

## **Evaluation**

Evaluation and diagnosis begins from the moment the family makes contact. Reading the intake documents, taking notes and writing out preparatory questions is the second step in the evaluation. The third occurs when the family walks into the office.

## **Establishing therapist, parent and child roles**

The initial meeting with the parents is absolutely crucial in setting the tone for all future sessions. It must be clear to everyone that the therapeutic relationship is first established with the parents. The therapist/parent alignment needs to be clearly played out for the child to observe. It is the parents who have the responsibility to keep the family and home safe. It is the parents who decide what behaviors of the child need to be addressed in order for the child to continue living at home. After all, if the placement can be maintained then the nurturing of the child by the parents and the skills of the therapist have an opportunity to have an impact. The first goal of treatment, therefore, is to maintain the relationship so the parent's have the opportunity to provide the nurture and structure over a long enough period of time for the child to heal. In order to place the parent-child relationship in the center and make it more reciprocal the therapist must place the parents in the lead role as the agents of change. The parents are acknowledged as central to the healing process and the therapist becomes the parent coach and treatment catalyst. By greeting the parents first this philosophy is clearly reinforced for both the parents and child.

A second goal of trauma therapy is to teach a child to follow the mother's lead, thereby developing a sense of trust and a diminishing need for control. The therapist models this during the initial meeting by continually deferring to mother and considering her needs first. For example, she is warmly greeted first and offered a place to sit first. By greeting mother first it is clearly established that the primary alignment is with mother and the object of the therapy is not for the therapist to become the child's "best buddy." After all, the point of therapy is not to bond the child to the therapist, but to bond the child to the parents. This must be demonstrated over and over again to the child.

Another goal of trauma based therapy is to coach the mother in how to be an effective leader of the child and to demonstrate for the father how to be supportive of mother's leadership of the child. The philosophy of trauma based therapy states: "The initial bond is with the mother and generalizes next to the father, the grandparents and other family members. When this bond is established it then generalizes to friends, the community, the school and the world." By addressing mother first, this establishes,

from the first contact with the child, that the parents, their feelings, their concerns, their needs, are of central importance. By addressing mother first the therapist is modeling for the mother how to take care of herself as well and how to place herself in the central role with the child. It also demonstrates for the father how to place mother in a central position in regards to the child. In therapy, therefore, the bond is clearly created first with the mother. During these first stages of therapy the father's role is to nurture and protect the mother, just as he would during a pregnancy. As the child becomes reciprocal with the mother during therapy and in the home then the father's role enlarges and father/child bonding work begins. By addressing mother first the therapist is modeling for the mother that she has value and she is worthy of being listened to and cared for. What she says and does matters to others and it is up to the therapist at the start of the therapeutic relationship to show the child it matters to the child as well.

While these introductions are being made and a light, happy tone is being established between the parents and therapists the therapist observes the child's reaction to having his parents receive most of the initial attention. It is at this point that the child, seeing himself outside of his accustomed role as the center of attention will begin drawing attention to himself. Typically the child will interrupt either verbally or by engaging in some behavior, which requires parental response. This is an excellent time to observe the superficial charm of the child and what the parent's response is to negative behavior. Typically the parents will attempt to ignore the child's behavior or make a laughing excuse for it. The therapist can take control of the situation by firmly, yet kindly, correcting the child for being disrespectful of his mother and intrusive during the introductions. Firm, yet kind, is key to not overwhelming or frightening the child into escalating.

The therapist must not bend over or stoop to the child's eye level when addressing the child. Rather, the therapist assumes the stature of strength and safety for the child by standing up straight and saying, "Excuse me. You just interrupted your mother." Refocus attention back to the mother and begin the evaluation by giving the child instructions on what is expected of them next. Generally the child is receptive to whatever directives the therapist gives as he is unsure of what will happen next and what form the relationship will take. Additionally, the child tends to be initially superficially compliant and charming. The therapist can use that during the evaluation and diagnostic work to gain the child's cooperation on initial tasks.

Two assessments must be undertaken initially and at the same time. While the formal assessment of the child is being conducted an informal assessment of the parents is also being explored.

Parental Assessment:

### **Evaluating Mother's Fatigue**

There are times when the mother is so exhausted and is in such emotional pain that she is unable to nurture the child. In such a case, it is the therapist's obligation to lift the mother's pain by providing her relief.

Evaluating mother's emotional and physical state is part of the initial evaluation:

- Does she express exhaustion?
- Does she look exhausted and over stressed?
- Are there dark circles under her eyes?
- When questioned, does she express that she is getting enough sleep at night?
- Does she have a sense of humor?
- Is she displaying other symptoms of depression?
- Does she express any thoughts regarding suicide?
- Does she express that the child needs to be removed immediately as she is overwhelmed?

For the exhausted and overwhelmed mother, the family and the child's safety it is sometimes best that the child be immediately placed in therapeutic respite, if it is available, until the mother can regain a sense of well being and competency. Another option is to make sure the parents understand the necessity of a child going to his room until Mom has more mental and emotional strength.

### **Evaluating Mother's Mental Health**

Is mom "crazy" or has she been "driven crazy" by her child? One of the markers of a child with an trauma disorder is that mother is often angry. When she is hopeful and rested she exudes resilience and determination. When she has been beaten down by a particularly well chosen negative behavior of the child then she will be tearful and anxious. This can change from week to week. Is she mood disordered? Or is she identifying with her child's illness? Mothers of children with trauma

disorders have been misdiagnosed with Munchausen's by Proxy, Bipolar Mood Disorder, Histrionic, Borderline Personality Disorder, attachment disordered, as well as others. They are accused of being dictatorial, autocratic, over controlling and cold. This happens with some frequency due to the child's ability to feign an air of injured innocence to unsuspecting adults unfamiliar with the symptoms of the disorder.

Wounding the mother by labeling her with such cruel misdiagnoses not only is hurtful to her. It is hurtful to the child and will allow the child to use the mother's diagnoses as an excuse to maintain the twisted perception that he is OK and everyone else is not. It allows the child to continue blaming the world for his negative behaviors.

Better for the therapeutic effort is to initially assume that mother is sane. She is seeking therapy. Her commitment is to set aside resources, time and energy to getting help. If she were being abusive she would not be seeking help, she would be hiding from it. By her actions she has demonstrated that despite the child's negative, assaultive behaviors, he is cared for. She has not abandoned him despite his efforts to make caring for him difficult.

The initial assumption is also that it is the child that is disturbed, not the parents. Healthy children are disturbed when their parents are disturbed. When the child is projecting contentment and happiness in the presence of an angry and unhappy mother there is something wrong with his attachment to her.

What are the warning signs of parents stressed past their capacity to cope?

Misconstrue parenting directions.

Take parenting directives to abusive extremes.

Project fatigue.

Little or no sense of humor.

Sense of depression, hopelessness.

Do these signs mean that mother is "crazy"? No, it means she needs to be nurtured back to health so she can be part of nurturing her child back to health.

In those rare situations where there is a strong suspicion that mother does have emotional disturbances of her own then she needs to be guided into treatment for herself and, if necessary, obtain appropriate medication. Even in those situations it is not good for the child to get by with blaming his mother for his negative behavior. He still needs to be held accountable if he is to heal!

## **Evaluating Marital Relationship**

All couples who are raising an attachment disordered child have been wounded by the child and the manipulative and triangulating behaviors. Trust is often compromised, not just of the child, but of the parents of each other. There tends to be little time between crisis management to nurture their own relationship. The home is filled with chaos and anger. Parents stop liking themselves as well as each other.

Watch for non-verbal cues from the moment the family enters the office.

- Where does the child enter in relationship to the parents? First? Last? (The first person through the door is the boss.)
- Does one parent introduce the child before the other spouse?
- Where do they sit, together or apart?
- Do they touch? Does one move away from the other?
- Do they make loving eye contact? Avoid it?
- Do they listen or interrupt each other?
- Do they contradict each other? Do they argue with each other in front of the child?
- Do they raise their voice at each other?
- Are they blaming of each other.
- Which one takes the lead? Does one sit by passively?

One very effective and time efficient tool to begin to understand and address the marital dynamics that lead to affective or ineffective parenting styles is “Couple and Parent Scripting.” It can be done at the beginning of treatment if there is any suspicion that the marital relationship is a troubled one or if one or both of the parents’ history is part of the attachment problem in the family.

## **Couple and Parent Scripting**

An invaluable initial tool to assess the couple relationship and each parent’s view of themselves, their relationship and their parenting role is one we call “Scripting”. The goal is to help parents find out what “script” it is they are following when they act and react in the ways they do with each other and with their children. Since people behave the way they behave because they think the way they think, examining what parents think and where and how they learned to think that way is an excellent way to begin exploring why they relate to each other and their children the way they do.

Understanding how they behave and why is very useful before they can make meaningful changes in their relational and parenting style.

The key is identifying and exploring what “major messages” the parent received from his or her parents as a child and what “major messages” the parents gave each other and their children about their relationship. These messages color the way a person views himself/herself, his/her spouse, and his/her children. The views, in turn, affect the way the individual acts and reacts in different circumstances.

The process is very simple, though lengthy. It could easily take more than one session depending on how long each session lasts. (If the couple relationship is potentially hurtful or uneasy it might be best to sometimes do the exercises regarding their relationship separately initially.)

Each parent is given a legal pad of paper and a pen and asked to follow these instructions:

### **Relationship with Parents Scripting**

At the top of the paper on the left write your father’s name.

On the top right write your mother’s name.

Under each name write 5 or 6 adjectives for each parent.

Draw an arcing arrow from the father’s name to the mother’s.

On the arrow write the major loving (or not, as the case may be) message of why he stayed with his wife:

Examples: I love you and wish you were different.

I love you but wish you loved me as much as I love you.

I don’t love but stay with you because of the children.

I don’t love you but I need you.

I hate you but I am afraid to leave.

I love you, you make my life complete

Generally the message will have two parts stating the emotion they feel and either an “and” or a “but” in further explanation.

In parentheses, write what you wish the major message had been.

Draw an arcing arrow from the mother’s name to the father’s.

On it write the major message of why she stayed with your father.

In parentheses, write what you wish the major message had been.

Between the two names and about 6 lines down write your name or a nickname from about the time when you were

12.

Under your name write 5 or 6 six adjectives which described you about that age.

Draw an arrow from your father's to yours and write his major message to you as you were growing up.

Examples: I love you but wish you would try harder

I love you and everything you do is wonderful.

I don't love you but I am married to your mother.

I love you but love your sister more.

In parentheses, write what you wish the major message had been.

Draw an arrow from your name to your father's and write your major message back to him.

Examples: I love you but wish you were around more.

I don't love you because you are mean to me.

I am afraid of you.

I love you, you are the best father in the whole world.

In parentheses, write what you wish the major message had been.

Do the same two arrows connecting you and your mother.

Skip a few lines.

Write the title of your favorite childhood story book.

Write the name of a childhood hero.

Draw three tombstones, one for you, your father and your mother.

On each tombstone write their epitaph, the major message about their life.

In parentheses, write what you wish your tombstone would say.

Afterwards watch for similarities and dissimilarities between the messages each received from their parents. Explore gently with each whether they believe their reflections are accurate or are they giving themselves a less problematic childhood than they really had. Look for confirmation from the other spouse as to the accuracy of their memories. Watch for patterns to emerge which shows how one parent compensates for the other, how they might not be supportive of each other's parenting style due to the differences in the major messages they received growing up.

### **Couple and Parental Relationship Scripting**

Write your name today on the left side with 5 or 6 adjectives under it to describe you now.

Write the name of your spouse on the right side with 5 or 6 adjectives under it to describe her right now.

Draw an arrow to your spouse's name and write the major message on it which you give your spouse.

In parentheses, write what you wish the major message to be.

Draw an arrow from your spouse's name to yours and write on it the major message which you receive from your spouse.

In parentheses, write what you wish the major message to be.

Skip a few lines.

Write the name of each of your children in a line across the page with 5 or 6 adjectives to describe each under each name.

Draw arrows to and from each giving the major message which you give each child and major message you receive from each child.

In parentheses, write what you wish the major messages to be.

Discuss the results with them as a couple. This allows each to question the other about the truthfulness of their observations and revelations. What were the actions of their parents which told them these were the messages they gave and received with each other? Ask why and how they gave and received the messages they did with their parents. How did their parents treat/discipline them? How do these messages affect the way they parent today. Watch for the patterns which emerge between the major messages they gave and received as a child and the messages they give and receive now to each other and to their children. Are these healthy messages? Are they the ones they want to be remembered for? Do they need to change? If so, to what?

If they like the messages they are giving their children and the children are not giving them a like message back, what can be done? This question alone could be the basis of therapy for the child and family for many months. If they are able to acknowledge they are not giving the child a healthy and loving message, what can be done about that? What needs to happen? How do they need to behave differently? What beliefs and attitudes drive them to interact with their child and spouse the way they do?

Whether this serves as a foundation for determining the mental, emotional and behavioral health of the parents or another tool is found, it is essential that before any



work is done to bond a child into his or her parents the parents are assessed for their capability to reciprocate that bond in a healthy manner.

## **Assessment of Child**

I begin my initial assessment of the child by inviting him and his parents to come into the treatment room. My goal here is not to arouse the child so little bits of rudeness on the part of the child that would not be tolerated later are allowed. Rather my goal is to enlist the child's cooperation.

The parents are asked to sit in the chairs provided and I sit on the floor with a cookie sheet and Sculpey, a trademarked plastic clay found in arts and crafts supply stores. The clay is in 9 primary and secondary colors of black, white, blue, purple, green, yellow, red, orange, and brown. I play for a few minutes with the clay and the child and allow him to experiment with various forms. We continue chatting lightly as I talk to him about different kinds of animals in the world...farm, jungle, zoo, house, flying, swimming, ending with a description of imaginative animals, similar to those created by Dr. Suess, that exist only in the brain of the creator. The child's assignment is to make an animal that he would be if he were an animal. There are only three guidelines. The animal must be one that he would be if he were an animal. Not an animal that he wants to be but an animal that he is most like right now. Two, the animal must stand up somehow, and not be laying flat on the cookie sheet. Three, when the child is done he can either wait for the adults to finish or he can use more clay to make whatever he wants. Either way he must sit quietly. It is generally a good idea to have the child repeat the guidelines back. How the child behaves and cooperates from the time he enters the room through the completion of the task are all part of the assessment process.

While the child is working with the clay I begin talking to the parents. I explain that most of what I am going to be talking to them about they will already know, however, much of what I say will not be for their ears, but for their child's. In my experience it is clear that if you want the child to listen you talk to the parents. (If you want the parents to listen you talk to the child.) Having told the child to work quietly while the adults talk we have set the child up to listen intently to everything we will be saying.

When I am in my office I work on the white dry erase marker board that covers one wall. When I am traveling I work on regular lined paper. I begin by turning the paper sideways and writing across the top, "Children behave the way they behave because they think the way they think." An explanation of the ways children learn to think, those aspects of their development that drive the way their brain works and thus

their behavior follows. Genetics, In Utero Experience, and the First Two Years of Life are written across the top of the page.

The parents and I discuss the child's biological parents, the genetic component of the child's brain. Under the heading Genetics is written the birth mother's name and about half way down the page is written the birth father's name. As we candidly and openly discuss the birth parents I note strengths as well as weaknesses. For each parent we look at what we know about them and look for markers of intelligence, athleticism, initiative, hyperactivity, mood disorder, drug addictions, etc.

## **Use of Projective Art in Diagnosis**

There are numerous tools that can be utilized to help determine diagnoses that have the potential to have a degree of accuracy. The CHAFCA (Cline-Helding Adoption and Foster Child Assessment), the RADQ (Randolph Attachment Disorder Questionnaire), intellectual functioning tests, visual-motor tests, sentence completion exercise, etc, each provide useful information that can be used to obtain a picture of the child's functioning. Various drawing assignments are also useful – the Kinetic Family, House, Tree, and Person drawings all have the potential to yield valuable information about the inner workings of the child. Children behave the way they behave because they think the way they think. Projective art gives the therapist and parents an inside view of what is going on in the child's thought processes...inner thought processes that drive many of the child's behaviors. Through projective art the child can non-verbally express his view of the world. Others who are aware can then see where the child's view may be skewed and where it is functional.

Whole books have been written on the diagnostic principles. Those principles are presented here in a brief, outline form. The evaluator must keep in mind that potential meanings must be used in conjunction with other tests and other information to establish a pattern. The interpretation of projective art is not necessarily accurate when standing alone, but confirm or point to diagnoses under consideration. This is particularly true when working with a child who has been repeatedly exposed to projective art assignments and has learned to avoid including any elements that can be interpreted. Drawings of these children tend to have rainbows and sunny skies and present an artificially cheerful cover-up of what the child's true thoughts, perceptions and feelings may be.

In order to have any form of validity interpretations must take into account age, maturation, emotional status, social/cultural background, etc. Most suggested interpretations given have been tested with children above the age of 7. It is best to get an immediate emotional, gut level response to the entire picture before interpreting details. While there is much uniformity among experts, many interpretations will be contradictory as different interpreters sometimes assign different meanings to the same indicators. Particularly important is that the same detail may be both an overt signal or a denial of it, it may be an emphasis of a quality or a compensation for lack of it. Notice what mood or message overall is being conveyed and look for confirmation or denial in the details. Look for health as well as pathology.

The process begins with having the parents and the child come into the room. The child is told that while the therapist is speaking to the parents the child can draw. The child is told to sit in a specific spot near by and use the provided paper and crayons or markers. The child is then told that when he is done he is to sit quietly with his hands folded in order to let the therapist know he is done. The assignment is then given. Suggestions:

Draw the reason why you are here.

Draw the problems which caused your parents to bring you to therapy.

Draw a car/dog (Used to establish drawing ability, attention to detail)

Draw a tree.

Draw a picture of your family at the table.

Draw a picture of your family doing something together.

Draw a house.

Draw your family.

Draw a Person (Instruction is to draw a person as completely as possible. Used to discern how person perceives self and/or how he wants to be perceived by others)

Draw a person of the opposite sex. (Represents how the subject perceives others. Normally, the same sex figure is drawn first. Other sex first may be an indicator of homosexuality, discomfort with own sex, or primary identification with opposite sex. (except in small children who often draw women first due to identification with mother).

Draw a feeling.                      Draw a difficult time.                      Draw a problem

Draw a solution. Draw a future time for you. Draw you as a baby.

Draw a Person in the Rain

Draw a house/tree/person

Draw a self portrait

Part of the diagnosis is how the child follows through on the assigned process. Does he stay where he is told to stay? Does he interrupt? Does he ask questions when he knows the answers? Does he say he doesn't know the answer when he does? Additionally, when the child is near then the therapist can observe the artistic process while talking to the parents. What is drawn first? Does he draw quickly or slowly? Does he erase and start over? What does he erase?

After the child is done the therapist looks at the work with interest and can ask questions to help elicit more information from the child about the drawings.

Tell me a story about this person. What has just happened? What will happen next?

How old is this person?

What is this person feeling?

Tell me about this person's family/mother.

The picture can then be subjected to the following general interpretive guidelines. The child should not be present when the interpretation is discussed with the parents.

## **General Considerations**

### **Line Quality**

Sketchy, scribbly, fine, broken lines – overt anxiety

Parts disconnected – low frustration tolerance, impulsivity

Discontinuous lines – inner conflict

Straight, uninterrupted strokes – quick, decisive, assertive

Faint – feelings of inadequacy, indecisiveness, hesitant, timid, insecure, lacks self-confidence, low level of energy, problems with self-assertion

Heavy pressure/lines – tension, high energy, forcefulness, possible acting out tendencies

Shading – anxiety

### **Erasures**

Numerous – uncertainty, indecisiveness, restlessness, dissatisfied with self/efforts

Area of erasure – conflict of concern for individual

### **Size in comparison to paper**

Overly large – aggressive, expansive, grandiose, acting out potential, possibly compensatory for feelings of inadequacy

Overly small – hesitant to reveal feelings, restrained, inhibited, possibly depressed

## **Placement**

Central – normal, reasonably secure

Right – intellectualizing tendencies, sometimes to the point of inhibiting feelings, governed by here and now, reality based, identification with masculine/father side, stability

Lower right – integrating new ideas, developing, integrating

Left – impulsive behavior, immediate emotional satisfaction of needs, feminine/mother side, extroversion

Lower left – orientation towards the past, that which is unknown or the ending of some phase of life

Top – high level of aspiration, an active fantasy life, extreme optimism (often unjustified) ungrounded in reality, fantasy as escape, unrealistically high need for achievement

Bottom – insecurity, low levels of self-esteem, possible depression, defeated

On bottom edge of paper – depressed, inhibition of fantasy

Use of boxes, lines to separate areas/figures – difficulty controlling self/lives, need boundaries, without limits gets anxious, lack internal controls, separation of one area from rest of life

## **Symmetry**

Extreme – rigid, stiff, lack of spontaneity of impulses/emotions, obsessive-compulsive

Extreme asymmetrical – unbalanced, excessive impulsivity of emotions, behavior

## **Detail**

Lack of – psychosomatic hypertensive conditions, depressed, withdrawn, uncaring

Too much – obsessive-compulsive, rigidity, anxious, highly emotional or creative

Bizarre – psychotic

Severe Distortions - confused & chaotic thinking, psychotic, schizophrenic

Obvious omissions – strong area of conflict with use of denial

## **Perspective**

From below – rejection, unhappiness, inferiority, withdrawn

From above – superiority

In the distance – inaccessibility, desire to withdraw, area of concern but unable to handle it

Close – accessibility, warmth

Line at the bottom – feelings of instability, trying to maintain sense of security with solid foundation

### **Process**

Asks lots of questions about how to do the drawing – strong need for approval, difficulty with unstructured tasks

Apologetic for poor artistic ability – insecure, lacks self-confidence

Less than 1 minute to complete drawing – resistance, defensiveness, poor impulse control

Longer than 10 minutes – obsessive-compulsive, strong need for approval

Order of drawing – those parts generating the most anxiety will be drawn either first or last

Color – can only be interpreted if full range of colors available

Red – anger, burning problem or danger, violent, strong emotional response, sensuousness, need for warmth and affection

Orange – extroversion, externalization, emotional responsiveness, sometimes ambivalence

Yellow – cheerfulness, intellectualizing tendencies, uninhibited expansiveness

Green – regulation of affect, homeostatic, healthy ego, security, peacefulness, growth

Blue – quiet, calm, well-controlled emotions

Pale – distance, fading away, withdrawing, cold

Purple/violet – emotional and effective stimulation, internalization of affect, anxiety, tension

Brown – sensuousness, security, fixation, rigidity, guilt, struggle to overcome destructiveness

Black – depression, suppression, cumulation of feelings, inhibition, blocking, inadequacy, projection of dark thoughts and fears

Dark – depression

Overabundant, bright, multiple – manic

Light, barely visible – hide true experience, feelings

### **Person Drawings**

Sequence – normally head is drawn first as that is the location of the ego. Drawing other part first makes that part of more importance.

Stick figure – evasive, insecurity

### Caricatures

Evasive, defensive about revealing themselves, immature, hostile toward

others, use humor to protect, hide from others

Profile – guarded, evasive

Sexual identification unsure

Ambivalent sexual identity

Male draws larger female – passivity, feelings of inadequacy

Female draws larger female – masculine strivings, feelings of hostility

**Shading**

Shading of face – poor self-concept, seriously disturbed

Shading of arms – aggressive impulses

Figure slanting > 15 degrees – instability, mental imbalance

Having essential means of communication – eyes, ears, mouth, open arms and hands

**Size**

Tiny – insecurity, withdrawal, depression, feelings of inadequacy, shrunken ego

Large – expansiveness, grandiose, poor inner controls

Disproportion of body parts – poor inner controls, low frustration tolerance

Transparent – immature, impulsive, acting out

Head – a strong ego will have the most details focused on the head and face

Large – preoccupation with fantasy life, focus on mental life, inflated ego, grandiose

Small – obsessive-compulsive, intellectual inadequacy

Oddly shaped – brain function is unusual or distorted

Back to viewer – paranoid/schizoid tendencies

Hat – attempt to keep a lid on, control/hide angry feelings

Hair – virile, sexual, elaborate hairdos may indicate excessive narcissism

When drawn last indicates a severe, non-specific, psychological disturbance

**Face**

No features – evasive, superficial, hostile, extremely cautious

Excessive detail of features – concern with outward appearances

Dimly drawn – timid, self-conscious

Strongly drawn – assertive or compensation for feelings of inadequacy

Nose – related to sexual perception, too large, too small or unusual treatment indicative of sexual difficulties, fears, sense of inferiority or impotency

Ears (prominent) – paranoid, hearing voices, sensitive to criticism

Ear phone – shutting out world, need for isolation

**Mouth**

Overly emphasized – immaturity, oral-aggressive, oral conflicts (eating disorder, speech problems, alcoholism)

Omitted – guilt related to oral conflict, reluctance to communicate verbally,  
nonverbal preferred

Very large – orally erotic

Teeth bared – aggressive, hostility, anger

Thin line – tension, hypercritical

Wide grin – forced congeniality

Eyes – express watchfulness, alertness, fear, anger, etc.

Omitted – avoidance, possible visual hallucinations so don't need external eyes

Large – visually alert, watchful, voyeuristic

Large with tiny pupils – strong curiosity, guilt

Small circles – self-absorption

Sideways glance – suspicion and paranoid tendencies

Staring, blank – fear

Emphasis on the outline of the eyes – paranoid

Neck – connection between intellectual, physical and emotional realms, link between  
id impulse and ego control

Emphasized – need to control threatening impulses

Short, thick – gruff, stubborn, bullheaded

Long – socially stiff, rigid

Omitted – immature, trouble handling impulses rationally

### **Shoulders**

Unequal – emotionally unstable

Large – preoccupied with perceived need for strength

Broad – aggressive, assaultive, need for physical power

Squared – overly defended, hostile toward others

Arms – used to change, reach out to or control environment, feelings of personal  
power and contact with world

Stiff, close to body – rigid, compulsive, inhibited

Limp, flimsy, stunted – inadequate, powerless, ineffective

Reinforced, muscular – power strivings

Folded over chest – hostile, suspicious, denial, feelings of rejection, suspicious,  
closed

Held behind back – wanting to control anger, aggression, interpersonal  
relationships

Omitted – inadequacy, helplessness, guilt, depression, withdrawal from  
environment

Short – withdrawn, turning inward, attempt to inhibit impulses



Long – ambition for achievement/acquisition, reaching out towards others

## **Hands**

Big – acting out

Cut off – troubled, inadequate

Omission – guilt over hostility, sexuality

Vaguely shaped – lack of confidence or productivity

Heavy shading – guilt/anxiety with aggression or masturbation

## **Fingers**

Long and spikelike – aggressive, hostile

Enclosed by loop or single dimension – wish to suppress aggressive impulse

## Trunk – associated with basic drives

Omission – severe degree of deterioration of reality, hypochondriacs

Belt – sexual concerns/conflict, tension regarding body impulses, division of drives

Genitalia – sexual abuse, primitive drives

Breasts – sexual concerns, identification as sexual

Body turned away – avoidance, guardedness, inaccessibility

## Legs – keep people grounded, stable

Absent – constricted, possible castration anxiety

Size difference – mixed feelings about independence

Long – striving for autonomy

Short – emotional immobility

Wide stance – aggressive defiance, particularly when centered on page

## Feet – degree of personal and interpersonal mobility

Large – sexual problems, guilt

Long – striving for virility, security

Tiny – dependent, blunted feelings, insecurity, ungrounded, depression

Omitted – lack of independence, helplessness

## Clothing

Makes figure socially acceptable, covers up nakedness, presents façade to world

Excessive adornment – sexual provocativeness

## Transparent (organs visible)

Delusional, schizophrenic, manic

Sexual organ visible through clothing – voyeuristic, exhibitionistic, possible Problems with sexual identity

## Cognitive Maturation – number and complexity of details/parts is indicator of mental

age/IQ

Hostility & Aggression – (note number of signs and intensity) – bared lips, clenched fists, pointed teeth

Weapons, spiky hair, clawlike hands, asymmetry, crossed eyes, oversized, transparencies

Extra long arms, extra large hands

Anxiety – slanting figure, shading, short arms, arms clinging to sides, omission of hands, fingers, eyes, mouth, legs, feet, neck, small figure, excessive midline details, faint lines, scribbly

Poor Reality Testing – bizarre facial features, nonhuman like, religious/mysterious symbols empty facial expression

**Draw a Person in the Rain** – ego strength, coping ability under stress

Umbrella, protection, shelter – competence

Unprotected – minimal self-regard, unresolved dependency issues, unable to face challenges

Partial protection – fragile defense system

Shelter visible but not being used – with for warmth and safety, view it as unattainable

### **House-Tree-Person**

House is often related to mother, tree to father, person to child/self

Position – person close to house or tree, between them, separate from them, facing them, elements on same plane or foreground/background placements

Relative size – proportionate, disproportionate

Balance of overall picture

**Draw a Family** – reveals attitude toward other family members, perception of family roles and place in family. Family relationships are expressed by relative size and placement of members.

Position

Close to authority figure – close emotionally

Distant – isolated

Size – large indicates dominant role

Facial Features – as indicators of feelings toward or view of child

Omission of self - no role in family

Barrier (net, furniture) – divisiveness in family

Competitive Activity – vying for attention, love, resources in family, not enough to go around

**Draw a Kinetic Family** – Instruction is to draw the family doing something together. Alternative: Draw a together time for your family. Draw an un-together time for your family.

Passive – lack of interpersonal communication

At a table – key is position of client at table and what is on the table

Food present – warmth, where is client in relationship to food and others

Shape of table – round is more emotionally close

Everyone is doing something different – emotionally distant and withdrawn from each other

Different treatment of one person (ex. Sitting when everyone else is standing) – something different about that member and relationship to child

Members looking at each other or away

Barrier/Wall – presence of obstacle to family unity, emotional energy blocked

Fire, light – presence of warmth unless fire has hostile presence of huge flames

**Draw a House** – interpersonal dynamics within family setting, source of affection/security, feelings toward Mother, overall sense of complexity/warmth/sparse/welcoming/hostile

Essentials – One door, one window, one wall, a roof, lack of essentials indicates disturbance

Irrelevant – (shrubs, flowers) need to structure environment more completely, controlling

### **Size**

Small – withdrawal, rejection of home/home life

Large – overwhelming presence of home restricts personal growth

Chimney – a symbol of intimate relations

Absence – lacking warmth, conflicts with significant figures

Large – emphasis on sexual concerns, phallic, exhibitionistic

Billowing Smoke – inner tension, anger

Door – openness to relationships, allows direct contact with environment

Above baseline, no steps – interpersonal inaccessibility

Absence – shutting out relationships, inaccessibility

Open – able to receive warmth from external world

Large – dependent on others

Small – reluctance to make contact with world, withdrawal, fearful of relationships, timid

Locks/Hinges – defensiveness, suspicious

Peephole – paranoid, suspicious

Fence – need for boundaries, protections

Gutters – suspicious

Drawn on base of paper – basic home, intimate insecurities

### **Perspective**

From above – rejection of home situation, looking down on it

From below – desirable home situation unattainable

Roof – fantasy area of life (bats in belfry, something wrong upstairs, few shingles loose), fantasy distorts one's mental functioning is seen in the drawing of the roof

Single line connecting two walls – unimaginative, emotionally constricted, low Intelligence, concrete thinking

Large, overhanging walls – seeks satisfaction in fantasy, rich imagination preferable to reality

Lightning rod – need for structure, control to provide protection

House drawn within roof – schizophrenic

Heavy lines – seeking to control fantasy life, keeping fantasies from becoming overwhelming

### **Windows**

Absence – hostile, withdrawing

Presentation on ground, absent on upper story – gap between reality and fantasy

Curtains – small indicate hominess, reserved, controlled, guarded to the extent windows are covered

Bare – blunt, direct

### **Shutters**

Closed – defensiveness, withdrawal

Open – ability to make sensitive interpersonal adjustment

Walkway – well proportioned indicates accessibility, open to others

Very long – lessened accessibility

Narrow at house, broad at end – superficially friendly

Walls – directly related to ego strength

Crumbling – poor ego strength, disintegrating ego

Heavily drawn – hyper-vigilant to maintain ego

Weakly drawn – defeated attitude toward maintenance of ego

**Draw a Tree** – reflects deeper and more subconscious views of self, role in life, work best when compared to drawing of person (compare and contrast)

Age – (must ask client) – correlates to felt psycho-social-sexual maturity of client

**Size**

Large – aggressive

Tiny – inferior, feelings of insignificance

**Two parallel lines and looped crown**

Impulsive, variable, oppositional, negativistic, minimal

Cooperation, just short of refusing outright to draw a tree

Crown – representative of the spirit, intellect, imagination, conscious awareness (roof)

Exaggerated – analytical, inhibited emotionally, frightening/disturbing fantasy

Branches – personality organization, ability to derive satisfaction from the environment, branching out, reaching out/up for achievement growth (arms)

Branches dead appearing blunt, bleak, tiny – loss of satisfaction in life, colorless, unhappy

Club-like, thorny, pointy – hostility, aggression

Open on end of branches – little control over expression of impulses

Broken branches – trauma, castration, impotency

Turned inward – egocentric, introverted, narcissistic

Reaching out and up – balance of reaching out toward environment and up in goals

Reaching toward sun – seeking warmth and affection

Bending away from sun – shy away from authority and domination

Tall, narrow, reaching more up than out – emphasis on fantasy for gratification

Not joined to trunk – disconnected

Bending back into themselves – masochistic

Thicker near trunk and thinning out – high ability to get satisfaction from environment

Leaves (hands)

Sharply pointed – aggressive, acting out

Absence – barrenness, dissatisfactions

Too many – obsessive-compulsive

Trunk – ego, sense of personal power/strength/integrity/self-esteem (body)

Short – stunted growth

Exaggerated – emotional immaturity

Heavy lines – need to keep ego intact, contained

Faint lines – loss of ego identity

Scars, knotholes, broken branch – associated w/trauma, closer to top of tree  
the more recent

Knotholes – sexual symbolism

Small, diamond shaped – related to vagina

Small, simple – sexual assault, initial sexual experience

Outline reinforced – shock impact greater

Circles inside – experience in past and healing

Blackened – shame associated with experience

Large – preoccupation with procreation

Small animal inside – guilt

### Roots (feet/legs)

Exaggerated – emotional responses shallow, reasoning limited

Reaching out, claw-like – grasping to take hold of reality

Seen through transparent ground – impairment of reality testing ability

None, groundline – repressed emotions

### **Type**

Fruit – sense of fulfillment, confidence in creative/procreative abilities

If fruit has fallen – feelings of rejection, failure

Foliated – precise, detail oriented, meticulous, careful, slow, reflective

Delineation of leaves – obsessive-compulsive

Winter, w/o leaves – feels exposed

Dead – feels victimized, powerless, hopeless, defenseless, depressed, may be suicidal

How did it die? – look for either internal or external force to cause death of tree, relating to either external force killing client (trauma) or internal rotting away

Palm – adventurous

Pine – goal-oriented, pointed toward achievement

Abstract, fantasy – avoiding reality

### **Sources**

Using Drawings in Assessment and Therapy – Gerald Oster & Patricia Gould, 1987

Handbook of Psychological Assessment – Gary Groth-Marnat, 1984

Major Psychological Assessment Instruments – Charles Newmark, 1985

## Use of Clay in Projective Art

Applying the same guidelines to clay will also yield valuable insight. An added benefit is that most children have not become jaded to the projective art process when clay is involved and thus are more apt to self reveal. The benefits of clay are numerous. It is extremely colorful and appeals strongly to the child's imagination. Most children are immediately intrigued with the clay and its creative possibilities. Parents also have found there is an "ah ha" quality to watching and interpreting their child work with the clay. Pieces of the child's personality that have been obscured jump out at them and they tend to have an insight into their child's view of the world that they did not have before.

The best clay identified so far is Sculpey, a trademarked plastic clay found in arts and crafts supply stores. It is about \$3 a block. It comes in over 20 colors, however, it is best to stick to the primary and secondary colors of black, white, blue, purple, green, yellow, red, orange, and brown. These eight colors provide the child with a wide range of choices with which to make expressive objects. Once the object is completed by the child it can be baked to a hard consistency in a regular oven. Until it is baked it is moldable and mixable into shapes and colors of infinite variety.

The process is similar to the process used with drawings. The child and family come into the therapy room and the child is set to one side with instructions on what to do with the clay. While the child works with the clay the therapist talks to the parents, obtaining a history of the child and descriptions of the negative behavioral issues. When the child is done and has sat quietly, waiting to be addressed by the therapist, then the therapist takes the piece in hand and asks the child questions regarding it. The questions depend on what task the child was given.

The basic task that has yielded the most insight is to create an animal that the child would be if the child were an animal. The therapist briefly discusses the different types of creatures – those in a zoo, those found in Africa, those found in homes, those found on farms, those that fly, those that swim and those that are simply made up like Dr. Seuss animals. The child is instructed to make any animal he wishes, either one that he has seen or one that he makes up, as long as it is one the child would be if he were an animal. He can use any and all of the colors. The animal, however, must be able to stand up. This last instruction is to avoid the child making a flat animal profile, rather than a three-dimensional object which has more diagnostic possibilities.

When done the child is asked open ended questions. For example:

Tell me about your animal.

- What is the name of your animal?
- Where does your animal live?
- Are there other animals like this one?
- Does the animal have parents? Where are they?
- What does the animal eat?
- Where is the animal going?

The child is then invited to leave the room and the results can be discussed with the parents. The process the child took to create the animal is part of the discussion as are many of the same elements used to interpret drawings. The goals are to find elements of the clay art that confirm or deny existing diagnostic possibilities and to help those who wish to help the child to a healthier mode of functioning gain insight in to what the current functioning is.

Examples of clay art and interpretation possibilities follow.

### **Black and White Dog**

Marlon S, age 11, described by parents as being basically a good kid but sassy. The animal is a friendly, tail wagging dog with a large head. The eyes are disproportionate and indicative of hypervigilance and watchfulness. Marlon said, “They light up at night.” The ears are attuned to the environment. Mom confirmed that he was egotistical and watched her constantly in order to catch her in mistakes that he could point out to her with his oversized, prominent tongue. The choice of colors indicates he tends to see the world as black and white. Mom is either right or wrong. In his world there are no grey areas. When he corrects his mother it is with the attitude that she is wrong and he is right. The body of the dog tipped over slightly to the right indicative of a small, yet discernible instability. The tongue was disproportionately large, as wide as the body and dragging to the floor, a clear reference to his parents concerns that he is mouthy and verbally belligerent. His need to have the last word and to back talk his parents is a primary concern.

### **Multi-colored Winged Bird**

Jordan G, age 8 ½, was referred for uncontrollable, inexplicable violent eruptions. He created an eagle like bird with a large wing span. Each part of the bird is a different color and the wings are made of 5 ribbons of color. The beak is sharp. There is no mouth, nor ears, no means of verbal communication. The legs, which are stretched out behind the body, have no feet. It is extremely creative and beautiful. The overall diagnostic impression is manic, possibly bipolar. The creature is clearly disconnected



from the earth (reality) and disconnected from taking in or giving any form of verbal communication. Without feet it has no way of landing or becoming grounded.

### **“El Horse”**

Chelsea B, age 12, is described by her parents as oppositional and defiant, requiring supervision 24 hours a day to curtail stealing and destructiveness. Prior to her adoption she had a history of multiple moves. As described by Chelsea, her clay piece was an “El Horse” or an elephant horse. “El Horse” is quite crudely made for a 12 year old suggesting an immaturity. It has the head of an elephant and the back end of a horse. There is a rider on the back. The multiple figures indicate a sense of role diffusion, she does not really know who she is. Her choice of multiple colors for the body, legs and rider is indicative of some level of mania, possibly bipolar. There are no ears on either figure, indicating how unavailable Chelsea is to verbal instruction. The eyes are huge and protruding, on the top of the head, more like the multi-directional eyes of a fly than an elephant, indicating an extreme watchfulness and hypervigilance. The legs are solidly planted, suggesting immovability and the appearance of being stuck. The reins connect to the body but are not being held in the hands of the rider, suggesting an inability to take control. “El Horse” and rider “are crossing the desert and are used to traveling”. Numerous other details point to a high level of disturbed thinking and separation from a solid reality base, consistent with a diagnosis of attachment disorder, and thought and mood disorders.

### Bee

John J, age 8, had a great many attention seeking behaviors such as non-stop chatter, high activity level and playing dumb. He made a bee-like insect. It had eyes but no mouth (dumb) and no ears (unavailable to verbal instruction). When asked what the bee did he picked it up and flew it around the room saying, “It goes round and round and up and down, buzzing and buzzing until it is ready to STING.” He jabbed the bee into the therapist as he screamed the last word. His mother confirmed that was what it was like living with him.

### **White and Black Cat**

Albert J, age 10, had numerous negative behaviors and his parents were concerned that they would not be able to let him live at home much longer. Albert was creating his creature while they discussed how difficult it was to parent him. His creature has very wobbly, unsteady legs and it tips off to one side, barely balanced enough to stand, indicating how off balance he is and how skewed his view of the world is. He made a

white creature with orange stripes initially. As his parents talked he took the orange stripes off and replaced them with black ones. When asked why he changed colors he said, “I think it is time this tiger changed its stripes.”

### **Orange and White Giraffe**

Andrew, 5, had recently exhibited unusually angry behaviors, had become uncooperative at home and at school. His creature is very solidly planted, indicating a firm foundation. However, the neck and head are obviously phallic in design. His mother insisted that he had never been in a situation where he could possibly have been molested, nonetheless, she allowed the therapist to explore the possibility with Andrew. After several sessions Andrew revealed when, where and by whom he had been molested.

### **Black and White Creatures**

Jade H, age 7 ½, was brought in with her younger brother, Jack. They were in a foster-adopt situation and Jade was doing fairly well. Jack was not adapting well at all. The parents were questioning whether they should try to keep both children, disrupt both children or just keep Jade, as she was doing so well, and disrupt with Jack. Jade’s creatures are black and white exemplifying good and evil. The larger, angelic creature, is larger and dominant over the smaller, devil type creature....very illustrative of her inner struggle of good over evil. The angel, though predominantly white, has black elements. The devil, while predominantly black, has white elements. Jade’s message about herself was that even the best child has some bad and even the worst child has some good. Nobody is all one or the other.

### **Purple and Orange Pie**

Jack H, age 6, was brought in with his older sister Jade. He made several items, one of which was a snake poised to strike. His second item was an orange pie. Inside the pie he made numerous small red berries. He then covered the berries with the crust. When asked about it he said that he did it that way “because the goodness is hidden.”

### **Snakes**

Snakes are a fairly common theme. They can be examined to see if they are benign, lying flat; or dangerous, poised to strike. The presence of absence of communication features such as ears, eyes and mouth indicate ability to interact with others. Snakes do not have arms, with which to reach out to the world.

### **Yellow and Black Backed Creature**

Andrea, 7, was described by her mother as withdrawn. Her creature is solidly planted, with four firm legs. However, there is little torso, only a flat plane with no substance (backbone). The neck is not strong enough to hold up the head. While the face has eyes, ears and a mouth, they are pointed downward, avoidant of communication and of interactions with the environment.

### **Purple Winged Creature**

Ruben R, 11, was referred for uncontrollable anger and aggression. As described by Ruben, his clay piece was called a “Hornflyer”, a purple creature with “horns like a bull, body of a snail, tail like a snake, and wings like a bird”. “It is both a boy and a girl.” “There are no others like him”. “He lives in different places. When he feels mean he lives in a corral to keep him from hurting his house. He puts his head down to charge others with his horns when he is excited or wild. When he feels angry he lives in a snake’s den. When he is in trouble he goes to his secret nest. He goes into his shell when he is lonely. He has pictures of his family in there. He flies whenever he wants to wherever he wants.” Notably the face is featureless, associated with evasiveness and hostility. There are no ears with which to hear, no eyes with which to see and no mouth with which to communicate. It has no legs to move about, associated with helplessness and emotional immovability, and no arms to reach out. The use of the color purple has been associated in projective art with an internalization of affect, anxiety and tension. “Hornflyer” appears to have no sense of who he/she is, no sense of being in relationship to others and no ability to get in relationship with others.

### Green Horned Creature

Jeremy, 9, was referred for oppositionality and defiance. His creature is bull-headed, thick necked with legs so wide and squashed together there is a sense of immovability, of stolid stubbornness. The eyes are bright red slashes, indicative of the flash point rage his mother describes. The tail is long and tipped with yellow (poison? stinger?). It looks malevolent. The horns are wide set, pointed and give the creature the ability to charge at a moment’s notice. There is no mouth or ears, thus no way to give or receive verbal communication.

### Multicolored Insect

Rick, 42, is the father of an adolescent who refused to participate in the projective art. Rick said that the clay looked like fun so as the therapist talked, he worked with the

clay instead of his son. The wide choice of colors is indicative of a manic personality, which he and his wife concurred with. The tail has the appearance of having a stinger on it. He and his wife admitted that sometimes he “zinged” the family with his volatility. The overall appearance, however, is of a very heavily burdened creature, whose load is so huge a support is required under the front of the body to keep it from collapsing. The tiny legs appear to struggle to pull the burdensome body behind it. Rick described his role as the father of an oppositional and defiant adolescent as being sometimes more than he can bear.

DEBORAH