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"Gurit nin Paglaom:" Houseparents' Evaluation on the Effectiveness of Expressive Arts Therapy for the Abandoned and Neglected Children

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Abstract. Child neglect and abandonment have serious emotional and psychological effects on children, making early intervention crucial. This study examined the effectiveness of expressive arts therapy as an intervention for abandoned and neglected children at a children's center in Albay. Expressive arts therapy integrates visual arts, music, movement, and painting to provide emotional support and healing. A mixed-method sequential explanatory design was used, combining quantitative and qualitative approaches. Strengths and Difficulties Questionnaires (SDQ) were administered to houseparents to assess changes in children's emotional regulation, conduct, hyperactivity, peer relationships, and social behavior before and after therapy. An experimental research design compared a group receiving expressive arts therapy with a control group. Pre-evaluation results showed that children had emotional and behavioral difficulties, with peer problems and hyperactivity in borderline or abnormal ranges. Post-evaluation results indicated improvements in emotional regulation and conduct, but peer and behavioral issues remained borderline. A key finding of this study is that statistical analysis revealed no significant differences between the experimental and control group, indicating that expressive arts therapy, when used in isolation, may be insufficient to achieve substance behavioral improvement. Despite this, qualitative data underscored the importance of structured implementation, tailored interventions, and caregiver involvement to maximize the effectiveness of therapy. These insights suggest that expressive arts therapy may benefit from integrating with other therapeutic approaches to more effectively support institutionalized children's social and emotional well-being. Future research should investigate such integrative models further to enhance therapeutic outcomes.

Keywords: Behavioral difficulties; Child neglect; Emotional regulation; Expressive arts therapy; Intervention.

1.0 Introduction

The early years of a child's life are widely recognized as the most critical stage for growth and development. During this formative period, children experience rapid physical, cognitive, emotional, and social development, which lays the foundation for their future well-being. Research underscores the importance of providing a supportive environment during early childhood to ensure healthy development and to protect children from adverse experiences that may impede their progress (Prasath, 2021; Casa Esperanza of Angels, 2016). Unfortunately, not all children benefit from such environments. Many are exposed to neglect, abandonment, and various forms of maltreatment, which severely compromise their developmental trajectories.

Child maltreatment, including abandonment, neglect, and abuse, is associated with a range of adverse outcomes that may persist into adolescence and adulthood. These include emotional dysregulation, impaired cognitive development, and heightened vulnerability to mental health issues such as anxiety and depression (Davis, 2021; OneChild, 2023). In the context of the Philippines, this concern is exceptionally pressing. According to the Abandoned Children's Fund (2021), one in four Filipino children experiences some form of abuse, including abandonment, sexual exploitation, and physical or medical neglect. These children often suffer from feelings of inadequacy, rejection, and emotional distress, which, if left unaddressed, may lead to lifelong consequences.

Within residential care settings, houseparents play a pivotal role in mitigating the adverse effects of early trauma. Functioning as primary caregivers, houseparents provide custodial care, emotional support, and guidance. They foster stability, build trust, and offer a sense of belonging – factors crucial to a child's recovery from trauma (Kupenda, 2023; Peak Learning Systems, 2017). Moreover, houseparents are often the first to observe behavioral changes in children and are instrumental in initiating informal assessments and early interventions (DSWD, 2025; PubMed, 2021). Despite their indispensable role, many child-caring institutions in the Philippines, including government-run centers, operate without resident psychologists or access to specialized therapeutic interventions, highlighting a significant gap in psychosocial support for abandoned and neglected children.

One potential approach to address this gap is using expressive arts therapy. Expressive arts therapy is an integrative therapeutic intervention that combines visual arts, movement, drama, music, and writing to facilitate emotional expression, self-awareness, and healing (Prasath, 2021). It is particularly well-suited for young children, who may lack the verbal capacity to articulate their experiences and emotions. Research suggests that expressive arts therapy can provide a safe and engaging medium for children to process trauma, develop emotional regulation skills, and foster resilience (Our Little Roses, 2020). It also supports the development of trust and connection between children and their caregivers, which is essential in residential care environments.

Despite the global recognition of expressive arts therapy as an effective psychosocial intervention, there remains limited empirical research on its application within the Philippine context, particularly in institutions catering to children aged 0-6 years who have experienced abandonment or neglect. The Children's Center - a child-caring institution in the Philippines that provides custodial care and developmental services to abandoned and neglected children – currently lacks a resident psychologist and structured therapeutic programs. This presents an urgent need for innovative, accessible, and child-centered interventions that can be integrated into the Center's caregiving framework.

This study investigates the effectiveness of expressive arts therapy as a therapeutic intervention for abandoned and neglected children at the Children's Center. Specifically, it explores how expressive arts therapy can support the emotional and behavioral needs of children aged 0-6 years within a residential care setting. By addressing a significant gap in local research and practice, the study seeks to contribute to developing evidence-based intervention programs that houseparents and social workers can implement to enhance the well-being and quality of life of vulnerable children.

2.0 Methodology

2.1 Research Design

This study employed a mixed-method sequential explanatory design to examine the effects of expressive arts therapy on the behavior of abandoned and neglected children. The design integrated both quantitative and qualitative approaches to provide a comprehensive understanding of the intervention's impact. An experimental design was employed for the quantitative phase, involving pre- and post-evaluations using a standardized behavioral assessment tool. A narrative analysis was used in the qualitative phase to gain deeper insights into the participants' experiences. This method enabled a systematic investigation, first collecting numerical data and then further exploring the findings through interviews and focus group discussions. The qualitative phase provided a contextual understanding of the behavioral changes observed in the quantitative phase, ensuring a well-rounded analysis of the intervention's effectiveness. According to Creswell and Plano Clark (2017), the sequential explanatory design is appropriate for studies seeking to explain and interpret quantitative findings through qualitative follow-up. It allows researchers to first measure outcomes and then explore participants' perspectives

to enrich and contextualize the results, making it a suitable and effective approach for evaluating complex interventions such as expressive arts therapy in childcare settings.

2.2 Research Participants

The study involved two groups of participants: houseparents and resident children aged 3 to 6 years from a government-run children's center. Four houseparents were purposively selected based on their direct caregiving role in the 3-6-year-old ward and at least six months of continuous service. Houseparents in administrative or non-caregiving roles were excluded. Their consistent interaction with the children positioned them as key participants for observing behavioral changes throughout the study. Child participants were classified as abandoned, neglected, foundlings, voluntarily surrendered, or orphaned. Exclusion criteria included children with histories of sexual abuse or multiple forms of severe trauma, and those currently in foster care or residing outside the center. Eligible children were randomly assigned to either the experimental group, which received expressive arts therapy, or the control group, which did not. Systematic random sampling was employed to ensure balanced distribution based on age and gender, and the fishbowl technique was used for random group assignments. Houseparents had no input in the group assignment process. The control group followed the same daily routines and structure as the experimental group but did not participate in the therapy sessions. Their behaviors were observed and assessed using the same standardized tool, ensuring consistency in data collection across both groups.

2.3 Research Instruments

The primary tool used for the quantitative phase of this study was the Strengths and Difficulties Questionnaire (SDQ), a widely used behavioral screening instrument for children aged 2 to 17 years (Goodman, 1997). The parent-rated version was administered to houseparents to assess the children's behaviors before and after the expressive arts therapy intervention. The SDQ includes 25 items grouped into five subscales: emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, and prosocial behavior. The total difficulties score was derived from the first four subscales, while the prosocial behavior scale was evaluated independently. The SDQ has demonstrated sound psychometric properties, including acceptable internal consistency, test-retest reliability, and inter-rater agreement in multiple cultural contexts (Stone, Otten, Engles, Vermulst & Janssens, 2010).

The study employed semi-structured Focus Group Discussion (FGD) guides developed specifically for this study to support the quantitative findings and explore houseparents' perceptions of expressive arts therapy. These guides were designed to elicit insights on the perceived behavioral changes in children, the observed impact of the therapy sessions, and the overall caregiving experience. Since the FGD guide was researcher-developed and not adapted from an existing validated tool, it underwent expert review by professionals in child psychology and social work to ensure content validity. A pilot FGD was also conducted to refine the questions for clarity and relevance before full implementation.

2.4 Data Gathering Procedure

The research process began with approval from the research adviser, panel members, and the Graduate School-Research and Extension Office. Upon approval, formal permission was obtained from the Children's Center to conduct the study. The institution secured an assent form on behalf of the children, while houseparents were oriented on the study's objective, procedures, and ethical considerations. To enhance consistency and accuracy in reporting, houseparents received brief training on properly administering the SDQ, ensuring reliable baseline and post-intervention data.

Children aged 3 to 6 were systematically and randomly assigned to either the experimental group, which received expressive arts therapy, or the control group, which continued their regular daily routines. The fishbowl technique was applied to ensure random group assignment, with considerations of age and gender. Houseparents had no input in the group assignment process. The pre-intervention phase involved administering the SDQ to assess baseline behaviors. The experimental group then underwent five expressive arts therapy sessions facilitated by a licensed clinical psychologist trained in expressive arts-based interventions. Sessions were conducted over five weeks (June 12 to July 17, 2024), each lasting 60 to 90 minutes. The session design was based on the psychologist-developed expressive arts therapy design focusing on emotional awareness, social development, and self-

regulation. Activities included drawing, storytelling, movement, and music, tailored to the developmental needs of young children in residential care.

While not receiving any therapy during the intervention period, the control group was equally monitored and assessed using the same SDQ tool. After the intervention, post-evaluation SDQ assessments were completed for both groups. To deepen the understanding of the intervention's effects, focus group discussions (FGDs) were conducted with participating houseparents using a semi-structured guide developed by the researcher. The FGD guide underwent expert validation and a pilot test to ensure the clarity and relevance of the study context. Qualitative data from the FGDs were analyzed using thematic analysis to provide contextual insights into quantitative findings. As an ethical consideration, the control group received the same expressive arts therapy sessions after the study was completed.

2.5 Data Analysis

Both quantitative and qualitative methods were utilized to analyze the collected data. For the quantitative phase, data were processed using IBM SPSS Statistics (Version 26). Descriptive statistics, including means and standard deviations, were calculated to summarize children's behavioral scores before and after the intervention. A split-plot ANOVA (also known as mixed-design ANOVA) was employed to examine both within-subject effects (pre- vs. post-intervention) and between-subject effects (experimental vs. control groups). This approach was appropriate for the study's design, allowing simultaneous comparison of repeated measures and group effects (Field, 2013). To ensure the validity of the statistical results, key assumptions were tested: the Shapiro-Wilk test was used to assess normality, and Levene's test was applied to verify homogeneity of variances (Laerd Statistics, 2020).

For the qualitative phase, thematic analysis was used to interpret data gathered from focus group discussions with houseparents. Following Braun and Clarke's (2006) six-phase framework, an inductive approach was adopted, allowing themes to emerge naturally from the data without a pre-existing coding scheme. Transcripts were manually coded and grouped into broader categories reflecting shared meanings and recurring patterns. Validation strategies such as expert review and peer debriefing were employed to enhance the credibility and trustworthiness of the analysis. Although inter-rater reliability was not formally measured, themes were reviewed and refined in consultation with a qualitative research adviser to ensure consistency and clarity of interpretation.

2.6 Ethical Considerations

This study adhered to strict ethical guidelines to protect all participants' rights, dignity, and welfare, particularly the vulnerable children involved. Approval was obtained from the Graduate School-Research and Extension Office for an ethical evaluation of the study. The Children's Center provided formal consent for children's participation, as they were under state care. House parents also provided informed consent after being fully briefed on the research objectives, procedures, risks, and benefits. To ensure confidentiality, participants' identities and personal information were protected. All collected data were securely stored without identifying details, and responses were presented in an aggregated form to prevent individual identification. Digital records were password-protected and accessible only to the researcher and adviser.

A licensed clinical psychologist facilitated the expressive arts therapy sessions to minimize potential harm to participants, ensuring a safe and supportive environment for the children. A social worker was also present during all sessions to monitor child welfare and ensure compliance with child protection policies. Pre- and post-study debriefing sessions were conducted to address any concerns or emotional distress experienced by the participants. Finally, after completing the study, the control group received the same expressive arts therapy sessions to ensure that all children benefited equally. The research findings and recommendations were shared with the Children's Center to support further intervention planning for abandoned and neglected children.

3.0 Results and Discussion

3.1 Behaviour of Abandoned and Neglected Children Before Expressive Arts Therapy

Table 1 shows the pre-evaluation of the house parents on different behaviors – emotional problems, conduct problems, hyperactivity, peer problems, and pro-social among abandoned and neglected children of the children center before the conduct of expressive arts therapy across the control and experimental groups.

Table 1. *Pre-evaluation result comparison between the control and experimental groups*

Group	Variables	Mean	sd	Interpretation
Control Group	Emotional Problem	0.50	1.00	Normal
	Conduct Problem	1.00	1.41	Normal
	Hyperactivity	3.75	2.21	Normal
	Peer Problem	4.00	2.58	Abnormal
	Pro-social	7.25	1.70	Normal
Experimental Group	Emotional Problem	1.25	0.95	Normal
	Conduct Problem	3.75	2.87	Normal
	Hyperactivity	6.00	0.81	Borderline
	Peer Problem	3.50	1.91	Borderline
	Pro-social	6.00	1.41	Normal

Note. Normal: Emotional (0-3); Conduct (0-2); Hyperactivity (0-5); Peer Problem (0-2); Pro-social (6-10)
Borderline: Emotional (4); Conduct (3); Hyperactivity (6); Peer Problem (3); Pro-social (5)
Abnormal: Emotional (5-10); Conduct (4-10); Hyperactivity (7-10); Peer Problem (4-10); Pro-social (0-4)

Both groups demonstrated behavioural scores within the normal range for most domains. Notably, the control group exhibited behaviours primarily within normal limits across all areas, including emotional problems, conduct problems, hyperactivity, and prosocial behaviour. However, peer problems were classified in the abnormal range, and social difficulties even in the absence of intervention. In contrast, the experimental group showed borderline scores in both hyperactivity and peer problems. These scores highlight areas of concern related to attention regulation and peer interaction. Although their scores for emotional problems, conduct issues, and prosocial behaviour were within the normal range, the elevated means in hyperactivity and peer domains indicate potential behavioural challenges that warrant closer observation and targeted support.

These findings are consistent with existing literature on the SDQ's sensitivity in detecting emotional and behavioral issues in children exposed to neglect or abandonment (Rautenbach & Smith, 2021; Wang & Zhang, 2023). Children in institutional settings often exhibit difficulties in social interaction and self-regulation – symptoms commonly linked to adverse childhood experiences (Maxwell et al., 2024). Peer relationship problems may reflect unresolved trauma and the emotional disconnection often seen in children from unstable or non-nurturing environments (Wang & Zhang, 2023). Furthermore, although prosocial scores for both groups fell within the normal range, the experimental group's mean score was noticeably lower, suggesting a need to enhance social and empathic skills. Prior studies (Goodman, 2001; Rautenbach & Smith, 2021) emphasized that institutionalized children often require structured interventions to foster appropriate social behaviour. Expressive arts therapy has been shown to support such development by encouraging emotional expression, interpersonal engagement, and creative exploration (Malchiodi, 2005).

3.2 Children's Behavior

Based on daily records and house parent narratives, key emotional themes emerged before expressive arts therapy.

Emotional Problem

Child 1 exhibits intense emotions, particularly anger, which manifests physically and immediately. His resistance to correction suggests difficulty with emotional regulation, making his reactions overwhelming for himself and others. In contrast, Child 2 internalizes frustration but outwardly expresses defiance, possibly indicating struggles with authority. Emotional responses among children vary—tantrums, crying, sadness, and anger—highlighting individual coping mechanisms influenced by temperament and experiences.

Conduct Problem

Emotional regulation is central to children's conduct, particularly in handling frustration. Child 2 reacts outwardly when denied something, directing frustration toward others instead of processing it internally. She exerts control over peers, demonstrating a struggle with authority and group dynamics. The houseparent's role is crucial in modeling constructive emotional responses, as children's behavioral challenges reflect their ongoing emotional development.

Hyperactivity

Attention-seeking and emotional regulation are key themes. Child 1 craves attention but struggles to express his needs, indicating emotional vulnerability. Short attention spans and selective engagement are standard, with some children only participating in activities of interest. Emotional regulation issues, particularly related to anger, contribute to impulsive behaviors, such as restlessness and noncompliance with group activities. Supervision remains essential, as children's behavior varies, requiring tailored guidance.

Peer Problem

Children prefer playmates of similar age and physical ability, engaging in energetic activities like wrestling. This preference reflects social development, as younger peers may lack the coordination or interest for such play. Mutual understanding enhances peer relationships, with synchronized physical activity fostering connection.

Prosocial

Child 1 can be a reliable helper when given explicit instructions but requires reminders to stay focused. Learning household chores instills responsibility, independence, and discipline. Caregivers play a vital role in reinforcing expectations and ensuring children develop essential life skills through structured guidance.

3.3 Behavior of Abandoned and Neglected Children After Expressive Arts Therapy

Table 2 shows the post-evaluation of the house parents on different behaviors – emotional problems, conduct problems, hyperactivity, peer problems, and pro-social – among abandoned and neglected children in the Children's center after the conduct of expressive arts therapy across the control and experimental groups.

Table 2. *Post-evaluation result comparison between the control and experimental group*

Group	Variables	Mean	sd	Interpretation
Control Group	Emotional Problem	0.75	0.95	Normal
	Conduct Problem	0.75	0.95	Normal
	Hyperactivity	3.75	2.21	Normal
	Peer Problem	3.75	2.98	Borderline
	Pro-social	7.25	1.70	Normal
Experimental Group	Emotional Problem	0.50	0.57	Normal
	Conduct Problem	3.00	2.16	Borderline
	Hyperactivity	4.25	1.70	Normal
	Peer Problem	3.75	1.25	Borderline
	Pro-social	6.50	1.91	Normal

Note. Normal: Emotional (0-3); Conduct (0-2); Hyperactivity (0-5); Peer Problem (0-2); Pro-social (6-10)
Borderline: Emotional (4); Conduct (3); Hyperactivity (6); Peer Problem (3); Pro-social (5)
Abnormal: Emotional (5-10); Conduct (4-10); Hyperactivity (7-10); Peer Problem (4-10); Pro-social (0-4)

In the control group, children's scores for emotional problems, conduct problems, hyperactivity, and prosocial behaviour remained within the normal range post-intervention. These findings suggest relative behavioural stability, with minimal therapeutic impact. However, peer problems persisted in the borderline range, indicating ongoing challenges in social relationships. This stability may suggest that behavioural patterns among children are unlikely to shift significantly without targeted psychosocial intervention. In contrast, the experimental group demonstrated more varied outcomes. Emotional problems improved, remaining within the normal range. This improvement supports findings by Nazeri et al. (2020), who highlighted the efficacy of expressive arts therapy in helping children regulate positive emotions and reduce internalizing symptoms such as anxiety and sadness. These results suggest that the expressive component of the therapy may allow children to externalize and process complicated feelings in a nonverbal and non-threatening way.

The experimental group's hyperactivity score also remained within the normal range, yet this slight increase compared to the control group reflects lingering attention-related difficulties. This finding aligns with Rautenbach and Smith (2021), who noted that children with a history of trauma or neglect may exhibit persistent hyperactive behaviours due to heightened arousal and disrupted executive functioning. Although not alarming, this result highlights an area where expressive arts therapy might require supplementary behavioural support strategies, such as cognitive-behavioural techniques or structured physical activity. A more concerning result was the conduct problem in the experimental group, which remained in the borderline range. This shift from what was likely a previously abnormal range suggests some improvement, possibly due to the therapy's emphasis on expression, reflection, and structured social engagement. However, the persistence of borderline scores may indicate the need for longer-term or more intensive intervention to consolidate gains in behavioural self-regulation.

Similarly, peer problems remained borderline in the experimental group. The lower standard deviation suggests less behavioural variance, indicating that peer difficulties remain, they are experienced more uniformly across the group. This consistent pattern could reflect shared environmental or relational challenges, such as school bullying or social

withdrawal. It may also imply that while expressive arts therapy fosters self-expression, it may need to be paired with explicit social skills training to enhance peer integration and conflict resolution.

Prosocial behaviour scores stayed within the normal range for both groups, with the experimental group scoring slightly lower than the control group. This relative stability suggests that children continued to engage in positive behaviours such as sharing and helping, possibly sustained by the collaborative nature of the therapy. However, the slight decline in the experimental group might be due to residual antisocial tendencies or emotional fatigue from the therapeutic process itself, which can temporarily disrupt interpersonal behaviour before longer-term benefits are realized.

Expressive arts therapy appears to have positively influenced emotional regulation and potentially reduced the severity of conduct problems. However, the persistence of borderline behaviours in hyperactivity and peer relations highlights specific domains where therapy may need to be expanded or modified. These findings reinforce that while expressive arts therapy is valuable for internal emotional processing, it may need to be complemented with interventions that directly address behavioural and social functioning.

3.4 Behavioral Changes

Emotional Changes

Child 1 has shown gradual emotional growth, now listening when angry rather than resisting. This highlights the slow but possible progress in emotional regulation with patience and support. The persistence of anger, though reduced, underscores the challenge of completely altering a child's behavior, reinforcing the need for empathy and understanding. Data also emphasizes professional caregiving, noting staff training that promotes emotional detachment and professionalism. The reminder to "leave it at home" underscores the importance of maintaining consistency and emotional distance in effectively managing children's behavior.

Conduct

Child 3 has become more expressive after psychological intervention, suggesting that support can help children open up emotionally. However, the lack of change in other children highlights that the effectiveness of interventions varies, emphasizing the need for personalized care. Progress is non-linear, and children develop emotionally at different rates. Data also touches on social comparison—Child 3's improvement may create a positive feedback loop where her expressiveness is encouraged by caregivers and peers.

Hyperactivity

Data highlights attention-seeking behavior driven by children's emotional needs. Their demand for equal attention, such as being carried like their peers, reflects a deep need for validation and security. This sensitivity to perceived inequalities underscores the importance of fairness in caregiving. Caregivers face the challenge of balancing attention among children to prevent feelings of neglect or jealousy. Managing these dynamics requires emotional stability and consistency, as even minor differences in treatment can impact a child's sense of belonging.

Peer Relationships

Despite occasional conflicts over toys or attention, the children generally form strong bonds, demonstrating that shared environments can foster deep connections. These disputes, common in early development, help children learn social negotiation and self-regulation. The data also highlights the development of communication. Child 1's improved responsiveness and Child 3's increased talkativeness suggest that interactions with peers and caregivers significantly shape social and cognitive growth. The competition for adult attention, particularly from mothers, underscores the role of adult approval in social development.

Prosocial Behavior

Data highlights the balance between kindness and competition. While the children are generally kind, disputes arise over toys, reflecting early struggles between self-interest and cooperation. These interactions teach valuable lessons in sharing, emotional regulation, and fairness. Navigating cooperation and competition is a key developmental task as children learn to build friendships while managing conflicts over resources.

3.5 Impact of Expressive Arts Therapy

Table 3 on the next page shows the difference between pre and post-evaluation of the behavior among abandoned and neglected children in the experimental group before and after receiving expressive arts therapy. ANOVA was conducted to test the differences between pre- and post-evaluation behaviors, including emotional problems, conduct problems, hyperactivity, and peer relationships. The results show that there are significant differences across the four behaviors ($F = 9.313$, $p = 0.004$) and significant changes before and after receiving expressive arts therapy ($F = 13.500$, $p = 0.035$), as both p-values are lower than the significance level of 0.05.

Table 3. *Differences in the evaluation before and after receiving Expressive Arts Therapy*

Scale	Variables	Sum of Squares	Mean Square	F value	p-value	Difference
Emotional Problem	Time	0.25	0.25	0.40	0.55	No
	Time * Group	1.00	1.00	1.60	0.25	
	Residual	3.75	0.62			
Conduct Problem	Time	1.00	1.00	3.42	0.11	No
	Time * Group	0.25	0.25	0.85	0.39	
	Residual	1.75	0.29			
Hyperactivity Problem	Time	3.06	3.06	7.74	0.03	Yes
	Time * Group	3.06	3.06	7.74	0.03	
	Residual	2.38	0.39			
Peer Problem	Time	7.10	7.10	8.97	1.00	No
	Time * Group	0.25	0.25	0.31	0.59	
	Residual	4.75	0.79			
Pro-social	Time	0.25	0.25	3.00	0.13	No
	Time * Group	0.25	0.25	3.00	0.13	
	Residual	0.50	0.08			

The analysis of variance (ANOVA) results indicate that, among the five behavioral scales evaluated, only hyperactivity problems showed a statistically significant difference between pre- and post-evaluation ($p = 0.032$), suggesting that changes over time were meaningful and varied across groups. This finding aligns with prior research indicating that structured behavioral interventions and cognitive behavioral therapy can effectively reduce hyperactivity symptoms in children (Sonuga-Barke et al., 2013). In addition, recent research supported the findings with similar themes regarding the efficacy of expressive arts therapy in reducing hyperactivity among children. The study by Cibrian et al. (2022) highlighted that creative interventions, including art therapies, can significantly enhance attention and self-regulation in children.

Conversely, emotional problems, conduct problems, peer problems, and prosocial behavior did not show significant differences over time ($p > 0.05$), implying that the intervention or natural development did not result in substantial changes in these areas. Previous studies have suggested that while hyperactivity-related symptoms often respond well to behavioral interventions, emotional and conduct-related issues typically require more prolonged and intensive support to yield measurable improvements (Murray et al., 2016). Furthermore, the lack of significant changes in peer problems ($p = 0.595$) and prosocial behavior ($p = 0.134$) is consistent with findings that social skills development is a gradual process influenced by multiple environmental and interpersonal factors, such as family interactions and school dynamics (Ladd, 2005).

The slight change in the children's peer relationships in the experimental group has had little effect on how children make new friends or build upon their existing relationships. This study is supported by the children's records and insights from houseparents, who noted that some children are reluctant to engage in play with their peers at the center. Instead, these children often seek attention from the houseparents, indicating a competitive dynamic for adult attention. The findings are explained by the study of Weir (2020), who highlights that neglected children often struggle with low self-esteem, trust issues, and social withdrawal, which hinder their capacity to make new friends or build upon existing relationships. Furthermore, the study of Gorell et al. (2024) highlighted that children who experience neglect often develop anxious attachment styles, leading to difficulty in forming quality relationships and increased feelings of loneliness. This research emphasizes the cyclical nature of neglect and loneliness, where neglected children may isolate themselves further, exacerbating their relational difficulties.

The findings indicate that expressive arts therapy can be a valuable intervention for addressing the hyperactivity challenges faced by abandoned and neglected children. However, to maximize its effectiveness, it is crucial to

emphasize the need for long-term targeted interventions that cater to specific behavioral concerns and highlight the importance of extended follow-ups to assess the sustained impact of these interventions. Future research should investigate the impact of intervention intensity and duration on shaping children's social and emotional outcomes.

3.6 Subject Effects (Control vs. Experimental Group)

Table 4 presents the results of a statistical analysis conducted to explore the effect of expressive arts therapy on the behaviors of abandoned and neglected children. The primary objective of his analysis was to determine whether expressive arts therapy could significantly improve children's behavior. Understanding these findings is crucial for evaluating the therapy's efficacy in improving behavioral outcomes for vulnerable populations. The statistical analysis examined five behavioral domains: emotional problems, conduct problems, hyperactivity problems, prosocial behavior, and academic achievement. The results indicate that expressive arts therapy did not have a statistically significant difference in any of these behavioral measures between the control and experimental groups. These findings align with previous studies and suggest that expressive arts therapy may not always be sufficient as a standalone intervention (Malchiodi, 2020; Perry, 2021).

Table 4. *Subject Effects (Control vs. Experimental Groups)*

Scale	Variables	Sum of Squares	Mean Square	F value	P value	Difference
Emotional Problem	Group	0.25	0.25	0.26	.628	No
	Residual	5.75	0.95			
Conduct Problem	Group	25.00	25.00	3.28	.120	No
	Residual	45.8	7.63			
Hyperactivity Problem	Group	7.56	7.56	1.20	.316	No
	Residual	37.87	6.31			
Peer Problem	Group	0.25	0.25	0.02	.877	No
	Residual	57.75	9.62			
Pro-Social	Group	4.00	4.00	0.70	.433	No
	Residual	34.0	5.67			

For emotional problems (p = .628), expressive arts therapy did not improve substantially, aligning with research suggesting that it aids emotional expression but not regulation. Similarly, no significant differences were observed in conduct problems (p = .120), hyperactivity (p = .316), peer problems (p = .877), or prosocial behavior (p = .422). Based on the statistical results, expressive arts therapy did not produce significant changes in any of the five measured behavioral domains. The p-values for all categories were above the threshold of o.05, meaning that the observed differences between the control and experimental groups were not statistically significant. This suggests that expressive arts therapy alone may not be sufficient to address the complex behavioral issues of children with histories of abandonment and neglect.

These findings align with previous research, which suggests that while expressive arts therapy may offer therapeutic benefits, its impact may vary depending on factors such as the severity of trauma, duration of therapy, and individual child characteristics (McFerran, 2021). The lack of statistically significant results raises important considerations for future interventions. It may enhance its effectiveness by integrating expressive arts therapy with other therapeutic approaches, like cognitive-behavioral therapy or trauma-informed care (Perry, 2021). Additionally, the intervention duration in this study might have been too short to yield measurable changes, prompting the need for research on longer-term interventions (Malchiodi, 2020). A personalized treatment approach could also be essential to optimize the therapy's impact, as children respond differently to various interventions. Finally, further studies with larger sample sizes and rigorous methodologies are necessary to explore the potential benefits of expressive arts therapy for abandoned and neglected children (O'Connor et al., 2021).

3.7 Houseparents' Narratives of Children's Behavioral Change

The Need for Structure and Consistency in Expressive Arts Therapy

A common theme in the feedback is the importance of structure, consistency, and extended time for the effectiveness of expressive arts therapy. Participants desired longer sessions and more frequent activities, especially with younger children who might benefit from repetition. The idea that sessions could be more structured—perhaps with a clear progression of activities or goals—suggests that a well-defined framework might

make the therapy more effective and engaging for children. Frequent sessions, even if brief, are also emphasized as essential for retention and ensuring that the child's learning and emotional expression are maintained.

Arts as a Vehicle for Self-Expression and Emotional Sight

The role of arts in helping children express themselves and explore their emotions is a significant theme. Several responses highlight how children can communicate and express their emotions or behaviors through their artwork, even when they may not have the vocabulary or understanding to verbalize those feelings. For example, HSP02 mentions that children can show their feelings or thoughts through drawing. This could help improve their emotional regulation or enable them to continue expressing themselves similarly. Using color in masks as a reflection of behavior, as mentioned by HSP04, is a specific example of how the expressive arts can be a tool for gaining insight into a child's emotional state.

Therapy as a Developmental Tool

The therapeutic value of expressive arts in supporting emotional and behavioral development is another key theme. Participants mention how art therapy has helped understand the child's emotional state, helping them to express feelings like anger or frustration in a non-verbal way. The case of Child 2, for instance, highlights how behavioral patterns, such as a quick temper, can be explored and better understood through creative activities like art. By interpreting the child's artwork or behavior in response to specific prompts, therapists can gain valuable insight into the child's emotional and developmental progress.

Limitations of Short-Term and Infrequent Sessions

Several participants expressed concerns about the duration and frequency of the sessions. Short sessions (e.g., 15-20 minutes) and infrequent meetings (once a week) are considered less effective for younger children, who may forget what they have learned or fail to engage meaningfully with the therapeutic process. This aligns with the broader theme of children needing repetition and consistency to learn effectively and retain new behaviors or emotional tools. It also suggests that brief, occasional sessions may not be enough to foster the more profound, sustained therapeutic benefits of more regular and extended engagement.

Training for Caregivers and Parents

A recurring theme in the feedback is the desire for caregivers and parents to receive further training on how to effectively incorporate expressive arts techniques into their daily interactions with children. Participants expressed interest in learning to facilitate arts-based activities, suggesting that this skill set would allow them to better support their children's emotional expression and development outside the therapy sessions. Research has consistently shown that the success of therapeutic interventions is significantly enhanced when they are supported by consistent reinforcement at home (Miller et al., 2017). This need for caregiver training reflects an understanding that children benefit from ongoing emotional support and practice in real-world settings, which is crucial for their emotional and behavioral growth (Duffy & O'Connor, 2020). Therefore, providing caregivers with the tools to facilitate expressive arts activities at home is essential, ensuring that children have continuous opportunities for emotional expression and regulation.

Adaptability of Expressive Arts Therapy

There is an acknowledgment of the adaptability of expressive arts therapy to children's specific needs and developmental levels. For example, HSP03 notes that different children have varying skill levels or readiness to engage in arts-based activities, with some already being skilled at drawing. This highlights the flexibility of expressive arts therapy, which can be tailored to individual children's abilities and emotional needs. Studies have emphasized the importance of adapting therapeutic approaches to a child's developmental stage and emotional state (Malchiodi, 2015). The ability of therapists to adjust activities based on a child's developmental level, behavior, or emotional needs enhances the effectiveness of expressive arts therapy, making it a highly versatile and personalized intervention (Knill et al., 2005). The flexibility of this approach allows therapists to meet children where they are emotionally and developmentally, ensuring that each child receives appropriate support tailored to their unique circumstances.

3.8 Houseparents' Narratives of Challenges in Conducting Expressive Arts Therapy

Challenges of Group Therapy vs. One-on-One Sessions

A central theme in these responses is the challenge of managing group sessions, particularly when working with children who have varying needs and behaviors. The respondents emphasize that when children are grouped, especially those with different interests or behavioral needs, it becomes difficult for the facilitator to give adequate attention to each child. Several participants suggested that one-on-one sessions would be more effective because they allow the therapist to focus on each child's individual needs. The idea that managing multiple children in a group can be distracting, both for the facilitator and the children, is a recurring concern. This aligns with the broader theme of personalization in therapy—highlighting how individualized attention can better support a child's development.

Differentiation of Children's Needs

The feedback highlights the varying levels of engagement and interests among children, which impact their participation in activities. For example, some children are more drawn to drawing or visual activities, while others are more interested in singing, rhymes, or numbers. This suggests that one of the strengths of expressive arts therapy is its ability to adapt to various interests and needs. However, it also highlights the challenge of addressing these diverse needs simultaneously in a group setting. The variation in children's interests and engagement levels is key to understanding the importance of tailoring therapeutic activities to the individual.

Attention Management and Focus in Group Settings

Another emerging theme is difficulty maintaining focus and managing children's attention during group activities. When children are involved in activities, it is easy for some to get distracted or disengaged, especially when multiple children have different attention spans or interests. HSP02 notes that, on the first day of activities, the facilitator had to divide her attention between the children, resulting in distractions and disrupted sessions. This is a practical challenge in group therapy, suggesting that the session structure and activity type must align with the attention spans and interests of the children involved.

Behavioral Challenges and Distractions

The feedback often highlights how confident children exhibit challenging behaviors, such as Child 1, who was described as "disturbing" or disengaged. These behaviors can disrupt the session flow and hinder the effective implementation of therapy. It suggests that one of the limitations of group expressive arts therapy is dealing with children who may not be motivated or exhibit behaviors that interfere with the therapeutic process. This theme is tied to the idea that one-on-one sessions could be more effective in addressing these individual behavioral challenges without the distraction of other children.

Customization of Therapy Based on Individual Needs

A strong theme that emerges is the need to tailor therapy to each child's specific needs and interests. The desire for one-on-one therapy is rooted in the belief that it allows for more targeted interventions tailored to each child's specific needs at a given moment. For example, some children may need help with emotional expression, while others may benefit more from learning through drawing or music. Customizing therapy ensures that the child is engaged and supported in their emotional or behavioral development. This also underscores the broader principle that therapy should be tailored to each child's unique developmental stage, emotional state, and individual preferences.

Effective Facilitation and Therapist Adaptability

There is a recurring recognition that the success of expressive arts therapy depends not only on the children's engagement but also on the therapist's skill and adaptability. Several responses suggest that the therapist needs to be able to adjust the session according to the children's behavior and needs. For example, if a child is distracted or not participating, the therapist must be able to shift focus and engage that child in a way that works for them. This reflects the theme of how effective therapy requires the facilitator to be dynamic, responsive, and capable of managing diverse needs in a flexible manner.

4.0 Conclusion

Based on the findings, this study concludes that expressive arts therapy is a valuable intervention for addressing behavioral concerns such as borderline hyperactivity and peer difficulties among children in care settings. While many behaviors remain within normal ranges, targeted therapeutic approaches can further enhance emotional

expression and social interactions. The study highlights that expressive arts therapy supports emotional regulation, though its effectiveness varies among children, emphasizing the need for individualized interventions. The persistence of borderline behaviors in some areas suggests that continued support and adaptive strategies are necessary to maximize therapeutic benefits. Integrating additional group therapy sessions focused on peer relationship development could create a more supportive environment, fostering both emotional expression and social skills. The success of expressive arts therapy depends on structured implementation, active caregiver involvement, and individualized attention. Addressing group dynamics and improving therapist adaptability are crucial for optimizing outcomes. Insights from houseparents underscore the importance of ongoing training and support to ensure the effective integration of expressive arts therapy into the daily lives of vulnerable children. Future research should explore strategies to enhance responsiveness to therapy and refine interventions to meet the diverse needs of children in care.

5.0 Contributions of Authors

The author led the conception and design of the study, as well as the interpretation and analysis of results. The author also contributed to manuscript writing and revisions.

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7.0 Conflict of Interests

The author declares no conflicts of interest regarding the publication of this study.

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