Transforming the Realities of Homeless Youth: Considerations for the Design and Implementation of an Adlerian Art Therapy Program

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Abstract

This master’s project delves into the research surrounding unaccompanied homeless youth specifically the etiology of youth homelessness as viewed through the lenses of attachment theory, neuroscience, and Adlerian theory. The mental health needs of this population are significant and are often exacerbated by complex trauma and substance abuse. Gay, lesbian, bi-sexual, transgender and questioning youth as well as ethnic minorities are disproportionately represented among homeless youth. Research indicates traditional, dyadic, dialogical therapeutic models do not meet the needs of this population in part due to the peer-orientation of youth and a distrust of adults due to histories of conflict, neglect and abuse. A comprehensive literature review is presented, and a trauma-sensitive art therapy program rooted in Adlerian theory of encouragement is proposed to overcome barriers to accessing treatment and meet the mental health needs of homeless youth.

*Keywords:* homeless youth, attachment theory, Adlerian theory, complex trauma, substance abuse, art therapy.
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Transforming the Realities of Homeless Youth: Considerations for the Design and Implementation of an Art Therapy Program

Coming of age novels usually begin with a significant emotional loss which spurs the young protagonist on a difficult journey towards maturity. Often this loss is preceded by, or includes, the loss of parental love and support. Homelessness inevitably coincides, or follows, this loss. Literary critics call this genre *Bildungsroman* – German for *formation novel* (Boes, 2008, p.275). At the heart of these stories, such as *The Secret Life of Bees* (Kidd, 2002), the protagonist grapples with disillusionment, grief, societal expectations, and deep-seated convictions about his or her worth and how he or she must act to survive. Ultimately the youth seeks to find a place in the world, literally and metaphorically.

These stories, such as *The Wizard of Oz* (Baum, 1900) in which a youth discovers compassion, intellectual reasoning and courage in the forms of her unlikely companions, the Tin Man, the Scarecrow and the Cowardly Lion and goes toe to toe with the Wicked Witch of the West in order to return home, are not merely myths, metaphors, or compelling fictions. Real life *bildungsroman* abound: unaccompanied youth fleeing searching for a place to belong, for home, for self. Like our heroes and heroines in fiction and myth, homeless youth must face enemies within: their fears, mistaken beliefs, addictions and cognitive distortions, as well as enemies without: those that would exploit and abuse them. Moreover, they must struggle to meet basic needs: food, shelter, and clothing.

Homeless youth are at great risk for early death due to suicide, homicide, and disease – notably HIV and AIDS (Mayers, 2001; Thompson, Bender, Windsor, Cook & Williams, 2010). Additionally, homeless youth may perpetrate the next generation of homeless youth.
For a small number of street youth, pregnancy can serve as a catalyst for many positive changes including getting off the street, stopping high-risk behavior and substance use, taking care of their health, and refocusing on a positive future. Other youth, however, are unable to muster the internal or external resources to affect these types of changes, and often, ultimately, their children are taken away by child protective services. (National Children’s Traumatic Stress Network [NCTSN], 2007, p.4)

The cyclical nature of homelessness is noted in a 2009 study generated by the Wilder Foundation of Minnesota: 45% of all homeless adults ages 18 and older experienced homelessness before they were 21 and 26% before they were 18 (p.4).

This literature review will first explore definitions of youth and homelessness. Next an examination of research regarding the etiology of youth homelessness will be considered through the lenses of attachment theory, neurobiology and Adlerian psychotherapy. The mental health needs of this population, along with demographical information, will then be discussed followed by documentation regarding barriers to mental health treatment. Strategies for successful interventions to help youth find themselves and find home will be discussed next. Lastly, an Adlerian-based art therapy program designed to help youth overcome homelessness will be presented.

**Defining Youth Homelessness**

Research regarding unaccompanied youth typically defines youth as individuals 12 to 24 years old (National Alliance to End Homelessness, 2010, para 2). This expansive definition of youth extending beyond the age of 18 reflects the variable definition of adolescence, which not only may be defined by chronological age but also by physical, social and cognitive development
which varies from individual to individual (American Psychological Association, 2002, p. 5). Like the definition of adolescence, the Government Accountability Office (GOA, 2011) reports that the definition of homelessness is not standardized. Some definitions are limited to people living in emergency or transitional shelters or on the street. Other definitions include couch surfing: “sleeping in others’ homes for short periods under circumstances that make the situation highly unstable” (The National Alliance to End Homelessness, 2010, para 2).

As a result, point-in-time counts of unaccompanied homeless youth are inconsistent and youth may experience difficulty accessing services (GOA, 2011). Therefore, in the past several years, significant efforts have been undertaken by the United States government to clarify the definition of homelessness. The Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH Act) passed by Congress in 2009 broadened the general definition of homelessness to include unaccompanied youth living in unstable situations and those facing imminent risk of homelessness.

Imminent risk includes situations where a person must leave his or her current housing within the next 14 days with no other place to go and no resources or support networks to obtain housing. Instability includes families with children and unaccompanied youth who: 1) are defined as homeless under other federal programs (such as the Department of Education's Education for Homeless Children and Youth program), 2) have lived for a long period without living independently in permanent housing, 3) have moved frequently, and 4) will continue to experience instability because of disability, history of domestic violence or abuse, or multiple barriers to employment. (National Alliance to End Homelessness, 2009, p. 3)
The U.S. Interagency Council of Homelessness is leading this collaboration among federal agencies, such as HUD and the Department of Education, to establish a common vocabulary for discussing homelessness. In November 2011 the Department of Housing and Urban Development (HUD) added a new category to their definition of homelessness: unaccompanied youth as defined under other federal statutes. As the vocabulary regarding homelessness becomes more consistent and widely recognized, researchers and service providers will be able to compile more consistent and accurate data improving understanding of homelessness, the delivery of services, and development of solutions (GOA, 2011).

**How Many Youth are Homeless?**

Collecting accurate data regarding youth homelessness is not only difficult due to the various definitions of youth and homelessness utilized by researchers, the elusive nature of homeless youth also compounds the challenge. Youth are less likely to utilize shelters than adults, instead “surfing” the couches of friends and family especially in rural and suburban areas. Nevertheless, according to the National Alliance to End Homelessness, approximately 1 million to 1.16 million youth per year experience homelessness (2007).

On October 22, 2009, the Wilder Research Foundation utilized more than 1,000 volunteers to interviewed people staying in shelters, transitional housing programs, drop-in sites, encampments and abandoned buildings to learn more about the state of homelessness in Minnesota. The single-night count revealed 1,268 homeless youth ages 12-21 – a 46% increase from 2006. Notably, the number of youth shelter beds, particularly for ages 17 and under, has remained flat since 2003 (Wilder Research, 2010, p.4). This shortage of beds contributes to the difficulty identifying youth in need. When resources are not available to meet their needs, youth will remain out of the view of service providers and government agencies.
Helping youth overcome homelessness requires more than providing beds, however. To create deep and lasting change, an understanding of the causes that create and perpetuate youth homelessness is necessary. Research indicates that homelessness runs deep, often occurring intergenerationally. The following section presents several key psychological theories that offer insight into various types of homelessness and the causes that create them.

**The Etiology of Homelessness: Nurture, Nature, Choice**

The National Child Traumatic Stress Network (NCTSN), a federally funded national resource for developing and disseminating evidence-based interventions, trauma-informed services, and public and professional education, defines three groups of homeless youth. The first group consists of youth who are homeless due to *family breakdown*, such as abuse and abandonment. The second group results from *system failure*, for example when youth age out of foster care without adequate resources or support. The third category of homeless youth includes those who leave or are expelled from their homes due to situational circumstances. Examples of *situational homelessness* include: a fight with a parent, fear of punishment for a bad grade, a curfew infraction, or to seek adventure and/or fame (NCTSN, 2007, p.2).

The NCTSN (2007) contends that situational homeless youth typically do not suffer the *complex trauma* – multiple types of trauma sustained over a long period of time – that the family breakdown or system failure groups of homeless youth have experienced. Therefore, family reunification may still be possible for these youth whereas youth who are homeless due to family breakdown or system failure are not likely to reunite with their families due to a history of maltreatment or the significant challenges facing caregivers. However, assessing the severity of situational homelessness versus family-breakdown or system-failure homelessness may only be a matter of degrees. For example, when a child runs away due to a fight with a parent, a situational
circumstance per the NCTSN, substantial issues previously unacknowledged or unnoticed may be rising to the surface. Adler writes that when a child enters adolescence “mistakes in his style of life may reveal themselves which were hitherto unobserved” (1956, p.439).

Situational homelessness may reveal individual and/or family dysfunction previously managed or suppressed. In Rothman’s 1991 study of homeless and runaway youth a girl asks, “Why would any kid leave a happy environment?” (as cited in Karabanow, 2004, p. 27). A Toronto youth states, “…don’t you think I’d go back home if I could, why would someone want to be out here on the streets?” (Karabanow, 2004, p. 28).

Indeed, why would someone what to be out on the streets? Even among abused and neglected youth, some run and some do not. Mayers (2001) asks, “What makes one abused kid leave home while another does not?” (p. 143). The following exploration of attachment theory, neuroscience, and Adlerian theory presents key psychological insights into why some youth coming from broken homes, foster care, and/or seeking adventure become homelessness while others do not.

**Attachment Theory: Nurture**

Mayers (2001) suggests that Attachment Theory (Bowlby, Ainsworth) “may provide a good conceptual framework for understanding adolescent running behavior” (p.146). She cites the research of Stefanidis, Pennbridge, Mackenzie & Pottharst (1992) which found a correlation between youth’s attachment history and responsiveness to housing stabilization. Youth who were unresponsive to stabilization, that is, they left a housing stabilization program early or did not comply with the procedures, recorded a significantly lower attachment history as assessed by the Attachment History Questionnaire. In *Homeless and Runaway Youth: Attachment Theory and Research* (2001), Henk similarly advocates attachment theory as a lens through which to
understand youth homelessness. She describes the development of attachment theory and major premises noting that Bowlby (1944) began to consider the importance of attachment while working with delinquent youth who had experienced parental abandonment.

Attachment theory views infants as innately competent and motivated. The primary caregiver is used as a secure base from which the infant explores the world (Karen, 1990, p.5). When necessary, the infant utilizes the secure base as a safe haven and a source of comfort. When the primary caregiver is chaotic, unpredictable, rejecting or emotionally unavailable, the infant develops difficulties with attachment that may result in maladaptive behaviors (Karen, 1998, p.444). Henk explains, “When the secure base is threatened, the infant’s behaviors reflect a problem with attachment, a similar problem found among homeless and runaway youth” (2001, p. 59)

Research indicates that the primary caregivers of homeless youth often failed to provide adequate and consistent safety and comfort for the youth. Thompson, Bender, Windsor, Cook and Williams (2010) cite the research of Whitbeck et al. 1997: “When contrasted to non-homeless adolescents, for example, one study found that homeless youth reported lower rates of parental monitoring and supportiveness and higher rates of parental rejection” (p.201). A 2011 study found that 84% of homeless youth had experienced physical and/or sexual abuse before the age of 18 and 72% reported still being affected by their abuse (Keeshin & Campbell, p. 401).

Another study by Martinez and colleagues (1998) reported that 37.6% of homeless youths documented:

...A traumatic history that included being kicked out of the home, forced into institutional facilities, physical abuse, parents introducing drug use, parental drug use, CPS placement, sexual abuse, parental abandonment/death, imprisonment,
family homelessness, parental mental illness, suicide attempts, and rape. (as cited by Thompson, et al., 2010)

Karabow (2004) similarly notes that homeless youth research participants in Canada and Guatemala shared histories that included “one or more of the following: family dysfunction and/or breakdown; problematic child welfare experiences; physical/sexual/emotional abuse, and severe poverty. For children and youth with such adverse backgrounds the street becomes a safe haven” (p. 4).

Karabow (2004) points out, however, that the concept of the street as a safe haven presents a complex dichotomy significant to understanding the experiences of homeless youth. Research participants “frequently spoke optimistically about [street life] ‘community’ or ‘family,’ while acknowledging at the same time their fears, distrust, and the existence of exploitation within street culture” (Karabow, 2004, p.4). Since researchers have found that adults often replicate their early attachment experiences (Henk, 2001; Karen, 1990), it is not surprising that homeless youth whose primary attachment relationships were insecure, ambivalent, or rejecting would make their homes on the street – seeking safety in fundamentally unsafe relationships and environments.

**Neurobiology: Nature**

Recent research conducted by neurobiologist Mansuy et al. (2010) provides compelling insight into etiology of youth homelessness. In an experiment using mice, the researchers continually and unpredictably separated newborn males from their mothers until they were 14 days old. After 14 days, the young mice received normal care; however, the early trauma left an indelible mark.
As adults the mice exhibited symptoms of trauma and depression including isolation and jumpiness. Five genes associate with behavior were either over-reactive or under-reactive in the mice, notably, the genes that help regulate the stress hormone CRF and the neurotransmitter serotonin. Remarkably, the mice’s offspring displayed the same anxious and depressive behaviors, even though the offspring were raised normally and not in contact with their fathers, as is typical of the species. Examination revealed that the offspring possessed gene alterations comparable to those of their fathers demonstrating that children may inherit isolating and anxious behaviors that interfere with their functioning and attachment.

Notably, researchers Plass and Hotaling (1995) found that 24% of parents of runaways had run away themselves when they were youths. As cited previously, the offspring of many homeless youth are taken away by child protective services when they continue high risk behaviors and substance use. In conclusion, the research of Mansuy et al. (2010) illustrates the lasting effect of trauma on the brain and the subsequent inheritance of offspring.

**Adlerian Theory: Choice**

Adlerian theory acknowledges the influence of genetic inheritance and environmental factors, such as the attachment style of caregivers, in the formation of personality and behaviors; however, Adlerians point out the role of inspiration, of choice, in the formation of one’s destiny. As Adler wrote, “Heredity and environmental factors play a part only in the sense of providing a certain probability. From all the impressions which the child experiences he forms, as in an inspiration, his style of life…” (1956, p.164)

According to Adlerian theory genetic programming and attachment provide only a limited amount of probability regarding a child’s outcomes in life. The child filters
impressions received from his or her environment through his or her innate nature then formulates an idea of how he or she needs to behave in order to survive. The child’s style of life or *life style*—self-concept, self-ideal, picture of the world, and ethical convictions— is formed (Adler, 1956). Adlerian theorists Harold Mosak and Roger Di Pietro (2006) explain:

Each person develops through childhood and into adulthood encountering innumerable experiences. People learn (or do not learn—human beings have the ability to choose, consciously or unconsciously) from these events a great number of things, such as what is important in life, what is to be avoided, how to interact with others, how they see themselves and the world around them. It is what the individual has learned from the environment, plus the individual’s interpretation of that environment, that shapes a person. (p. 5)

Among the most important structures in an individual’s life style is a definite *degree of activity* (Adler, 1956, p.164). Degree of activity is, “the amount of energy people use in adapting to life’s challenges” (Carlson, Watts, & Maniaci, 2006, p. 51). An individual’s degree of activity arises from physiology well as psychosocial factors. For example, boys often are encouraged to be more active than girls regardless of their biological predisposition. When youth run, they demonstrate a high degree of activity.

…It is obvious that a child who runs away from his parents, or a boy who starts a fight in the street, must be credited with a higher degree of activity than a child who likes to sit at home and read a book. (Adler, 1956, p. 164)
Attachment researcher Mary Main, a former student of Ainsworth, found that “the way parents remember and organize their own childhood experiences is a powerful predictor of which attachment group their children will fall into” (as cited in Karen, 1990, p.2). Similarly, Adlerian psychotherapists also understand that how we remember and organize our childhood experiences predicts how we will relate to others. When we recall our earliest memories our life style is revealed: “…From the least traits and expressions of childhood, we can predict with which degree of activity a child will later on meet the problems of life” (Adler, 1956, p. 164).

Although Mayers (2001) only proposed attachment theory as a possible construct to understand youth homelessness, she points out that “meanings and values play a significant role in initiating a kid’s flight from home” (p. 144) noting that “threats of violence” or “being in trouble with parents” (p. 144) are not frequently cited in research literature as reasons for a youth’s running. Rather, youth cite conflict with parents due to “differences in values, a need for independence, and issues of parental control” (p. 144) as instigating the choice to run away. In summary, she states, “Flight from home is often a reactive response to stress and conflict and based on irrational beliefs” (p. 144).

Adlerians refer to these irrational beliefs as mistaken conviction, errors, or basic mistakes (Carlson, Watts & Maniaci, 2006). Convictions are the beliefs that help shape an individual’s life style, such as: I am smart, women are nurturing, men are tough, life is hard, and so on. Mistaken convictions are those beliefs that inhibit our growth and movement contributing to psychopathology.

For example, a child who is abused and neglected may develop the self-concept, “I am unlovable.” The child’s worldview however may include the conviction that
“Children are loveable.” Therefore, the child may decide, “I should be loveable” which is a self-ideal. The gaps between the self-concept: I am unlovable, the worldview: children are loveable, and the self-ideal: I should be more loveable, produces inferiority feelings that also may be recognized as guilt feelings (Carlson, Watts & Maniacci, 2006).

When inferiority feelings are present and an individual is discouraged, safeguarding mechanisms, also known as defense mechanisms, come into play. “I will be more interested in protecting my convictions and not changing them than in learning from them and growing. I become static in my development” (Carlson, Watts & Maniacci, 2006, p. 60).

Choosing life on the streets may reinforce a discouraged youth’s conviction that life is unsafe and people are untrustworthy as well as the conviction that he or she may deserve abuse. Running away may safeguard feelings of inferiority while also reinforcing them, as often may be the ironic outcome of safeguarding behaviors. As previously noted, research indicates that homeless youth more often attribute their running behavior to conflict with parents rather than direct threats of violence (Mayers 2001).

In conclusion, youth homelessness arises from a combination of factors. The National Child Traumatic Stress Network (2007) identifies three broad causes of youth homelessness: family breakdown, system failure and situational homelessness. However a consideration of the complex psychological mechanisms that cause one child to become homeless while another does not reveals that the youth’s life style: self-concept, self-ideal, worldview and ethical convictions as well as degree of activity, influences
the youth’s trajectory. The next section will identify the mental health needs arising from these psychological dynamics and clarify the challenges of meeting these needs.

**Complex Trauma**

The mental health issues manifest in homeless youth are as diverse and complex as the etiology of homelessness. A 2007 study conducted by Wilder Research (2010) documented 50% of unaccompanied homeless youth in emergency settings suffered from a serious mental illness; 33% percent were women fleeing domestic violence; 18% reported feeling often confused; and 15% had a substance abuse disorder. Among the youth whom this researcher met while interning at a homeless youth shelter, the following diagnoses, to name a few, were presented: borderline personality disorder, major depression, generalized anxiety disorder, speech disorder, attention-deficient disorder, oppositional defiant disorder, and eating disorder not otherwise specified.

Not surprisingly, many of these diagnoses may be linked to family breakdown. As researchers Cook et al. (2007) point out,

> Children exposed to maltreatment, family violence, or loss of their caregivers often meet diagnostic criteria for depression, attention-deficit/hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), conduct disorder, anxiety disorders, eating disorders, sleep disorders, communication disorders, separation anxiety disorder, and/or reactive attachment disorder. (p. 4)

These diagnoses capture only part of the picture, however. Researchers have coined the term *complex trauma* to more accurately describe the problem of exposure to multiple or prolonged traumatic events and the complex impact on a child’s self-regulatory and relational difficulties (Cook et al., 2007; Coates & McKenzie-Mohr, 2010; Hussey, Reed, Layman, and Pasiali, 2007; NCTSN, n.d.).
The National Children's Traumatic Stress Network (NCTSN) describes complex trauma as

...the simultaneous or sequential occurrence of child maltreatment—including psychological maltreatment, neglect, physical and sexual abuse, and domestic violence—that is chronic, begins in early childhood, and occurs within the primary care giving system. Exposure to these initial traumatic experiences—and the resulting emotional dysregulation and the loss of safety, direction, and the ability to detect or respond to danger cues—often sets off a chain of events leading to subsequent or repeated trauma exposure in adolescence and adulthood.

(Complex Trauma, n.d.)

Complex trauma differs from the diagnosis of posttraumatic stress disorder (PTSD) in that PTSD does not capture the full range of developmental difficulties that traumatized youth experience. Seven key areas of development are impacted when complex trauma occurs: attachment, biology, affect regulation, dissociation, behavioral regulation, cognition, and self-concept (Cook, et al., 2007). Notably, complex trauma not only includes the traumatic events that lead up to homelessness, but homelessness itself. As Goodman, Sax, & Harvey (1991) pointed out twenty years ago and Coates and McKenzie-Mohr have recently reiterated (2010), homeless itself is a form of psychological trauma.

**Race and Intergenerational Trauma**

According to the National Children’s Traumatic Stress Network (NCTSN), the racial and ethnic make-up of homeless youth generally reflects that of their community, “however, overrepresentation of racial and ethnic minorities is common” (NCTSN, 2007, p. 2). Indeed, Blacks and Native Americans are disproportionately represented in Minnesota. 20% of the
Homeless youth population is Native American whereas only 1% of the non-homeless youth population is Native American. 43% of homeless youths are Black whereas Black youth only comprise 6% of Minnesotans (Wilder Research, 2010). Both of these populations experienced broad, systematic and intentional family breakdown at the hands of the dominant Caucasian population in generations past.

For many Blacks, the institution of slavery initially divided and traumatized families. Once emancipation was achieved, decades of racial discrimination followed, for example the Jim Crow laws. American Indian families were initially conquered and subdued through a variety of means including war and disease. Then from 1830 to 1920 the United States federal government purposefully and systematically separated school-age children from their families and placed them in institutions (Marr, n.d., para 1). “For decades, there were reports that students in the boarding schools were abused. Children were beaten, malnourished and forced to do heavy labor” (Bear, 2008, sec 4, para 6).

Bill Wright, a Pattwin Indian, was sent to the Stewart Indian School in Nevada in 1945 when he was just six years old and shares his story with National Public Radio. He recalls an adviser hitting a student, “Busted his head open and blood got all over. I had to take him to the hospital and they told me to tell them he ran into the wall and I better not tell them what really happen” (Bear, 2008, sec 4, para 8).

Wright remarks that 63 years later he still has nightmares from the harsh discipline of the boarding schools and is concerned that he and others who experienced the abuse of boarding schools inadvertently re-created the abuse with their own families.
You grow up with discipline, but when you grow up and you have families, then what happens? If you’re my daughter and you leave your dress out, I’ll knock you through that wall. Why? Because I’m taught discipline (Bear, 2008, sec 4, para 9).

Whether or not trauma and abuse is passed on via genetic programming or through the behaviors of caregivers, clearly the offspring of traumatized populations are at increased risk.

**Sexual Orientation**

Gay or lesbian, bisexual, transgender, or questioning their sexual orientation (GLBTQ) youth may also be disproportionately represented among homeless youth compared to the general population. Some studies indicate that 25 to 40% of homeless youth are GLBTQ; however, statistics vary according in part to the location (street, shelter, or clinic) and communities studied (NCTSN, 2007, p. 2). In Minnesota, 13% of homeless youth identified as GLBTQ (Pittman, 2009).

Coming of age is challenging enough, growing up gay, lesbian, bi-sexual, transgender or questioning is significantly more tumultuous for many youth. Misunderstandings regarding sexuality and sexual orientation abound in popular culture and major religions. Additionally, the rights of gay, lesbian, bi-sexual, transgender individuals are hotly contested in political areas. For some GLBTQ youth, their sexual orientation is directly linked to their homeless status. That is, caregivers reject the youth in part due to their sexual orientation.

Notably, GLBTQ youth are more likely than other homeless youth to report a chronic health condition, a severe mental health diagnosis, use of illegal drugs, a need to see a professional about mental or emotional health issues, to have considered suicide, and to have experienced or been exposed to violence (Pittman, 2009). A sample of 628 homeless youth from eight US cities found that those who identified as a sexual minority are almost three times as
likely to report a suicide attempt as those who identify as heterosexual (Walls, Potter, & Leeuwen, 2009). Another study found that 75% percent of GLBTQ homeless youth report having been physically or sexually abused as a child (Pittman, 2009). These statistics indicate a high probability of complex trauma among GLBTQ homeless youth. The likelihood of complex trauma may be further compounded for youth who identify as GLBTQ and are also of an ethnic minority.

In summary, the etiology of youth homelessness gives rise to complex trauma. Therefore, mental health professionals who wish to help homeless youth must be trained in trauma-sensitive practices and interventions. Moreover, therapists must be culturally sensitive to the needs of GLBTQ youth and ethnic minorities. Such expertise is not enough, however, to meet the mental health needs of homeless youth. The following section will examine the barriers that block homeless youth from seeking and receiving mental health services.

**Barriers to Treatment**

**Resistance to Dyadic, Dialogical Therapy**

Due to the multiple types of trauma over an extended period of time that homeless youth may have experienced, combined with their acculturation to the street environment and culture, The National Children’s Traumatic Stress Network (NCTSN) warns that “engaging and retaining these youth in treatment is challenging, even for the most skilled clinicians” (2007, p. 6).

Cormak (2009) notes in “Counseling marginalized young people: A qualitative analysis of young homeless people’s view of counseling”:

There was a palpable dislike of the counseling process, almost entirely derived from personal experience. Many young people described a feeling of being trapped. There was a sense of stasis and oppressive silences. Closely linked to
these feelings of discomfort was a sense of anger at being in the counseling room in the first place. (p. 74)

Cormak (2009) suggests that some of the participants’ negative feelings about counseling result from being in therapy under duress that is, being forced into therapy. One research participant shared, “I had one ‘cos my mum thought I was depressed, like. Both of them was forced on me. I was hesitant towards them anyway” (p. 75). Another participant states, “’Cos if you are forced, you’re not going to see any point in it – you’re not going to get anything from it.” (p. 75)

To a certain degree, reluctance to engage in therapy may be typical adolescent behavior. Husky, McGuire, Flynn, Chrostowski and Olfson (2009) cite several studies in “Correlates of Help-Seeking Behavior among At-Risk Adolescents” that illustrate adolescents in general do not seek help from adults, let alone mental health service providers.

Boldero and Fallon (1995) asked a large sample of adolescents to identify a problem that had caused them ‘considerable distress’ over the last six months and to describe the source of help they sought, if any. Of those who reported having experienced considerable distress, 44% did not request any help. Among those who did ask for help, 40% asked a friend, 36% asked parents, 13% asked mental health professionals, and 11% asked teachers. (Husky et al., 2009, p. 16) Alarmingly, when youth seek help from a friend, maladaptive responses may be reinforced, especially when that friend is also at-risk for suicide.

In one large study of high school students, among those at risk for suicide, more than one-half suggested suicide as a possible solution to problems and more than one-third reported that people should be able to handle their own problems
without outside help. In addition, roughly one-quarter of the high-risk adolescents endorsed: (1) taking drugs and alcohol as a way to help prevent feeling depressed, (2) keeping depressed feelings to oneself, and (3) keeping the suicidal thoughts to oneself. (Husky et al., 2009, p. 16)

Among homeless youth, barriers to help-seeking are even more pronounced. As mentioned previously, adults repeatedly failed to provide guidance and nurturance at critical moments during many homeless youths’ early years resulting in a deep distrust of caregivers. This distrust compounds adolescent disregard for authority. Moreover, youth who are homeless may also have inherited genetic inclinations that affect their ability to attach to caregivers (Mansuy et al., 2010). As Hudson, Nyamathi, and Sweat (2009) articulate in “Homeless Youths’ Interpersonal Perspectives of Health Care Providers”:

Their history of troubled relationships with parents or guardians, as well as their history of neglect and abuse, often from these same older adults, contributes to a stance of defiance and control over how, when, and from whom they will accept help. This can be problematic when youth are unable to reach out to case managers, primary health care providers, or mental health professionals with whom they are unable to engage in a therapeutic relationship. (p. 1278)

In summary, homeless youth are unlikely to seek mental health services due to previous negative experiences with therapy, a distrust of caregivers, and an adolescent tendency to seek counsel from peers rather than adults. These barriers to mental health treatment are troubling especially since peers who are also at-risk for suicide tend to reinforce maladaptive responses, such as drug use and isolating behaviors. The prevalence and implications of substance abuse, as well as high-risk sexual behavior, is explored further in the following section.
Survival Sex and Drugs

In addition to an adolescent disregard for adults and a mistrust and dislike of traditional dyadic therapy compounded by complex trauma, homeless youth also must grapple with environmental elements that influence poor outcomes: inadequate hygiene, poor nutrition, crowded shelters, violence, and sex for survival (Hudson, et al., 2009; Prescott, Sekendur, Bailey & Hoshino, 2008). Moreover, many homeless youth engage in substance abuse as a maladaptive response to street life (Prescott, et al., 2008). Robertson and Toro (1998) document through three national samples that the highest rate of substance abuse among youth occurs among homeless youth living on the street; next, youth living in shelters; and lastly, youth living in their family homes (as cited in Prescott, et al., 2008).

Thompson et al. (2010) echo these findings citing Slesnick, Meyers, Meade, & Segelken (2000), “Homeless youth report twice as much drug use as housed adolescents overall, and they are five times more likely to use hallucinogens, four times more likely to use heroin and seven times more likely to use crack cocaine” (p. 197). Although it is clear that homeless youth engage in significant drug and alcohol use, Thompson et al. (2010) point out that the relationship between substance use and homelessness is less clear. Substance abuse and dependency may have instigated homelessness in some cases, in others it may be a result of life on the streets.

Along with substance abuse, homeless youth are more likely than their housed counterparts to engage in risky sexual behaviors (Thompson, et al., 2010). Researchers have found that between 25 to 50 percent of homeless youth report involvement in prostitution and “one-fifth report exchanging sex for drugs, clothes, shelter or food in addition to money” (Thompson, et al., 2010, p.197). For homeless youth, one’s body not only requires shelter, clothing and sustenance, but also becomes the means to obtain these necessities.
Caroline Myss (1996) writes in *Anatomy of the Spirit: The Seven Stages of Power and Healing* that “Sexuality is a form of exchange and, in certain circumstances, a type of currency….The oldest form of sexual currency is, of course, prostitution, the most disempowering act in which a human being can participate” (p. 152). Myss observes that psychotherapy recognizes personal power is fundamental to manifesting material success as well as emotional and physical well-being. Not surprisingly, research has found homeless youth who engaged in survival sex are almost three times as likely to report a suicide attempt as those who never engage in survival sex (Walls, Potter, & Leeuwen, 2009). Tragically, ironically, homeless youth engaged in survival sex are at increased risk for early death due to suicide and the contraction of HIV/AIDS.

In conclusion, the barriers to mental health treatment for homeless youth are significant. The day to day struggle to survive and a distrust of adults compounded by risky behavior precludes attempts by homeless youth to access mental health services, such as making an appointment with a psychologist in the typical, out-patient clinical setting. Therefore, innovative therapies and strategies for delivering mental health services are considered in the following section.

**Strategies for Success**

Without therapeutic intervention, homeless youth risk life-long homelessness, injury, disease and early death due to violence, HIV, and suicide as well as perpetrating the next generation of homeless youth. Since homeless youth are unlikely to engage in therapy due to a variety of factors including their distrust of adults and all-consuming struggle to meet basic survival needs, innovative platforms for the delivery of therapy as well as the use of assessments and interventions must be considered with care. Cormack (2009) provides suggestions based on
interviews with youth ages 16 to 25 at two separate residential projects in London. Notably, her suggestions include accommodating the high degree of activity homeless youth tend to embody as well as considering how this vulnerable population perceives authorities such as therapists.

Not surprisingly, the primary concern among the research participants was the issue of trust. All other concerns, notes Cormack, stem from the issue of trust, both trusting the counselor and trusting the counseling process (2009, p. 74). Overwhelmingly, the research participants adamantly equated the traditional counseling set-up with oppressive formality and “agreed that they would prefer to see a counselor outside the counseling room; perhaps to have a coffee or go for a walk” (p. 74).

Cormack (2009) suggests that mental health service providers consider how they are perceived by young, vulnerable clients and consider ways of being less formal and therefore more approachable in manner of dress as well as how the counseling room is decorated. Additionally, Cormack recommends young people may benefit from therapeutic approaches that vary from the traditional dyadic, dialogical model: “Bringing creativity into the counseling room might provide some of the activity and stimulation that these young people said they wanted” (p. 76). Art therapy provides activity and stimulation and is explored in the following section.

Art Therapy

The link between creativity and resiliency is at the core of Prescott, Sekendur, Bailey, and Hoshino’s 2008 study regarding art making and homeless youth. They write, “Resiliency and the creative process are reciprocal: Not only is creativity an aspect of resilient behavior; it also fosters resilience” (p. 157). Wolin and Wolin (1993) describe resilience as “the capacity to channel your pain rather than exploding” (as cited in Prescott et al., p. 165).
participated in the study shared that “art making had kept her off of drugs and away from committing suicide. She described art as a friend that was always there” (Prescott, et al., p. 160).

In this study, Prescott, et al. (2008) “utilize both quantitative (N=212) and qualitative measures (n=3) to examine resiliency as a function of creativity among homeless youth attending a drop-in art center specifically designed for the needs of this population” (p. 158). Notably the study’s quantitative component revealed a strong correlation between art making and life achievement. That is, as attendance increased at the drop-in art center, so did the number of the homeless youth’s life achievements. “For example, those who attended regularly had a higher incidence of ending drug usage, obtaining housing, finding employment, engaging in academics (attaining a GED or completing a vocational training program), improving social skills, and so on” (Prescott et al., p. 159).

Research indicates that “creativity bolsters serotonin levels in the brain, which in turn positively impact self-esteem and reduce irritability and impulsivity” (Prescott, et al., 2008, p. 158). As the research of Mansuy et al. (2010) suggests, serotonin levels may be underactive or overactive in PTSD survivors due to genetic structural changes resulting from the trauma. Impulsivity can create negative outcomes in the lives of youth and irritability is a symptom of depression in adolescents (APA, 2000, p. 349). Bolstering the creative capacity of homeless youth through art-making activities has the potential to effect deep and lasting change through the stimulation of serotonin, as well as potentially heal trauma that may extend back generations.

Extensive scouring of research databases reveals that the research of Prescott, Sekendur, Bailey, & Hoshino (2008) is the only research regarding creativity and homeless youth. As Prescott, et al. (2008) remark, “There have been few studies that have specifically addressed homeless youth, much less homeless youth and art-making” (p. 162).
The researchers’ intent was to demonstrate the efficacy of art-making in increasing resiliency among the homeless youth which in turn manifests in life achievements. Key in these findings, however, is the model through which the art-making services were made accessible to the youth: "a drop-in art center specifically designed for the needs of this population" (Prescott et al., 2008, p. 158).

Cormack (2009) points out that research in the area of accessibility is required. “Any work on how counseling can be beneficial is rendered meaningless if the counselors cannot reach the clients and vice versa” (p. 76). Research suggests that setting up a clinic and expecting the youth to make use of the services on their own accord may not be viable, no matter how approachable the therapist or relaxed the counseling room (Hudson et al., 2009; Husky et al., 2009).

Indeed, when this researcher initially set up an art therapy clinic for homeless youth in a transitional housing program, the youth often "forgot" appointments in spite of the encouraged use of personal calendars. When approached and invited to make an appointment some youth would avoid eye contact and/or give evasive responses. When attendance to formal group therapy was optional, and a therapeutic relationship had not been previously established, many youth would attend sporadically, often choosing to play video games rather than engage in a formal art therapy group.

Interestingly, though, the very same youth would wander into the art room when the door was open and engage in banter or request art supplies. The therapeutic relationship with the youth inevitably took root through unplanned, unexpected casual encounters in which they would share tidbits of information and connect on their terms, not as this researcher originally conceived – through arranged appointments and scheduled groups. The Sanctuary Art Center,
Seattle, WA, where Prescott et al. (2008) conducted their research, may very well provide further insight.

**The Sanctuary Art Center**

The Sanctuary Art Center was established in 1999: “...one morning a week youth who were sleeping in doorways, dumpsters and local parks were invited inside to get warm, eat food and create art... [Currently] the center operates five days a week and offers programs in Visual Arts, Theater, Music and Youth Employment... In 2008 the center served 397 youth for 3,235 visits” (Sanctuary Art Center, n.d.).

The “drop-in” center with its casual, in-formal and youth-oriented atmosphere welcomes and empowers youth to make contact on their terms. Food and shelter are provided as well as art-making. Interestingly the volunteer staff members are not necessarily artists or therapists according to their website:

> The vision, patience and focus required to complete a work of art are the same skills needed to move from one stage of life to another. We hope to provide an opportunity for homeless youth to experience the healing power of their creative energy. We seek volunteers who would like to be a part of this process. Our volunteers commit to one year of service and slowly build relationships with the youth we serve. It isn't necessary to have formal art training. It is necessary to love art and be drawn to work with homeless youth. (Sanctuary Art Center, n.d.)

The success of the Sanctuary Art Center suggests two key factors for successful implementation of mental health services for homeless youth: 1) the commitment of service providers to the relationship and 2) the willingness of the service providers to proceed slowly. Cormack (2009) also concludes it is especially important to foster a helping relationship that is
allowed to develop slowly so that trust can be facilitated over time. As one youth remarks, "I'm not one of them people just to open up to anybody, like, it takes a lot for me to open up to somebody, like, there's only a certain amount of people that I can actually trust and talk to (Participant 3)" (Cormack, 2009, p. 75).

One way a therapist may facilitate the relationship building process slowly over time is to become a "visible counsellor [sic]" (Cormack, 2009, p. 75). Rather than expecting clients to make appointments and meet in a private, secluded room as this researcher attempted, the “visible” therapist, like volunteers at The Sanctuary Art Center, would spend time in the young person's environment becoming a visible and trusted presence. In doing so, the therapist could educate potential clients about therapy and enable them to begin to trust the therapist before the therapy process starts, "in recognition of the barriers to trust that many homeless young people experience" (Cormack, 2009, p. 76).

The National Child Traumatic Stress Network (NCTSN) also emphasizes the importance of prioritizing trust and safety:

- Offer assistance with no strings attached. Homeless youth may require access to low-barrier services, such as a meal or a hot shower, while they are developing trust with service providers.

- Consider their behavior in the context of their life experiences including their traumatic life experiences. Many homeless youth can be intentionally provocative and are waiting for service providers to give up on them. Service providers can make themselves available to these youth while still setting reasonable limits.
Prioritize youth’s immediate needs. Youth with unmet primary needs may have difficulty focusing on forming a trusting relationship with service providers. (NCTSN, 2007, p. 5)

**Gemeinschaftsgefühl: The Importance of Belonging**

In contrast to The Sanctuary Arts Program which does not necessarily utilize therapists, The Arts Incentives Program (AIP) employs therapists who connect high-risk girls, ages 11 to 19, to community-based arts programs based on the youth's interests and then advocates, case manages, and champions them every step of the way as they integrate into the community.

"Belonging to a community means that you feel supported by this community, even in times of great stress" states Fliegel, Director of AIP (2005, p. 59). This focus on community evokes Gemeinschaftsgefühl, or social interest, a concept introduced by Adler: “To see with the eyes of another, to hear with the ears of another, to feel with the heart of another” (1956, p. 135). A major premise of Adlerian theory is the importance of belonging and connecting through social interest to the larger community.

Adlerian theorists Heinz Ansbacher and Rowena Ansbacher (Adler, 1956) explain that the function of the mother in the mother-child relationship is to develop the potentiality and to spread the social interest of the child to wider circles. "When she does not fulfill it, the individual remains unprepared to meet the problems presented by social living. Psychotherapy belatedly takes over the function of the mother" (p. 135). The Arts Incentives Program (AIP) provides the parenting function for the youth by connecting the youth to arts organizations, providing case management, and training artists and arts organizations how to meet the special needs of the girls. Fliegel cites Herman (1997), "Traumatic events destroy the sustaining bonds between individual and community.' AIP interventions are focused on mending that rift..." (2005, p. 58).
Unlike traditional models of therapy in which clients come to the therapist and the therapeutic space exists within the clinician's office, AIP therapists embody the concept of the visible therapist by venturing outside the consulting room into the community (Fliegel, 2005). AIP services begin when staff visits the youth in their place of residence to complete an intake assessment. Notably, the youth served by AIP are not homeless, but at high risk for incarceration, homelessness, or removal from the home by social service agencies. An adaption of this model for homeless youth would necessitate meeting at shelters, drop-in sites, and other places of residence, possibly including the streets. Meeting with youth where they reside, be it on the streets or in a shelter, allows the youth to host and navigate the interaction fostering trust.

Following the intake, AIP creates a community coalition of collateral agencies which may include schools and other mental health care facilities. An individual and group treatment plan is created that details the involvement of all collateral agencies engaged to advocate on behalf of the youth. The youth is then matched up with an appropriate arts organization such as a youth dance company. A detailed plan fostering success is created in collaboration with the arts organization and an AIP mentor attends classes with the youth. The youth also attends art classes and groups through AIP and every Sunday night the AIP mentor calls the youth to review the youth’s weekly schedule and check in about issues and concerns.

AIP was created in response to the needs of adolescents transitioning form in-patient hospital settings back to their homes. Connecting youth to peers engaged in positive art-based activities arose out of “the recognition of the primacy of peer relationships for adolescents and a need to establish autonomy” (Fliegel, 2005, p. 52). In keeping with Adlerian theory which advocates a sense of individual responsibility to the social community, AIP provides
opportunities for youth to engage with peers and connect to the larger social community while also becoming agents of their own change through the development of their artistic abilities.

The AIP case study of one particular youth, Angel, is compelling in light of the statistics established previously regarding GLBTQ youth and homelessness. At the age of 15 Angel had three psychiatric hospitalizations. Although AIP served girls, an exception was made for Angel as it was feared he “would give up and might die or run away” (p.54) without the interventions provided by AIP. Angel was bisexual and his traditional Catholic parents did not want to accept him or his sexual preferences. Moreover, he was failing in school and lacked community connection.

After a home visit and conversations with the family about their struggles with their son, recommended supports were provided for both Angel and his parents. AIP linked Angel to Theatre Offensive, a theater company in Boston whose mission is to “form and present the diverse realities of queer lives in art so bold it breaks through personal isolation and political orthodoxy to help build an honest, progressive community” (Fiegel, 2005, p. 55)

In addition to linking Angel to Theatre Offensive, AIP also connected Angel to two different alliances for GLBTQ youth and accompanied him to his first GLBTQ support group. “Today Angel is succeeding both socially and academically at his vocational school and is forming a gay/straight alliance at school with support from his mentors…” (Fiegel, 2005, p. 55). Most profoundly Fiegel writes, “Even his family supports him now” (p. 55).

The AIP program emphasizes the need to create a web of support for youth that capitalizes on adolescent peer orientation which is consistent with the research regarding the needs of youth cited previously (Husky et al., 2009). Moreover, given that homeless youth are
highly unlikely to self-refer for psychotherapy, this model that "takes the program to the streets" (Fliegel, 2005, p.51) may be adapted successfully to the needs of homeless youth. More than a drop-in center, AIP ventures outside of the consulting room into the community to join with youth “in transcendent moments of creating art, community, and hope for a positive future” (p. 60).

The Open Studio Project

In order to help them feel more in control, The NCTSN (2007) recommends allowing homeless youth to make their own choices whenever possible. The Open Studio Project (OSP) model developed by art therapists Dayna Block, Deborah Gadiel, and Pat Allen is particularly suited to this challenge. Although the OSP does not specifically describe programs working with homeless youth, their method aligns with the needs of this population:

…We teach participants how to use art making effectively as a safe, powerful, and reliable medium for personal exploration and growth. More specifically, our goal is for participants to learn how to turn to their own creativity in order to increase self-awareness, empathy, and clarity in transitional times or challenge in areas of their lives. Specific issues for some of our participants have included...managing feelings of hopelessness and anger during adolescence. (OSP, Classes and Workshops)

In the OSP approach, facilitators and participants work alongside each other from the start. “A vital element of our process is the "No Comment" rule: neither facilitators nor participants comment on each other’s artwork – ever” (OSP, Classes and Workshops). The four phases of the OSP process are 1) Intention setting, 2) Art making, 3) Witness writing, and 4)
Sharing. This process may be especially helpful in working with the homeless youth for several reasons.

First, many of these youth are resistant to authority and in this process “participants have a chance to view the facilitator as a fellow human being with similar struggles, rather than as an authority figure” (OSP, Classes and Workshops). This leveling of power may help foster trust with wary youth. Second, the self-directed nature of the OSP process allows youth to proceed at their own pace coping with emotions and trauma thus reducing the risk of retraumatization. Lastly, the OSP approach creates additional safety through the use of a structured, consistent, predictable format. In conclusion, the OSP approach presents a highly viable option for group art psychotherapy work with homeless youth.

Clinical Assessment

In addition to considering service delivery options and effective, trauma-sensitive formats for providing mental health services to homeless youth, the use of specific assessment tools and trauma-sensitive interventions within the psychotherapy must also be considered with care. Building trust and rapport, although critical in every therapeutic relationship, is especially paramount in work with homeless youth (Cormack, 2009; NCTSN 2007). Therefore, assessments must be leveraged as relationship building tools rather than as solely information gathering tools, that is, used to “promote positive changes in the clients through the use of the assessments instruments” (Whinston, 2009, p. 10).

Moon (2003) developed an intake assessment for use with adolescents in a short-term in-patient facility that provides a comprehensive format for building rapport and gaining a lot of information at the outset of therapy. This semi-structured assessment establishes consistency for comparing responses of youth yet allows for the individuation, choice and empowerment that
traumatized youth require. This assessment is administered in an hour session with an assortment of supplies available including wood scraps, glue, paints, paper, colored pencils, pastels etc.

The first directive, “Make whatever you would like to make” allows for choice and measures the youth’s initiative. The second directive, “Create an image of a good and bad memory” ties in well with Adlerian therapy. Adlerian therapists could modify this question to “Create an image of your earliest memory.” The third task, “Make something with a bridge in it” is inspired by Hays and Lyon’s (1981) “Draw a bridge spanning two places” assessment and was used in the only research available regarding art making and homeless youth, the previous cited research by Prescott et al., 2008. Bridges provide a powerful metaphor for change and resiliency, but they also signify a very concrete reality for many homeless youth who seek shelter under bridges in urban areas.

The “Draw a Person Picking an Apple from a Tree” (PPAT) combined with the Formal Elements Art Therapy Scale (FEATS) developed by Gantt and Tabone (1990, 1998) may also be utilized in work with homeless youth. The PPAT combined with the FEATS provides a means to assess reality orientation, problem solving skills, cognitive development, level of activity and creativity. Due to the structured nature of this assessment, it may be best to implement this assessment when a relationship has been established, that is in the second or third session. However, waiting too long into the therapeutic process may derail the building momentum and flow of the youth’s creativity and initiative. As with any assessment the clinician must consider the needs of the youth and the purpose of introducing the assessment at any particular time.

Another assessment that may be particularly useful with homeless youth is the Beck Hopelessness Scale (BHS). “Beck, Steer, Kovacs, and Garrison (1985) have reported the BHS scores of 9 or more were predictive of eventual suicide in depressed suicide ideators followed for
5 to 10 years after discharge from a hospital” (Beck, 1993, p.6). As Thompson, Bender, Windsor, Cook & Williams (2010) point out, homeless youth populations “consistently report higher levels of depression than their housed peers (Kennedy, 1991; Unger et al., 1998)” (p.195).

Numerous studies indicate homeless youth are at elevated risk for suicide ideation and suicide attempts (Kinndey, 1992; Mallett, Rosenthal, Myers, Milburn, & Rotheram-Boru, 2004; Unger et al., 1998; Yoder, 1999).

In one study, more than 50% of homeless youth endorsed suicidal ideation, and more than one-fourth reported having attempted suicide in the past year (Yoder, Hoyt, & Whitbeck, 1998). These suicidal youths describe feelings of loneliness, worthlessness, hopelessness and most strongly, a sense of being trapped or feeling helpless in their current situations (Kidd, 2004). (Thompson, et al., 2010, p. 196)

The Beck Hopelessness Scale is brief, only 20 questions, however, because it is a formalized test the clinician may need to modify its administration depending on the cognitive needs of the youth and the youth’s willingness to take the assessment. For example, the clinician may read the questions to the youth rather than have the youth take the test in silence. Utilizing the questionnaire as a conversation starter about hopelessness in this manner rather than as a test may be more conducive to building rapport with youth. The clinician may even decide to forgo the test altogether and instead ask the youth more simple scaling questions or invite the youth to draw an image about his or her sense of hope or hopelessness.

In the event that the Beck Homelessness Scale indicates a high degree of hopelessness, the clinician would then need to assess for suicide risk determining if self-harm is imminent. Of course, assessing for self-harm and suicide risk is a part of every therapy session when a therapist works with clients; however, a high score on the Beck Hopelessness Scale indicates
increased probability. Beyond assessing for imminent risk of self-harm, a high score of hopelessness indicates that the client is indeed deeply discouraged. Helping the youth identify reasons to live— in other words, fostering hope, will improve the youth’s outcomes.

One way to foster hope is to identify an individual’s strengths. The NCTSN specifically recommends a strengths-based approach with homeless youth: “During the assessment phase, determine the youths’ strengths and talents, rather than focusing only on problems and deficits” (2007, p.6). Acknowledging and capitalizing on strengths and talents encourages individuals as they face challenges mastering the tasks of life: career, love, community belonging. Homeless youth epitomize those most challenged to meet the tasks of life. Adler writes:

All of the dangers of adolescence come from a lack of proper training and equipment for the three problems of life [love, work, and communal life]. If the children are afraid of the future, it is natural enough that they should try to meet it by the methods which call for least effort. The more such a child is ordered about, exhorted, and criticized, the stronger becomes his impression that he is standing before an abyss. Unless we can encourage [emphasis added] him, every effort to help him will be a mistake and damage him still further. (1956, p. 439)

It is not enough to identify deficits in order to create a successful outcome. When a youth feels discouraged, overwhelmed and fears the future, of course the youth will expend little effort to meet the future. Any efforts to help the youth will fail unless the youth feels encouraged. The root of the word encourage is “heart” and also means strength. En- means “to put in.” Leveraging assessments in a manner that identifies strengths, builds rapport and ultimately empowers the youth is key to achieving successful outcomes with this challenging population. The following section proposes
specific art therapy interventions particularly suited to strengthening and heartening homeless youth engaged in psychotherapy.

**Art Therapy Interventions**

A specific art therapy intervention that may be helpful when working with youth who have identified a goal, such as obtaining housing, is “The Swamp” art directive (Schroeder, 2005, p. 95). On a large sheet of paper the therapist draws a swamp with land on both sides and stepping stones moving across the swamp. The youth is asked to identify what’s on either side of the swamp and fill in the stepping stones with images or words about what he or she feels will helpfacilitate progress to the other side. “There is plenty of room in the watery, swampy area to draw any obstacles or issues that might emerge from the murky depths” (Schroder, 2005, p. 93). When fears lurking below the surface are made visible and named, they lose their power to subvert efforts towards goals. Courage is then fostered.

Creating art from found objects may also be particularly suited to this population. Objects thought to be broken, useless, or simply overlooked are redeemed, reinvented. As the name implies, found object art demonstrates that which was once lost can be found. The art becomes a metaphor for the self as well as for one’s life. “Creating art with sensitive awareness is a similar process as creating our lives. Both life and art require improvisational skills, resilience, awareness of beauty and the necessary hands on experience of shaping from materials at hand” (San Diego Youth Services, n.d., final paragraph). Reinvention and innovation, valuable life skills, are fostered as youth created from what is at hand.

Art therapy is not a recipe book of interventions and art projects, however. Renowned art therapist Cathy Malchiodi reminds clinicians in her *Psychology Today* blog post “1010 Art Therapy Activities? Really?” that “an effective and authentic intervention only emerges when we
resist the ‘recipe,’ use our creativity, apply best practices and simply pay attention to what our clients need” (2012, para 7). The NCTSN reminds us also to, “tailor interactions and treatment plans to the individual needs of each youth” (2007, p. 6). The youth will inspire many, many creative interventions. More important than specific directives is the safety, encouragement, and trust fostered in the therapeutic process.

**Additional Consideration for Psychotherapy with Homeless Youth**

The National Children’s Traumatic Stress Network (NCTSN) cautions service providers that, “change is slow and that homeless youth may take many small positive steps instead of one large one. A harm reduction model can provide a good framework for appreciating small steps to positive change” (2007, p.6). Additionally, clinicians must be prepared for intentionally provocative behavior as many homeless youth “are waiting for service providers to give up on them…Service providers can make themselves available to these youth while still setting reasonable limits” (NCTSN, 2007, p. 6).

The NCTSN also warns service providers regarding the potential to re-traumatize the youth "by inadvertently having them relive their traumatic experiences before they have the knowledge and skills to cope” (2007, p.6). Since many youth have comorbid substance abuse disorders and generally lack adequate support and basic safety, the use of trauma-exposure therapies is discouraged. Of course, this recommendation may not apply for youth who are in recovery and have an established safety and support system, perhaps they reside in a group home for homeless youth. Nonetheless, an art therapist working with this population needs to be trauma informed, that is, “able to understand, anticipate, and respond to the special needs of trauma survivors” (NCTSN, 2007, p. 5).
Lastly, the single most important strategy for helping youth overcome homelessness is to demonstrate and foster unconditional love. When asked if he could only teach students only one thing, what would he teach? Jay Haley, the founder of strategic therapy replied, “Love, I’d teach them to love their clients. Everything else falls into place once a therapist loves their clients” (as cited by Davis, 2011, p. 27).

Don Miguel Ruiz, a former neurosurgeon who is now a renowned shaman, writes, “Love is the medicine that accelerates healing. There is no other medicine but unconditional love” (1999, p. 177). Even more prevalent than stories of unaccompanied youth overcoming adversity are stories of love transforming lives. In the case of therapy, this love may be best termed as compassion to differentiate from romantic love.

Another term that evokes compassion is unconditional positive regard coined by Carl Rogers, developer of client-centered therapy who incidentally studied with Adler during 1927-1928 as a doctoral intern (Carlson, Watts, Maniacci, 2006). Echoing Adler’s principles of social interest, Rogers stresses the importance of empathy in therapy (as cited in Carlson, Watts, Maniacci, 2006). With encouragement, compassion, and unconditional positive regard, youth may overcome the trauma that often precedes and is compounded by homelessness.

**Summary**

Author Mitch Albom states in his novel, *The Five People You Meet in Heaven*, “All parents damage their children. It cannot be helped. Youth, like pristine glass, absorbs the prints of its handlers. Some parents smudge, others crack, a few shatter childhoods completely into jagged little pieces, beyond repair” (2003, p. 104). Homeless youth in many cases appear to be shattered beyond repair as they suffer from complex mental health issues and increased involvement in drugs and prostitution compared to their housed counterparts. Without
intervention, many homeless youth become homeless adults and parents perpetuating the next generation of complexly traumatized youth.

Yet, their survival, their running, demonstrates a high degree of activity – a strength. Art therapy is particularly well suited to capitalize on this strength merging a propensity for action with creativity. Research has demonstrated fostering creativity through art-making boosts the resiliency of homeless youth (Prescott et al., 2009).

Utilizing creative, action-oriented therapies to harness the energy of the youth is not enough, however. The platform for the delivery of therapy is key to overcoming psychosocial and logistical barriers that block youths’ access to services. Therapy models that meet youth in the community and foster the visibility of the therapist outside of the therapy room help educate youth regarding psychotherapy and overcome distrust of adults.

Service providers must also proceed slowly, expect intentionally provocative behaviors and set healthy boundaries while remaining accessible. Most importantly, services must be sensitive to the needs of trauma survivors, GLBTQ youth and ethnic minorities. Additionally, therapists seeking to work with homeless youth must be aware of substance use and survival sex and the impact of these high risk behaviors on mental health.

In conclusion, trauma leaves an indelible mark on individuals that may be passed along intergenerationally through behaviors and genetic material. However, just as traumatic events disrupt the brain and psyche, encouragement and compassion provide healing. When we gather up the pieces of shattered glass and assemble the bits into mosaics, we take what was broken and make something new – a something that could have never been if it had not been initially broken. A mirror, a table, a tableau is created and the self is fashioned into something new – something, or rather someone, of beauty and use.
Rock It Arts: An Art Therapy Program for Homeless Youth

The following section proposes an Adlerian-based art therapy program designed to provide the structure and means for youth to re-assemble the shattered bits of their selves into a hope-filled present and new future. Based on research, this program provides strength-based, trauma-sensitive individual and group art therapy that is not limited to a therapy room. Specifically, therapist led art activities, such as murals undertaken in communal areas, provide entry points into a relationship with a therapist in addition to more traditional individual and group therapy arrangements. Primarily designed for homeless youth participating in a transitional housing program, the program may also be adapted for application at a homeless youth drop-in center or shelter.

The service provider would comprise of the agency hosting the program and the therapy staff providing the actual mental health services. Direct services to youth will be provided by a masters-level art therapist who either is a licensed or working towards licensure under the supervision of a licensed mental health professional. Art therapists, compared to artists, are specifically trained in human development, psychological theories, clinical practice, assessment, professional ethics, multicultural and artistic traditions, and the healing potential of art. As trained mental health professionals, art therapists are able to leverage evidence-based interventions as they anticipate and respond to the needs of youth with significant mental health issues.

Rockets: Blasting Through Barriers

Youth in our culture are often portrayed as notoriously angry – rebels with or without a cause – especially disenfranchised, disadvantaged homeless, at-risk youth. However, this may be
for a good reason. As Julie Cameron (1992) author of *The Artist's Way* writes, “Anger is fuel. Anger points the way…Anger is meant to be acted upon. It is not meant to be acted out” (p. 61).

Notably rockets are almost all fuel. It takes a lot of energy to blast through forces that act upon rockets as they burst through barriers of gravity and atmosphere to reach the moon. Homeless youth and young adults are like rockets, shooting for the moon. Their anger often has served to blast them out of desperate situations, protecting them, helping them to survive. Yet, this very anger may also threaten to destroy them. Unchecked, undirected, unmanaged anger may result in violence against self and others, like a rocket without stabilization and navigation control.

*Rock It Arts* is an Adlerian-based art psychotherapy program integrated with marriage and family therapy designed to help at-risk homeless youth harnessing their emotions (energy in motion) to blast through barriers (complex trauma, mistaken convictions, high-risk behaviors) to achieve their life goals, particularly independently living. Without the support of therapy, many youth’s goals for self-sufficiency may remain as elusive as the moon.

As contributing authors to Wikipedia write, “A rocket design can be as simple as a cardboard tube filled with black powder, but to make an efficient, accurate rocket or missile involves overcoming a number of difficult problems” (n.d., Rockets/Design). Transforming a cardboard tube filled with black powder into a rocket capable of reaching the moon requires assessing, implementing and evaluating the following:

*Directional Stabilization Devices* guide the rocket and ensure the rocket does not implode. Art Therapy provides an opportunity to Access, Release, and Transform (A.R.T.) (Ganim, 1999) volatile thoughts and emotions helping at-risk, homeless youth and young adults
stay the course as they learn to master core life tasks: employment, intimate relationships, and community connection.

Max Q is the point of maximum aerodynamic drag that occurs when a launched rocket accelerates through thinning atmosphere. The rocket may buckle under this force without proper assessment. Initial and ongoing art therapy assessments track Max Q as youth progress towards their immediate and long-term goals.

Drag is related to Max Q and also acts upon the rocket. Drag may be reduced through the aerodynamic design of the rocket. Art Therapy can help young adults and youth identify internal and external drag (mistaken convictions, addictions) and develop strategies for triumph.

Staging releases excess weight (usually empty tankage and associated engines) to increase velocity and ensure the rocket has enough energy to complete the mission. Similarly, Art Therapy helps release empty, emotional baggage accelerating accomplishment and helping to ensure the youth and young adults have enough energy to achieve their goals.

Shock Waves, the noise generated by rockets at launch, can be deadly. Rocket launchers reduce the noise through flame trenches with roofs, water injection around the plume and/or by deflecting the plume at an angle. Similarly, art therapy provides safe containment for the exhaust produced by a youth’s launch. The therapist is trained to handle the “noise” and be prepared for potential shock waves.

The name Rock It Arts is in part inspired by rockets. Rockets provide an apt metaphor for disenfranchised, defiant youth. Rock It Arts is designed to help homeless youth transform explosive, destructive tendencies into personal power facilitating the mastery of life tasks. This transformation occurs when youth are able to stabilize and channel their powerful emotions, energy in motion, through art therapy processes under the guidance of an art therapist who helps
pace the movement of the therapy and contain shockwaves. The name of this art therapy program is also inspired by rock gardens which present a more feminine energy than rockets.

Rockets symbolize fire and air energy while gardens represent water and earth energies. Holding both metaphors simultaneously creates balance and meets the needs of homeless youth more fully. For example, sometimes anger must be managed in a therapy session necessitating the erection of a firewall, for example the construction of an “angry monster” to hold the energy. Other times harm reduction is at the forefront of therapy and the patience of a gardener is required as small, incremental steps are taken towards goals. Whereas the metaphor of rocket design informs the content and approach of therapy directly with youth, the metaphor of a garden reflects the structure and approach of the art therapy program in general as well as directly with youth.

**Rock Gardens: Cultivating Change**

As stated previously, transformation is not all blasting through barriers. Sometimes growth occurs slowly, gently, emerging from darkness into light. There are cycles to life and these are reflected in therapy. Seeds of change are planted, tended and suddenly a shoot appears. It may be many weeks, months, or years before buds emerge and even more time before we may see blooms, then fruit.

Like a gardener watering and weeding, the therapist encourages and confronts. The therapist must also understand that different types of people, like different kinds of plant life, require different conditions for optimal growth. A garden, like a therapy session, may be highly cultivated with trimmed hedges or very meandering bursting forth with wildflowers. Regardless, underneath it all there is a structure, a structure that allows for a wide variety of foliage to thrive.
Youth and young adults are also like plants in that they will draw from their environment what they need to grow. Art psychotherapy provides a richly nourishing environment that touches all the senses. Thus, Rock It Arts becomes a rock garden, where at-risk, homeless youth and young adults are able to overcome the impoverished soil of homelessness:

- Half (50%) of homeless youth have been neglected, physically or sexually abused.
- 34% have considered suicide, 49% of these report seeking help for depressions.
- 23% have attempted suicide.
- 29% report been told by a doctor or nurse within the last year they have a serious mental health problem. 4% report a co-occurring, chemical dependency and an additional mental disorder.
- 10% report having been sexual with someone for the purpose of getting shelter, clothing, food or other things.
- 11% sought health care because of an injury or illness resulting from violence, most often by someone they knew. (Wilder Research, 2005)

**Rock It Arts Mission**

Rock It Arts is an art therapy program that empowers at-risk homeless youth to overcome emotional, cognitive and behavioral barriers to success so that they may achieve their goals of employment, healthy intimate relationships, community belonging and housing. Specifically, Rock It Arts provides assessment and treatment for trauma and mental disorders through individual and group therapy in addition to outreach therapeutic services. These services are coordinated in conjunction with additional mental health resources as needed such as chemical dependency interventions and psychiatric consultations. Benefits include:
Opportunities to build problem solving and interpersonal skills through art making and interaction with therapists and peers.

Healthy community and peer bonding developed through the supportive, encouraging group studio arts experience.

A venue for play and exploration that diminishes the stress response (fight, flight, or freeze) naturally enhancing well-being.

Assessment and treatment for the complex trauma of homelessness and underlying disabilities and/or mental health disorders in a safe, encouraging environment.

**Why Art Therapy?**

As stated by the American Art Therapy Association (AATA), Art Therapy is a mental health profession that uses the creative process of art making to improve and enhance the physical, mental and emotional well-being of individuals of all ages. Through creating art and reflecting on the art products and processes, people can increase awareness of self and others, cope with symptoms, stress, and traumatic experiences; enhance cognitive abilities; and enjoy the life-affirming pleasures of making art (AATA, n.d.).

Research demonstrates that engaging in creative activities increases serotonin levels in the brain which reduces irritability and impulsivity and positivity influences self-esteem (Prescott, et al., 2008). Such positive outcomes are significant since serotonin levels may be underactive or overactive in homeless youth due to their experiences of trauma (Mansuy et al., 2010). Trauma is prevalent among homeless youth due to the neglect, abuse, conflict and poverty that often underlies family breakdown and system failure, two causes of youth homelessness (Cook et al., 2007; NCTSN, 2007). Trauma symptoms may even be genetically encoded (Mansuy et al., 2010). Moreover, regardless of homeless youths’ experience of trauma preceding
homelessness, homelessness is itself a form of trauma (Coates & McKenzie-Mohr, 2010; Goodman, Sax & Harvey, 1991).

Therefore, bolstering the creative capacity of homeless youth through art-making activities has the potential to negate the effects of trauma. Impulsivity, a symptom prevalent among youth with a high degree of activity, and irritability, a symptom of depression in adolescents (APA, 2000), are also counteracted. When engaging homeless youth in any type of career training and housing program, service providers need to address their underlying barriers to success, for example, low self-esteem, impaired mental functioning due to fetal alcohol syndrome, learning disabilities, trauma, etc. Failing to encourage the youth, to correct mistaken convictions and address neurobiological challenges, which Adlerians refer to as organ deficiencies, will negate positive outcomes. Masters level art therapists are prepared through rigorous study and clinical experience to integrate intuitive art processes with evidence-based psychotherapy to identify and comprehensively treat the mental health disorders.

In addition to art therapy’s ability to bolster brain functioning and negate symptoms of trauma, including anxiety and depression, art therapy meets the needs of youth who are, by the nature of their homeless status, anti-establishment. Artists, like homeless youth, may exist outside mainstream culture creating, challenging, and generating new ways of looking at the world. Some artists overtly express their creativity in their attire.

Research recommends considering how the therapist’s attire and therapy room appear to homeless youth, recommending more informality rather than formality (Cormack, 2011). An art studio by its very nature is informal; moreover, it is a place of action. Homeless youth have also stated that they would rather do something than sit and talk with a therapist (Cormack, 2011).
Art therapy therefore is particularly well-suited to meet the needs of homeless youth. However, just offering art therapy is not enough to overcome barriers to mental health treatment. The platform for the delivery of the art therapy must support the visibility of the therapist among the youth and provide opportunities for the youth to make contact on their own terms. Offering the youth choices is key to encouraging and retaining engagement. The program structure including options for individual and group therapy are as follows.

**Rock It Arts Services**

Rock It Arts provides to two levels of service to homeless youth. One level is more informal, spontaneous, and out-reached focused and will be referred to as *outreach therapeutic services*. The other level, *individual and group therapy*, provides more traditional therapy services in which youth may elect or be referred to receive individual therapy services and/or participate in group therapy.

**Outreach Therapeutic Services**

The intention of outreach therapeutic services, the first level of Rock It Arts programming, is to foster therapist visibility and to connect to youth informally. Research indicates that a lack of understanding about therapy contributes to the reluctance of youth to engage therapy services (Cormack, 2009). Increasing therapist visibility among youth improves understanding. Moreover, youth are more responsive to informal relationships centered on an activity (Cormack, 2009).

Outreach therapeutic services may look like several different activities. One way the therapist may cultivate visibility among the youth is to simply be present. The therapist may sit in the community room drawing and doodling, hanging out, or helping youth prepare communal meals, whatever is deemed appropriate by the therapist at particular agency.
Another example of outreach therapeutic services is to have an open door to the therapy room. When the therapist is present in the art room and the door is open, youth are welcome to enter the therapy room to make art and informally engage with the therapist. In this manner youth can visit the therapist and the therapy room on their terms, informally and spontaneously, to develop a relationship. This opportunity to engage the therapists on their terms empowers youth and allows safety and trust to proceed informally as youth prefer (Cormack, 2009; NCTSN, 2007).

Outreach therapeutic services may also be implemented through the creation of a public art project, for example, a mural in the agency reception area. Prior to the start of the project the therapist posts flyers and inquires directly with youth who are availing themselves of meals, etc. offered at the agency if they would like to join in the project. The public nature of the project fosters social interest (Adler, 1956) and promotes the visibility of the art therapist. As interested youth are invited to join in, participation is allowed to evolve organically on the youth’s terms.

It is important that the therapist is clear; these activities are not therapy without informed consent. Rather, informal, out-reach initiatives are activities with therapeutic benefit undertaken to educate youth about the potential of engaging in art to help them improve their well-being. If informed consent is obtained and the client’s bill of rights are explained, outreach activities may become therapy. For example, a mural may become a group therapy experience. The exact implementation of outreach therapeutic services will depend on whether or not informed consent is obtained and the client’s bill of rights are communicated as well as resources available to undertake public art projects and the needs of the specific youth served by the host agency.

Therapists may find that when art therapy services are new to an agency, more activities to foster visibility among both the youth and agency staff may be required. Agency staff may
need to be educated regarding the potentiality of art therapy to transform the lives of the youth. Referrals from agency staff that work with youth in other capacities and have established trust with the youth will help facilitate the delivery of mental health services to the youth in need. The more the art therapy programming is integrated and becomes a part of the culture of the agency, the more the formal level of services – individual and group therapy – will be engaged.

**Individual and Group Therapy**

The second level of service provided by Rock It Arts, individual and group therapy builds upon the visibility of the therapist established in first level and includes assessment, and treatment planning. This level is more formal in that informed consent must be granted before services are provided and, depending on funding, a diagnosis, treatment plan and specific assessments may be required for services to be implemented. Essentially, the individual therapy is traditionally structured, yet the content will be trauma-sensitive, Adlerian-based art therapy and occurs in space conducive to such therapy. Session frequency and the content of therapy will be based on the youth’s goals and needs.

Youth who elect to receive individual therapy services will also be encouraged to attend an art therapy group once a week as group work is especially applicable for the peer-orientation of youth and also promotes social interest, a cornerstone and key measurement of mental health and well-being. The group therapy options will consist of two different formats. One format titled *The Art of Life* is therapist directed and addresses the mastery of the three basic tasks of life: work, friendship and love-intimacy (Carlson, Watts, & Maniaci, 2006) in addition to self and spirituality. The other group therapy format implements the structure and premises of the Open Studio Project developed Allen, Block, & Gadiel (OSP, n.d.) and is named *Rock It Open*
Arts Studio. The frequency and type of group each youth participates in will be determined by their overall cognitive, behavioral, and emotional needs and goals as well as their stated interest.

The Art of Life. The Art of Life therapy group specifically delves into the five core life tasks defined by Adlerian therapists: work, intimate relationships, community, spirituality, and self, through structured art directives lead by the therapist. Unlike the Rock It Open Arts Studio group in which youth may join at any time, The Art of Life group will be a closed group running in five week cycles. By only allowing individuals to join the group at the start of each cycle, the group will be able to more fully delve into group dynamics and cultivate social interest.

Each week a theme inspired by the five tasks of life will be the focal point of the session. An art therapy directive/intervention based on the theme will be led by the therapist. These directives will vary each five-week cycle based on the dynamics and needs of each specific group. Therefore youth who continue participation in the group for more than one cycle will delve into each task from a slightly different angle each cycle.

At the start of each cycle, issues of confidentiality, boundaries and rules for the group will be established by the group with the direction of the therapist. Healthy attachments, positive self-perception, and capability will be encouraged at all times. Identifying strengths as well as mistaken convictions and goals of behavior will form the subtext to every session.

For example, the first session may focus on self. The art directive may be to create a self-care quilt, in keeping with the trauma-sensitive focus of Rock It Arts. The therapist provides the youth with colored pieces of paper and instructs the youth to draw or collage images that represent self-care, write words that symbolize self-care and/or simply decorate the squares. Assorted materials including fabric scraps, markers, glitter, and so on are provided. Once the
youth have created squares, they will be directed by the therapist to attach their squares together using a hole-punch and lacing them together with ribbon and/or yarn.

Requiring the youth to engage as a group will reveal social dynamics that may then be addressed. How well do they cooperate together? Does anyone sacrifice their needs in order to appease the group? How does that feel to the group? Do they use their words to communicate effectively? Friendships will be forged, conflicts will erupt and healing will occur over the course of the five-week cycle.

When we create art, we create our lives. Our movement in the micro-universe of group therapy reflects our movement in the outer world. The therapist will be attuned to movement and strengths of the participants as they interact with each other. Indeed, although the therapist leads the group, the emphasis will be on the community of the group. Participants will gather in a circular formation at a large table or group of tables with the therapist sitting among them or even at times attending to them from the periphery.

**Rock It Open Arts Studio.** Unlike the Art of Life therapy group, the Rock It Open Arts Studio, inspired by the Open Studio Project (OSP, n.d.) and expressive arts therapists (Ganim, 2001; Ganim & Fox, 1999), will not contain discussion and commentary regarding the on-going individual and group processes. Neither will the therapist provide explicit art interventions. Instead youth who engage in the Rock it Open Arts Studio will choose their own art activities and work independently alongside the other group members.

Additionally, youth may pick and choose which session they want to attend. There will not be a particular start or end to a series of sessions. Therefore, youth are allowed to exercise a high degree of independence and choice which research recommends (NCTSN, 2007) when engaging in Rock It Open Arts Studio.
Every session opens with a brief breath awareness exercise designed to reduce the stress-response and induce the relaxation-response (Ganim, 1999; Ganim & Fox, 1999). Such exercises teach self-soothing, a skill many youth who suffer from complex trauma or mental health disorders such as ADHD lack. Learning this skill becomes a valuable therapeutic intervention.

Next, the youth each take a moment to privately record an intention for their art-making session. Setting an intention for the art-making activity helps the youth overcome internal resistance or interference to the therapy process (Ganim & Fox, 1999). Then each youth engages in the creative activity of their choice.

Following the time allotted for art-making, the youth are encouraged to write about the art making experience. Lastly, the youth have an opportunity to share their written reflections and art with the group. Throughout the session the therapist assists, encourages and models engagement in the creative process.

Unlike The Art of Life group, questions or comments during the sharing stage regarding the art products or writing are not allowed by anyone, including the therapist. This witnessing format fosters a high degree of safety and acceptance – unconditional positive regard. Additionally, the youth are able to pace their therapeutic experience with a high degree of control which creates further safety for this highly traumatized population. Safety in The Art of Life group is created differently through the more active involvement of the therapist.

**Assessments.** When youth engage individual and group therapy services, an initial interview and art therapy assessment will be administered to help determine the youth’s needs and develop a treatment plan. The initial interview consists of explaining and documenting informed consent, client rights, and gathering a youth’s psychosocial and medical history. Given
the reluctance of many youth to engage and disclose information with authorities, the therapist may adjust the length and formality of the interview to match the engagement of the youth.

In addition to the initial interview, the therapist will invite the client to complete an art therapy assessment. In order to use the assessment process to build rapport and trust with the youth, the therapist will explain its purpose to get to know the client and that it will be used to help the client and therapist identify together an answer to the question: how will we know when the therapy is done? The intake art therapy assessment requires approximately an hour to administer and then additional time to create a narrative report.

Developed by Moon (2003) for use with adolescents in a short-term in-patient facility, this assessment is particularly well suited for use with homeless youth. Three artistic tasks are requested of the youth: 1) Make whatever you would like to make; 2) Create an image of a good and bad memory; and 3) Make something with a bridge in it. A wide variety of art supplies will be available; paint, craft sticks, pipe cleaners, masking tape, hot glue, construction paper, drawing paper, pastels, markers, pens, pencils, and assorted recyclable materials.

The first task empowers the youth to make choices and measures initiative, the second task delves into memories which reveals life style, and the third task presents a powerful metaphor for youth in transition who may have at one time or another literally dwelled beneath a bridge. The content of the art as well as the manner in which the youth approaches the tasks will reveal much about the youth’s life style as well as mental health disorders.

Additional assessments may also be utilized at the outset of therapy or in later individual sessions. The Face Stimulus Assessment (FSA) (Betts, 2010) assesses for self-concept as well as cognitive development as it provides a vehicle for creating representational self-portraits. Since self-concept may be profoundly affected by complex trauma (Cook et al., 2007) and may also
reveal a youth’s sense of hope or hopelessness regarding him or herself – a key indicator for risk of suicide (Beck, 1993) this assessment may be valuable.

The Draw a Person Picking an Apple from a Tree (PPAT) assessment combined with the Formal Elements Art Therapy Scale (FEATS) developed by Gantt and Tabone (1990, 1998) helps assess a number of mental health factors including cognitive development, degree of activity, creativity, and reality orientation. Once the initial intake and assessment process is complete, the youth may be referred to a group therapy experience as well as elect to continue to receive individual therapy services.

Rock It Arts Summary

In summary, Rock It Arts provides several dimensions of mental health services to meet the complex needs of homeless youth. Two levels of service are provided: therapeutic outreach and individual and group therapy. Outreach efforts increase the visibility of the therapist while allowing the therapist to build rapport and trust with youth and engage them in therapeutically beneficial art activity. Although more formally implemented, individual and group therapy services provide the activity and creativity that homeless youth seek in therapy (Cormack, 2009). Moreover, all services are implemented with trauma and multicultural sensitivity.

The Art of Life group in particular utilizes Adlerian theory to create a structured, therapist-led group. Youth who wish to engage in dialogue and focus explicitly on the tasks of life would benefit from this group. The Rock It Open Arts Studio employs the Open Studio Project (OSP, n.d.) format to create an environment well-suited to youth who wish to participate in group therapy sessions on a “drop-in” basis. This format also creates a high degree of safety for the expression of feelings and teaches self-soothing through relaxation exercises and the power of setting intentions for one’s actions.
Conclusion

The problem of unaccompanied homeless youth in the United States is often invisible due to the elusive nature of youth who often couch surf rather than utilize shelter beds which are in short supply. (NCTSN 2007; Wilder Research, 2010). Nonetheless, approximately 1 to 1.16 million youth experience homelessness per year (National Alliance to End Homelessness, 2006). Moreover, research indicates the numbers of unaccompanied homeless youth has been increasing. In Minnesota alone homeless youth increased by 46% from 2006 to 2009 (Wilder Research, 2010).

In many cases unaccompanied homeless youth represent the failure of families and the breakdown of the social systems. In other situations the youth run due to situational circumstances such as a fight with a parent or to seek adventure or fame (NCTSN, 2007). An exploration of attachment theory, neuroscience, and Adlerian theory illustrates that there are multiple influences that may coalesce to cause one youth to run away while another does not: intergenerational learned behaviors, genetic influences (organ deficiency) and the youth’s lifestyle which includes self-concept, self-ideal, world view and ethical convictions (Adler, 1956).

Issues of trauma permeate the mental health needs of unaccompanied homeless youth due to the trauma of homelessness and the multiple types of trauma that result in family failure and system breakdown (Coates & McKenzie-Mohr, 2010; Cook et al., 2007; NCTSN 2007). Notably, racial and ethnic minorities are disproportionately represented among homeless youth as well as GLBTQ youth (Wilder Research, 2010). Moreover, GLBTQ homeless youth are three times more likely than their heterosexual counterparts to attempt suicide (Walls, Potter, & Leeuwen, 2009). Compounding mental health issues, many homeless youth struggling to survive
engage in high risk behaviors including drug use and prostitution known as survival sex. Ironically these behaviors increase risk of early death due to HIV/AIDS and suicide.

In spite of significant mental health needs for most homeless youth, they are unlikely to seek psychotherapy services due in part to typical youth orientation to peers as well as a significant distrust of adults. Additionally, research indicates that homeless youth find traditional, dyadic, dialogical therapy oppressive and prefer action and creativity as well as informality (Cormack, 2009). Further research indicates that mental health professionals must proceed slowly with homeless youth and expect provocative behavior (NCTSN, 2007).

Based on these findings, art therapy is particularly suited to overcome barriers that prevent youth from accessing mental health services. However, innovative platforms for the delivery of mental health services are also necessary to improve accessibility. Increasing the visibility of the therapist by bringing the therapy to the youth, rather than expecting youth to come to the therapy, may overcome misinformation regarding therapy. Moreover, as an art therapist becomes a trusted presence in locations that homeless youth frequent, such as a communal area of drop-in center, trust and rapport may take root and grow into a more formal therapy relationship. To this end, Rock It Arts has been designed.

Rock It Arts is an art psychotherapy program based on Adlerian-concepts and the Open Studio Project as well as techniques advocated by expressive art therapist and holistic counselors Barbara Ganim and Susan Fox (1999). Through dual service levels Rock It Arts provides an outreach effort to educate homeless youth and build rapport and trust as well as more formal individual and group therapy offerings. As an art therapy program, the individual and group therapy services diverge from traditional, dialogue-based groups to overcome youth’s aversion to dyadic, dialogical therapy.
Helping unaccompanied youth overcome homelessness requires meeting their basic needs for food, clothing and shelter. However, unless the mental health needs of the youth are addressed, the choices and behaviors that resulted in the youth’s homelessness will continue to perpetuate their homeless status in many situations despite efforts to provide housing and educational opportunities. This strengths-based, encouragement-focused Adlerian art therapy program offers the potential to reach these challenging youth.
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