndrome.” J. Kleinfeld, B. Morse & S. Wescott, 2000 “Fantastic Antone Grows Up.”

Summary

Understanding how the brain works and how it is different when damaged from prenatal alcohol exposure is the first step to meeting the challenges and special needs for a person with FASD. Traditional behavior interventions are not helpful because consequences are difficult to remember, generalize and apply. Secondary defensive behaviors can be reduced if alternative interventions are in place early. Advocates for a person with neurological deficiencies can be instrumental in consulting and teaching new ways to coordinate care between caregivers, teachers and professionals helping to provide a foundation of structure and community support.

A societal view of Fetal Alcohol Spectrum Disorders that is the FASD child is a helpless victim of circumstances beyond their control, enabling self-responsibility. However, as adolescents and adults, they are excepted to take complete responsibility for their actions after society has failed them by not understanding them. Discouragement fosters helplessness, worthless and other feelings of inferiority, which encourages non-useful and ill-adaptive behaviors. Perceptions will have to change about the lifespan of a person with FASD to promote success in the response to prenatal alcohol consumption as a public health crisis.
Carlson, Watts and Maniacci (2008) state,

Some people, it seems never had a chance to learn how to attach the correct meaning of life. Still, there is another factor most theories leave out of their assumptions: creativity. The use people make of their circumstances is as important as, and often more than, the circumstances themselves. (p. 83)

Giving an individual with FASD tools to experience a positive life meaning and purpose can be viewed as a holistic, goal directed, strengths-based approach. Thinking alternatively rather than systematically can reach a person’s needs and potentials on the level of gestalt. Conventional methods may be futile in transforming negative goal directive-ness. Utilizing the strengths in one’s creative-self would prove more useful in transforming the negative to positive goal driven behavior. Drawing upon a person’s strengths and talents, adapting the environment to fit the person’s needs, and providing support early in life will help a person with FASD succeed.
Introduction

Art therapy shows promise in screening for, and processing victimization and deviant behaviors for further therapy interventions including expressive art therapies. Research has identified several promising art assessments as well as themes and metaphors utilized in an artist’s work that may lead the therapist to inquire and assess further. Being mindful not to jump to conclusions about victimization or deviant/aggressive behaviors without further investigation and assessment. Art therapy can help an individual externalize and process events in a healthy manner.

Ansbacher and Ansbacher (1956) state, “The drive in the child is without direction as long as it has been incorporated into the movement toward the goal which he creates in response to his environment” (p. 177). People with FASD relate to this comment on creative environmental responses more than the typical individual yet requires some help for adaptation from others (Malbin, 2002). “Consider the creative power of the child which directs the drive, molds it into form, and supplies it with a meaningful goal” (p. 177), these are the means to the creative-self.

The Ansbachers (1956) further translate Adler to say, “He is the artist of his own personality, but as an artist he is neither an infallible worker nor a person with a complete
understanding of mind and body; he is rather a weak, extremely fallible, and imperfect human being” (p. 177).

Art making is a projective process. When making art we use our created realities or perceptions, about the world, others, and ourselves to process personal stories often in metaphor. People with FASD can gain therapeutic means through expressively processing situations and feelings utilizing the vehicle of art, more easily than talk therapy. If the art therapist provides the creative environment, then the client can find his or her own path.

An empathic, trusting therapeutic relationship predicts a higher chance for a positive outcome. The strong relationships that develop during art therapy can make a big difference with someone with FASD. With this kind of connection, the child's cognitive and social development can leap ahead, even when there is much adversity.

**Art Therapy Studio Environment**

In order to access the psychological needs and abilities, as well as, assist a client with neurological deficiencies, acquire personal insight, guidance, transformation and healing out of an art therapy session, whether it is in a group or individual session, a few strategies for the art studio environment are recommended.

1. **Art Studio - Room Environment**

- **Create Quiet Zones**
  
  - Provide a place separated from the active part but within the art room, for a client to take a self-break and regroup. For example: The walls painted cool colors, and bean bags chairs, calm music played with headphones option and low lights in this space.
Design Work Areas

- Use both a circle table for group art making and individual interest stations for open studio time.

Limit Distractions

- Art studios can be visually overwhelming; the challenge with a client with FASD is the inability to filter out the additional stimuli. Limited decorations on the walls. Materials should be stowed and contained, out of sight until use.
- Provide headsets for clients that work well with them while art making individually.
- Ask individuals what works best for them when working with a group and individually, light bright or low, music on or off.

Organize Materials

- Materials are suggested to be in containers labeled with pictures and words.
- A picture and word chart may help break down directives in order to help with memory and keep frustration levels down.

Establish Clear Rules

- Establish consistent and clearly identified rules.
- Allow the group to help establish studio rules and post them.
- Keep positive and clear communication about rules and how they are enforced.

Art Making Atmosphere

- Use multi modalities, and/or multi-sensory.
In the open studio, individual stations provide opportunity for a client to choose between two choices then remove the materials not being used to avoid confusion.

Use music as a way to manipulate relaxation or more expressive moment in the artwork.

Keep steps simple.

Provide a directives chart using pictures and words and keep in simple.

Use mapping techniques rather than linear outlines to show structures.

Visual cues rather than a list of wordy instructions.

Create opportunities for decision-making and problem solving.

Art directives should provide an opportunity to make decisions, with limited choices, and problem-solve the materials and outcome.

Utilize role-playing directives to help teach social and communication skills.

Foster independence in open studio time.

Encourage positive self-talk.

Provide structure.

Important to find each client’s need for structured and unstructured time.

Allow additional time to complete assignments.

Create a structured environment that includes limited choices.

Provide supervision. Groups should be limited to two individuals with FASD to an Art Therapist. Families will need to be assessed in order to provide the proper support from one to two Art Therapist. The Art Therapists should be consistent from session to session.
3 Establishing Routines

 Ensure consistency in scheduling.

 o Provide a consistent beginning for each session.
 o Provide a consistent routine at the end of each session.
 o Establish clear and set routines.

 Plan for change.

 o Explain changes in advance.

 Build in transitions.

 o Use predetermined cues to signal transitions.
 o Build transitions into routines.

 Use visual, auditory, and sensory cues.

 o Have client assist in developing cues.
 o Give notice at 10 minutes, then 5 minutes that the activity will be ending.

 Life-Style Interview as a Traditional Psychological Assessment

 A tool such as the Life-Style Interview (LSI) can be useful in uncovering patterns of behavior in individuals with FASD and assist in the treatment planning. Much like the projective techniques in art therapy, Individual Psychology uses the Life-Style Interview successfully as a projective technique to uncover the private logic and perceptual framework, which an individual uses to create ways to obtain their goals (Butler & Newlon, 1992). A study done by Traci Butler and Betty Newlon in 1992, took a group of male adolescents that were identified as children of trauma and uncovered common
themes that helped explain their behavioral characteristics. In terms of Adlerian theory, the study identified the following statement to be true of this group of young males:

I am scared and alone in a world that is unsafe because there is constant trouble.

Therefore, I must continue to try and persevere by controlling my environment and others. (Butler & Newlon, 1992)

The behavioral characteristics shared with lack of social interest, feelings of not belonging and the above statement are: psychiatric symptoms, e.g., enuresis, tantrums, hyperactivity, and bizarre behavior; low self-esteem; school learning problems; withdrawal; opposition; hypervigilance; compulsivity; and pseudo-mature behavior.

The Children’s Life-Style Interview (CLS) is a shorter and simpler form. This method can be considered in a school setting with smaller windows of time to spend with students, and shorter attention spans versus the full Life-Style Interview.

The Adlerian viewpoint in understanding one’s life-style the clinician can then understand the motives for behavior appears to be a very useful tool with working with individual’s that have been prenatally exposed to alcohol. With the brain damage, motives for behavior appear to become more apparent and almost instinctual, much like that of a toddler who can only think about their needs as they strive to survive.

Understanding these motives can prove helpful in finding creative ways to help these individual’s feel self-control, comfort, safety and feelings of belonging.

**Art Therapy Assessments**

Art assessments offer an additional, non-threatening form of assessment to complement and reinforce other types of assessments. White, Wallace and Huffman (2004) stated, “Those with cognitive impairments, and those with serious emotional behavioral disorders—have difficulty expressing their thoughts and feelings verbally,
drawing a picture may help them convey more than they otherwise are not able to” (p.217). An art assessment should be used as a screening tool and not an indicator (Naglieri, McNeish, & Bardos, 1991). It is important to learn the meanings or significances in the artist’s drawing simply by asking the artist, using global and general meanings as a lose guideline (Burns, 1987; Wadeson, 2002). Outside of aiding in treatment planning, art assessments are also beneficial in identifying strengths, skills and talents that one could access to transform mistaken perceptions of the world, self and others.

**Draw-a-person: screening procedure for emotional disturbance.** Nearly a century ago the relationship between drawing a person and characteristics of one’s personality, private logic and emotional adjustments appeared in literature. Some of the pioneers that recognized this relationship were: Goodenough in 1926, Luquet in 1913, Lewis in 1928, Lembke in 1930, Lowenfeld in 1947, Buck in 1948 and Machover in 1949 (as cited by Naglieri et al., 1991, Hagood, 2003).

The most well-known efforts in developing a systematic approach to the interpretation of human figure drawings as a reflection of personality and emotional adjustment came in the form of Machover’s (1949) Draw-A-Person (DAP) Technique. The interpretation of human figure drawings is a measurement of the projected self. Machover identified features in the human figure drawing that were suggested to be associated with specific intrapersonal or interpersonal conflicts. Her technique was based on theoretical constructs of personality. Later, “Koppitz (1968, 1984) developed items for a system of interpreting emotional indicators in human figure drawings that provided more detailed descriptions for each item and used actuarial methods as an attempt to differentiate meaningful from nonmeaningful items” (Naglieri, et al., 1991, p. 2).
According to Naglieri and colleagues, the lack of empirical support, poor reliability and limitations of measuring cognitive development levels or an indicator of emotional adjustment/personality characteristics were observed. An adaptation to the DAP is the Draw-A-Person Screening Procedure for Emotional Disturbance. Naglieri stated, “The instrument was designed to be brief in both administration and scoring time and to incorporate the recommendations that appear in the research literature regarding the shortfalls of past human figure drawing scoring systems” (p. 3). Goals Naglieri set forth in bettering the DAP: SPED are the following: 1) the scoring system is more objective, consistent and accurate allowing for DAP: SPED to have good psychometric qualities; 2) providing a recent nationally representative standardization sample; 3) empirically demonstrated ability to differentiate between normal and disturbed populations; 4) scoring reliability; 5) use one set of drawings to score the DAP: SPED emotional adjustment and additionally use identical instructions to score the Draw-A-Person: A Quantitative Scoring System (DAP:QSS) to measure cognitive ability. DAP: SPED has been correlated in relationship with measures of behavioral disturbance in some studies and in others found no significant relationship (Hagood, 2003; White et al. 2004).

**Draw a story task.** The Draw a Story (DAS) task can be used as a screening tool for assessing individuals that are at risk for aggression, and depression (Earwood, C., Fedorko, M., Holzman, e., Montanari, L. & Silver, R. 2010). Rawley proposes that responses to a drawing task like the DAS “tend to be metaphors that provide access to fantasies, emotions, and other internal experiences, “ (p. 1) and can serve as a first step in identifying individual’s at risk. The creative problem solving involved in the story can also provide a therapist with an individual’s skills and strengths to overcome obstacles. Earwood and colleagues suggests that the DAS shows promise as a screening technique.
The DAS’s scoring system evaluates for emotional content and self-image. The findings are as follows:

The aggressive students had significantly higher scores in self-image than the nonaggressive students. In other words, the aggressive students, when compared to non-aggressive students, expressed strongly negative perceptions of their worlds together with strongly positive perceptions of themselves. They drew fantasies about homicidal and life-threatening situations and represented themselves as powerful and effective while performing murderous or heroic deeds. (p. 161)

This researcher identified the parallels between the metaphors uncovered in the DAS task and the Adlerian early recollection (ER), which is part of the life-style interview. The life-style is defined as, the primary means by which one attempts to attain his or her self-created goals in life in order to feel significant and belong. These goals can be mistaken goals or perceptions of the world, self or others, from childhood, which can create behavioral, relational and social problems. Using the DAS as a projective technique helps connect the metaphors in the DAS and with the individual’s life-style. The DAS can serve as a safer option than asking for an ER from someone reducing the risk of opening up old wounds.

**Kinetic-house-tree-person.** Burns developed the Kinetic-House-Tree-Person (K-H-T-P) drawing when he saw the potential for Buck and Hammer’s House-Tree-Person drawings for both developmental and projective measures. Burns understood the benefit of drawing each on a separate piece of paper yet felt an important dynamic was missing. Seeing all three elements, together as a whole, Burns hypothesized, would be a valuable tool. Burns stated, “Projective techniques originated in an era dominated by
psychoanalytic theory… Freudian thinking has giving us insights. Like all closed systems, however, not much new enters the system. Thus, projective tests tied to closed systems have become stagnant” (p. 53). Developmental systems from Abraham Maslow’s “hierarchy of needs” was modified and applied to the K-H-T-P (Burns, 1987).

Burns explanation for Maslow’s model applied to K-H-T-P:

Level 1: Belonging to life: Desire for life, survival, safety, rootedness.
Level 2: Belonging to body: Acceptance of body, seeking control of body addictions and potentials.
Level 4: Belonging to self and not-self: Self now defined to include not-self as a pregnant woman accepts her child; compassion, nurturing, giving love; meta motivation.
Level 5: Belonging to all living things: Giving and accepting love; self-actualization; sense of good fortune and luck; creativity; celebration of life.

Because we have searched for pathology and the negative in projective techniques, we have found it. Perhaps if we search for normalcy and growth, we may find these also (p. 54).

In general, Burns analysis of the K-H-T-P suggests the house represents the physical aspects of our life. The tree symbolizes the life energy and direction of energy. The person symbolizes the director. Adapting a Maslowian developmental model Burns placed each symbol at a developmental level and further divided each level into approach and avoidance types. This researcher agrees with Burns that this approach gives a richer more positive assessment building on a drawer’s strengths.
The Benefits of Art therapy as Intervention

According to Lusebrink (2004)

Art therapy involves visual expression on different levels of complexity. A human being functions as a whole organism, and at any given time, many brain processes and areas are active and involved. The interaction with art media in art therapy can proceed from the peripheral stimulation of the different sensory modalities or form spontaneous expression of emotions, or both. An expression through art media can also originate from complex cognitive activity involving decisions and internal imagery, thus activating the sensory channels and motor activity. (p. 125)

Art allows self-expression on a person’s cognitive, developmental and emotional level to happen in a non-threatening manner. Additionally, using art as an assessment or screening tool guides and reinforces future treatment planning efforts (Graham & Sontag, 2001).

With many children who have experienced trauma (Klorer, 2005) or difficulties with finding words to express themselves (Blackburn & Whitehurst, 2010), these experiences or expressions are found in the nonverbal part of the brain (Klorer, 2005). Lusebrink identified,

Art therapy accesses sensory and affective processes on basic levels that are not available for verbal processing. Experiences, images, thoughts, and feeling are expressed using formal art elements and their variations in different combinations. These combinations present the meaning of the expression and also reflect the strengths and weaknesses or possible psychopathology of the artist. (p. 176)
Art expression additionally helps children and adults externalize emotionally charged issues and insight in finding solutions for their presenting problem, transforming perceptions, in a safe, therapeutic way (Klorer, 2005).

**Identifying victimization through art.** Additionally, factoring in environmental and familial trauma/stressors with children that have FASD appear to have more vulnerabilities and less ego strength than that of a child that does not have FASD. Trauma is a sensory experience rather than a solely cognitive experience; because of this, traumatic memories are stored as images (Malchiodi, 2003). The cognitive difficulties associated with FASD make children less able to verbalize aspects of their experiences, especially traumatic ones. Because traumatic memories are not solely cognitive, a sensory experience such as art therapy not only provides a vehicle for expression, but also a way for children to externalize those traumatic memories (Gerteisen, 2008).

In art, physical and sexual abuse as well as neglect can be identified through the child’s expressions utilizing art materials. Identifying themes and metaphors of helplessness, powerlessness and isolation in the art expressions as well as listening to the child’s description of their art. Art therapy goals might include: increasing self-esteem, building social relationships, improving interpersonal skills, increasing the ability to express feelings, increasing body awareness, increasing sense of inner control, building self-concept (Gerteisen, 2008) and building a sense of safety.

**Assessing for aggression and deviant behavior.** Earwood, Rawley, and colleagues report that distinguishing between aggressive behaviors that are adaptive versus maladaptive are important. The large difference between adaptive and maladaptive is the use of emotionality and reward or desired outcome in art expression. The adaptive aggressors tend to hide aggressiveness and protect themselves from injury. Adaptive
aggressors tend to gang up on victims and use force to dominate them. This also “tends to be predatory, deliberate, coercive and a learned behavior, reinforced by social role models as well as previous success. Maladaptive aggressors tend to misinterpret and over react, blame others and expose themselves to harm” (p. 156). They also tend to be impulsive, hypervigilant, and out of control. Aggressiveness has likely been the result of abuse, exposure to violence as well as environmental and family stressors. Identifying themes in art making that are aggressive or deviant in nature might look like this: death and dying, afflicting abuse on others, hate against self and others, isolation and entitlement, all tend to be emotionally charged with maladaptive aggressors and lack emotion in adaptive aggressors.

**Group Art Therapy**

Humans are social beings who desire to be with other human beings. This social motivation provides a purpose for consistently and activity creating our own reality. A social structure can be found naturally in one’s family, peers, and work colleagues. An important component of human development is establishing a sense of belonging through social interest. Social interest is an Adlerian concept that bestows socially useful behaviors in the interest toward others and self (Ansbacher & Ansbacher, 1956). Social interest is a natural ability that needs to be effectively developed in order to solve problems involved with the human condition. Respect and constructive participation in life and human relationships are critical factors in determining whether an individual is able to feel a sense of belonging and safety, both of which reduce fear and allow learning to take place. Group art therapy serves as a social microcosm.

Developing social interest can help people with FASD manage their emotions, resolve conflicts peacefully, prevent isolation and show empathy to others. In an art
therapy group with peers, the group dynamics along with art making exposes important
issues that group members struggle with in their daily lives. As one begins to feel a sense
of belonging, they become more sensitive to the needs of others and self (Dreikurs,
1986). The general trend in-group art therapy becomes movement away from useless
behaviors such as; self-focused uncooperativeness, or tantrums. He or she can direct
movement toward improving or maintaining balance in the life tasks which Adler defines
as: intimacy, friendship and work (Adler, 1929). Art grants a catalyst to people with
FASD to understand the natural and logical consequences of their behavior at their own
pace. This useful movement can be very encouraging allowing more self-confidence,
creative problem solving and receptive to others. Group art therapy with family members
can afford all the benefits of social interest as well as improve family relationships.

Summary

Through this researcher’s experience working in the field of Art Therapy, I have
come to understand the powerful benefits of art expression. Making art becomes the
bridge from the subconscious to the conscious mind and back, which allows an
uncensored view into the mind of the artist. Art helps contain emotions that are
uncontainable and is a cognitive process in problem solving day-to-day issues. One of
the many roles of the Art Therapist is an empathetic witness to an artist’s unspoken
trauma. The documented benefits of art suggests that art therapy could be an important
and beneficial addition to talk therapy that can give a voice to a child or adult who have
difficulties articulating emotions, fears, or confusion. Utilizing art therapy assessments as
a way to screen for or confirm presenting issues, identify strengths, as well as guidance
for treatment planning can be valuable in an individual reaching their full potential.
The Draw-A-Person: Screening Procedure for Emotional Disturbance (Naglieri, et al., 1991) is perhaps the most psychometrically advanced drawing assessment available. The test designers’ goals where to make the DAP: SPED easy to administer and score. The DAP: SPED is a useful instrument for making a preliminary determination is to which child or adolescent is suffering from emotional problems (Brooke, 2004). DAP: SPED is a projective drawing technique that measures the cognitive developmental level and emotional status of children and adolescents. The DAP: SPED may prove useful in people with FASD of all ages. The Naglieri’s DAP has years of research to back its effectiveness and may be the best for assessing both in the beginning and end of treatment to help monitor progress.

The Draw a Story task has been used as an initial step in assessing for aggression and depression by scoring the emotional content and self-image. The Draw a story task has promise in not only building a therapeutic rapport but also giving privacy and safety for the artist. The metaphors uncovered by the DAS appear easily translated into Adlerian theory. This assessment tool maybe used as a starting point for identifying, strengths, treatment goals and further referrals.

This researcher found many research articles on the House-Tree-Person technique that describe in depth the assessments strengths and limitations. The Kinetic-House-Tree-Person is an additional step and uses a different theoretical approach. This researcher believes in the potential for the K-H-T-P assessment if the therapist/administrator engages proper investigative dialogue with the artist using the Maslowian adaption as a guideline and not as an interpretative tool (Burns, 1987).

Furthermore, an Adlerian adaption to the K-H-T-P would appear to be an easy translation and helpful in uncovering private logic and perceptual framework in an
individual’s life-style. This researcher would like to see more research done with the K-H-T-P and how it may measure social interest, feelings of belonging, and life-style. There may be great promise in using this tool as a way of monitoring progress in treatment. It is similar as asking for the same early recollection given in the beginning of treatment, and seeing how the client’s perception has changed over the course of therapy.

Group art therapy can provide an early intervention to the development of social interest, empathy for others and overcoming feelings of inferiority, which affords an individual the tools to think more creatively and have greater ego strength in times of stress. Practicing new roles and new social skills translates to healthy community action. Families that creative together in a therapeutic setting enhance their relationship and communication with each other. Encouraging a more supportive environment at home gives a person with FASD a sense of safety that promotes growth and learning.

The literature is inconclusive involving people with FASD and art therapy specifically, and more research in this area should be explored. This researcher was able to adapt the research based on art therapy theories. Then considered the workings of the brain in those who experience art making and separately those who suffer from FASD. Finally, proposed how art therapy assessments and interventions may be of benefit in conjuncture with behavioral and cognitive therapies and assessments. Some suggested art therapy assessments in working with individuals with FASD should be easy to administer or direct and not overwhelming for the artist.
Section Four

Art Therapy and Other Creative Interventions

Introduction

In most individuals with FASD, the deficiencies with language and communication, social and problem solving cognitions, and short-term memory, allow the development in other preverbal areas of the brain. This population also learns and retains information better when actively creating, thus skills are presented visually. The FASD population does better with lots of one-on-one attention but group work is beneficial to practice social skills. In the art environment, limit distractions, organize materials, establish clear routines and rules, ensure consistency, and build in transitions. When giving directives, use visual, auditory, and sensory cues. Important to give very clear directions and keep steps simple.

Types of directives that would benefit individuals with FASD would focus on structured activities to give a sense of control and containment while attempting to meet treatment goals. Due to learning difficulties associated with FASD spontaneous activities can also provided (Gerteisen, 2008). Other directives might include an emphasis on social skills and support of memory problems as well as exercises to help with finding personal safety and emotional regulation.
**Interventions/Directives**

- **How My Brain Works Differently - Group/Family or Individual**
  - Description: Provide a large piece of paper with an outline of a person and the brain. Ask client to draw how their brain works on the inside. On the outside draw how other react to the client.
  - Objectives: Self-awareness and communication.
  - *An original for this book.*

- **Name Games - Group**
  - Description: Throw beanbag from one person to another saying the name of the person you are throwing to.
  - Objectives: Memory, rapport, trust

- **Breathing – Group/Family or Individual**
  - Description: Sit with eyes closed, breathe deeply and rhythmically, drawing air right down, listening to breathing.
  - Objectives: Relaxation, mindfulness and being present

- **Scribble or Doodle Diary – Group/Family or Individual**
  - Description: See if doodles change over period of time. Try doodling with eyes closed, transform a doodle into something else.
  - Objectives: Creative problem solving, relaxation, coping, projective technique, transform negative emotions

- **Animal Marks – Group/Family or Individual**
  - Description: Imagine that your paint brush is a mouse and make marks on the paper. Try it with other creatures and creature tracks.
  - Objectives: Focus, imagination
Color Exploration – Group/Family or Individual
- Description: Using one color and a white piece of paper, explore what that color means to you.
- Objectives: Identifying emotions, emotional regulation

Body-Based Imagery/Body-Mapping or Tracing – Group/Family or Individual
- Description: Trace body outline on large paper, then draw where and how your feelings look.
- Objectives: Identifying emotions, emotional regulation

Hand Mural – Group/Family
- Description: On a large piece of paper trace your hand (with others in the group) and decorate it in a manner that depicts your self identity, family of origin, adopted family and/or cultural identities.
- Objectives: Social skills, self-identity, family identity

Creating a Safe Place – Group/Family or Individual
- Description: Draw, paint or sculpt the place you feel the most safest and calm.
- Objectives: Providing an image or place that is a safe place to relieve tension and enhance one’s sense of security.

Feeling Map/Chart – Group/Family or Individual
- Description: Using color, shape and size. Represent the following six feelings: anger, joy, sadness, fear, love of others, and love of self.
Objectives: Training in social cues as well as expressing one’s self. When this is completed artist may use this to assist communicating with others about feelings vs. hitting and having tantrums.

Boundary Exercise: drawing in pairs – Group/Family

- Description: On a piece of paper use paint, markers, pastels, etc. to take turns co-creating an image without using words.
- Objectives: Practice healthy boundaries and social skills.

Comic Book Narrative – Individual

- Description: Create characters and the character’s back story then begin making a graphic novel style book using these characters.
- Objectives: Externalizing issues, giving control and confidence, express emotions and practice problem-solving skills.

Dialogue Balloons - Saying vs. Thinking Comic Strip. – Group/Family

- Description: Role play social scenarios and draw the a comic strip that describes what the characters are saying versus thinking. Paying attention to tone of voice and body language.
- Objectives: Exercise and practice subdual social cues and common use of metaphors. EX. “The apple does not fall far from the tree.”

Open Duct Tape Creation – Group/Family or Individual

- Description: Supply many types of duct tape and items like cardboard tubes, boxes, and other found objects. Use mostly duct to create a sculpture.
- Objectives: Control, cooperation, self-confidence and practice problem solving skills.
Build a City – Group/Family

- Description: Working together with either 3D found objects, painted cut out paper or other ideas, create a city.
- Objectives: Social skills, self-regulation, cooperation, and problem-solving skills.

Build a Strength Shield – Group/Family or Individual

- Description: Draw or sculpt a shield that identifies at least four strengths.
- Objectives: Focus and positive attributes, self and family identity.

The Magic Key - Group/Family or Individual

- Description: Provide a box of unusual keys (different shapes, sizes, colors, etc.). Take a few minutes to think about what this key opens or what it locks. What’s inside? Who has access? Draw or paint your answers.
- Objectives: Creative problem solving, self-awareness, promote self-control, trust issues.

Sand Tray Narrative – Family

- Description: Provide miniatures of animals, people, fantasy items, etc. Ask the child to set-up the scene and ask family to take guidance from the child. Take a picture when finished.
- Objectives: Improve communication skills, stimulate cooperative creativity, receptivity and self-awareness.
Family Puppet Interview - Family

- Description: Have the family pick out puppets and then create stories using the puppets to act out the stories. Can make your own puppets the session prior. May want to video tape and play back to clients.

- Objective: Observe and assess family dynamics. Improve communication, self-identity and the ability for the family to organize to complete a task.

Exploding Balloons - Group/Family or Individual

- Description: Provide a pair of safety goggles and a balloon. Ask client to think of a time that they felt angry and then blow that angry feeling into the balloon. Then think of another time and repeat until the balloon pops. Discuss what happens when you hold onto angry feeling too long? How does it make you act?

- Objective: Strategies for anger management and sensory input

Love Yourself - Group/Family or Individual

- Description: Write and or draw one thing you love best about yourself, or you think others love best about you. Then write or draw your proudest moments.

- Objective: Improve self-esteem, positive thought reframing.

Comments, Questions and Resources

Final Thoughts

People with fetal alcohol spectrum disorder can take on a victim identity in childhood and this in effect enables them in taking responsibility from their actions throughout their life. The psychological victim identity coupled with brain damage that resulted from prenatal alcohol exposure can a create perfect storm in becoming a victim again. Impulsivity, social and boundary issues, emotional dysregulation, and a lack of self-safety can victimize children and give adults a deviant identity. Furthermore, a person with FASD can fall through the cracks and end up in the criminal justice system after services are lost in adulthood. This lack of services in adulthood should be examined and research on the lifespan of FASD in the future would help us better understand how to reach every individual’s potential in leading a productive life.

Some important areas it improve upon to increase success are:

1. More effective laws to help prevent alcohol consumption while knowingly pregnant.

2. Development more educational programs involving family planning and reproductive health for women who are of child bearing age.
3. Change the perceptions of FASD by professional and society. Understand how brain damage can effect what a person with FASD “can” and “cannot” do. Focus on the strengths versus deficits.

4. Equip more schools with better environmental adaptations to children with FASD.

5. Utilize encouraging strategies and interventions to help prevent secondary defensive behaviors and build skills for stress management, which will promote ego strength.

6. Utilize alternative ways for learning like, visual, kinetic and experiential learning styles.

7. More programs that evolves transitioning adults with FASD into living independently. Many of which will never be able to completely live on their own.

Teaching a person with FASD about what their talents and strengths are both empowering and encouraging. Art therapy is a vehicle in which one can drive with confidence. Navigating roads that have been traveled may times, yet still may seem brand new, or those roads too frightening to go down alone. Living life to the fullness and technicolor brilliance, an individual living with FASD can show many of us that the simplicities in life are more satisfying then the vertical move of perfection and superiority. Because their mother drank while pregnant and then brought them into this world struggling to survive and thrive; because their brain works differently than ours; because it is hard for us to understand, does not mean a person with FASD is unable to be a functioning member of society. They have a place, because they are naturally drawn to succeed.
Glossary

FASD Terms

Partial Fetal Alcohol Syndrome (pFAS) - indicates confirmed maternal alcohol exposure. A child with pFAS exhibits some, but not all, of the physical signs of FAS, and also has learning and behavioral difficulties that imply central nervous system damage.

Alcohol-related Neurodevelopmental Disorder (ARND) - A child with ARND exhibits central nervous system damage resulting from a confirmed history of prenatal alcohol exposure. This may be demonstrated as learning difficulties, poor impulse control, poor social skills, and problems with memory, attention and judgment.

Alcohol-related Birth Defects (ARBD) - A child with ARBD displays specific physical anomalies resulting from confirmed prenatal alcohol exposure. These may include heart, skeletal, vision, hearing, and fine/gross motor problems.

Fetal Alcohol Spectrum Disorders (FASD) - is the general term that has come into use in the past few years. It is like an umbrella label that includes all terms, and provides a way to describe the continuum of deficits and challenges. Neurological damage can be seen along the whole spectrum of FASD. In fact, individuals without the FAS medical diagnosis, but with FASD, pFAS or ARND may be at greater risk because they do not show the physical characteristics of FAS and are less likely to be diagnosed or receive appropriate supports. These individuals may have significant brain differences, yet the only identified symptoms of the disability are behavioral difficulties. In this document, the term FASD will be used unless the specific medical group that fits the diagnosis of FAS is being discussed.

Neurological disorder - a disorder of the nervous system. A neurodevelopmental disorder, or disorder of neural development, is an impairment of the growth and development of the brain or central nervous system. A narrower use of the term refers to a disorder of brain function that affects emotion, learning ability and memory and that unfolds as the individual grows.

FASD terms adapted from “Teaching students with fetal alcohol spectrum disorder: programming for students with special needs series.” By Alberta Learning. Special Programs Branch (2004).
Adlerian Terms

Compensation - Making up for weakness, such as organ inferiority, by emphasizing functions that substitute for the weakness.

Creative self - Free element of the personality that allows the person to choose between alternative fictional goals and lifestyles. It is the differential exercise of this creative power that is mainly responsible for individual differences.

Feelings of inferiority - Feelings that one has of being inferior, whether or not these feelings are justified by real circumstances. Such feelings, according to Adler, can lead either to positive accomplishments or to an inferiority complex.

Fictional finalism - Fictional future goal to which a person aspires. This goal is the end to which the person is aspiring, and his or her lifestyle is the means to that end.

Lifestyle - The primary means by which one attempts to attain his or her self-created or fictional goals in life.

Mistaken belief - Any belief that is not aimed at socially useful goals. In other words, any lifestyle that minimizes social interest.

Overcompensation - Process in which, through considerable effort, converts a previous weakness into a strength. An example is when a frail child works hard to become an athlete.

Social interest - Innate potential to live in harmony and friendship with others and to aspire to the development of a perfect society.

Socially useful goal - Person exhibiting a lifestyle containing a healthy amount of social interest.

Striving for superiority - What Adler called the “Fundamental fact of life”
According to Adler’s final theoretical position, it is not the search for the power necessary to overcome feelings of inferiority that motivates humans; rather, it is the constant search for perfection or superiority. However, Adler stressed the perfection of society rather than individual perfection. Additionally, finding feeling of belonging in a social structure.

Adlerian terms adapted by http://www.flashcardmachine.com/alfred-adler.html
**Art Therapy Terms**

Art therapy – 1. the blending of art-making with psychology. 2. based upon the belief that engaging in a creative process is restorative and life-enhancing 3. respects and observes the symbolic and metaphorical aspects of art-making.

Projection – the attribution of one's own ideas, feelings, or attitudes to other people or to objects; example: the externalization of blame, guilt, or responsibility as a defense against anxiety

Draw A Person: Screening Procedure for Emotional Disturbance (DAP: SPED) – helps identify children and adolescents ages 6 to 17 who have emotional problems and require further evaluation. Developed by Jack Naglieri

Draw A Story Task (DAS) – Dr. Rawley Silver began investigating a possible use of her Draw a Story Test (DAST) as a screening test for aggression and depression in children.

Kinetic-House-Tree-Person (K-H-T-P) – Robert Burns builds upon Buck’s House Tree Person Assessment by providing a more unified approach, which gives the evaluator more information about the client. The KHTP tells a story about the person in his or her environment.

**Support Resources**

**Web sources:**

 randomness The National Organization on Fetal Alcohol Syndrome (NOFAS) is the leading voice and resource of the Fetal Alcohol Spectrum Disorders (FASD) community. Founded in 1990, NOFAS is the only international non-profit organization committed solely to FASD primary prevention, advocacy and support. [http://www.nofas.org](http://www.nofas.org)

 randomness Since 1998, the Minnesota Organization on Fetal Alcohol Syndrome (MOFAS) has been the hub of hope for individuals and families affected by FASD. MOFAS is the statewide organization serving as the leading voice and resource on FASD in Minnesota - standing up for the rights of the FASD community, providing education and training so FASD is better understood and working to ensure that all women know that there is no safe level of alcohol use during pregnancy. [http://www.mofas.org/](http://www.mofas.org/)

 randomness Fetal Alcohol Syndrome Consultation, Education and Training Services, Inc. FASCETS supports the development of a family-centered, community-based, multidisciplinary continuum of care. This collaborative design has been found to be effective in enhancing communication among parents and professionals for their mutual benefit. [http://www.fascets.org/](http://www.fascets.org/)
Training centers for families and professionals:

» WHITECROW VILLAGE FASD SOCIETY is a non-profit, charitable organization committed to educating communities and professionals about Fetal Alcohol Spectrum Disorder (FASD) and to improving the lives of those who are affected by this prominent neurodevelopmental disability. P.O. Box 4575 Station A Nanaimo, British Columbia, V9R 6E8 Canada. 1 888 716 3231 http://www.whitecrowvillage.org/

» Thunder Spirit Lodge. 565 Kent St, Saint Paul, Minnesota. 651-290-9920

Book sources for personal library:


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