

Children and Young People Case Studies 2022

Child X (aged 7) came to art therapy as was struggling with extreme anxiety which had been made worse since covid, she was not wanting to go to school. Through 6 sessions X was able to talk about her fears through images and story making. Through this we were able to help the school and her family support her. X really enjoyed her time in art therapy saying how it was good to have someone to talk about feelings with.

Child Y (aged 9) has a complicated history growing up in a household with drug use and domestic violence. She has also recently suffered recent close family bereavements. In just her first session Y was able to project through images how vulnerable she is feeling about the changes in her family. Art Therapy helps to provide an indirect way to access difficult conversations and has already helped increase her trust in adults.

Child Z (aged 5) was referred to Art Therapy due to a recent diagnosis of Autism. He had also suffered from early developmental trauma. He had been disruptive in class, got angry easily and struggled to make friends. He was able to explore sensory materials in a safe way, this has reduced some of his anxiety as well as given him confidence to try new things and interact better with peers.

Child A (age 8) was referred for 'low mood' and reference to trans gender identity with additional eating issues. A is impacted by the environment that she inhabits. It has taken time and trust for her to feel confident in expressing herself and what bothers her. Child A's complex needs are being addressed using play and creative therapy. Counselling has enabled A's voice to be heard and with careful consideration and her consent I have been able to pass her opinions to her class teacher which have had a positive impact on her life.

Child B (age 10) – “I have been working with a primary school pupil who is a looked after child and was removed from a family of 13 due to systematic sexual abuse within that family. The child was exhibiting problematic behaviours in their school and family life, which prompted the referral. Since beginning work, the child's behaviour has improved and they feel they have someone consistent in their life, with whom they can explore the impact of their past, should they wish to, express their concerns and develop strategies to navigate the present and begin to imagine what they would like for themselves in the future. As this child has experienced extreme and shame-inducing trauma, it is unlikely that they would have benefitted from group work at this stage, in fact, this would almost certainly have added to their trauma.”

Teenager R - was referred to art therapy through her school because her relationships at home were strained and affecting her performance and behaviour at school, where she was often in trouble and risked being excluded due to angry outbursts. She was prohibited from interacting with other pupils, so would not have been suitable for group art therapy. Individual sessions allowed her to drop her guard and explore how she actually felt. In one review session she said that it had helped her to have someone to talk to who just let her be herself. Although R is verbally expressive, I have noticed that what she says does not always concur with how she works with the art materials, and whenever we check a disparity, the image is always more aligned with her true emotions. While in previous terms we had worked on her angry feelings, with her keeping one memorable piece of work where she had expressed this, we are now exploring feelings *behind* the anger, like sadness and fear. R has expressed concern about our sessions potentially finishing at Christmas due to a lack of funding.