The Art Therapy Open Studio Model and At-Risk Youth at Arlington House Shelter

A Master’s Project

Presented to

The Faculty of the Adler Graduate School

In Partial Fulfillment of the Requirements for

The Degree of Master of Arts in

Art Therapy and Marriage and Family Therapy

By:

Emily Verna Bell

Chair: Erin Rafferty-Bugher

Member: Craig Balfany

January 26, 2016
Abstract
The art therapy open studio process is a proposed treatment approach when working with at-risk, high-risk, or marginalized youth. The art therapy open studio process is informed by Pat Allen’s Open Studio Model (2008), and tailored to address the complex treatment goals of the at risk youth as well as incorporating the staff in the art therapy open studio process at Arlington House, an emergency youth shelter. Informative and alarming statistics regarding at-risk youth are included to support the need for a comprehensive and creative treatment approach for at risk youth. Adlerian theories such as mistaken beliefs, family atmosphere, and encouragement are discussed to address at-risk youth operating on the socially useless side of life. Research on the effectiveness of art therapy with trauma and the at-risk youth population as well as discussion on how art processes affect neurobiology. Finally, a summary of the art therapy open studio process at the Arlington House Shelter will be reviewed. This paper will address any ethical considerations of the art therapy open studio process as well as future research considerations.
Acknowledgments

This thesis would not be possible without the continued support of both family and friends. Many people have contributed to my success while undertaking graduate work, too many to name here, but all are valued and appreciated. My mother, Virginia Hedges for her being my constant cheerleader and supporter. My father Joseph O’Brien, for modeling empathy and compassion. My grandfather, Leonard Targonski, for his example of hard work and discipline. Special thanks to my children, Wyatt and Waylon Bell who gave me motivation to keep going through difficult times.

I have benefited from the mentorship of Craig Balfany and Erin Rafferty-Bugher. The value of education I have received from them is hard to quantify. Under their tutelage, I felt welcomed, accepted, and encouraged to grow as a professional. I am indebted to them for furthering my knowledge and understanding of Art therapy. I have benefited from the works of Pat Allen, her writing on the Open studio model has been and continues to be a source of inspiration for my work as an art therapist.
# Table of Contents

The Art Therapy Open Studio Model and At-Risk Youth at Arlington House Shelter ............ 5  
At-Risk Youth .................................................................................................................. 7  
  Statistics Defining the Population ................................................................................ 8  
Adlerian Theory ................................................................................................................. 10  
  Mistaken Beliefs ............................................................................................................. 10  
  Dysfunctional Family Systems ......................................................................................... 12  
  Movement to the Useful Side of Life ............................................................................... 13  
  Encouragement and Keys to Engaging At-Risk Youth .................................................. 14  
Benefits of Art Therapy for At-Risk Youth ......................................................................... 15  
  The Benefits of Art Therapy on the Brain .................................................................... 16  
  Trauma, Art Therapy, and its effects on the Brain ......................................................... 19  
  Art Therapy and At-Risk Youth ..................................................................................... 20  
Open Art Studio Model ...................................................................................................... 21  
  Traditional Open Art Studio Model .............................................................................. 21  
  Art Therapy Open Art Studio at Arlington House Shelter ............................................ 22  
    Benefits and goals for Arlington House residents ....................................................... 24  
    Benefits and goals of staff involvement ..................................................................... 25  
    Ethical considerations ................................................................................................. 26  
Conclusion ......................................................................................................................... 28  
References ......................................................................................................................... 31
The Art Therapy Open Studio Model and At-Risk Youth at Arlington House Shelter

The outcome for at-risk youth matters, in terms of quality of life of these children, and for the community at large. There is ongoing debate in our country about how poverty, as it relates to healthcare, the criminal justice system, public assistance, welfare and more, are handled. Public officials, and citizens in general, are polarized in their view of how to handle poverty and the effect it has in our society. This project does not claim how to end poverty, it does however, recognize there is a cycle to poverty. Children born in low income families are less likely to graduate with a high school diploma, more likely to abuse illegal substances, to become teenage parents, participate in criminal behavior, have a shorter lifespan, and have mental health diagnosis all of which can lead to a low socioeconomic status (Grayson, n.d.).

At-risk youth maneuver through the developmental stage of adolescent growth simultaneously encountering adversities that hinder health, wellbeing, and social connection. The National Center for Children in Poverty reported the biggest indicator for being unsuccessful in reaching financial independence in adulthood is living in poverty. According to recent research, 41% of all children in our country live in low income families, 19% are living in deep poverty (Jiang, Ekono, & Skinner, 2015). Living in poverty means continual challenges to meeting basic needs; food, clothing, shelter, security (Halverson, 2010). Families who struggle to meet the basic needs of its members are less likely to use a democratic parenting style: a secure attachment is less likely to be formed between caregiver and child (Shore, 2014). In addition to struggling with healthy attachments and basic needs, 92% of at-risk youth who are placed out of their home have been found to have experienced multiple traumatic events (Greeson et al., 2014). Prevalence of childhood trauma, particularly post-traumatic stress disorder, has been linked with greater risk for physical and mental health disorders in adulthood.
At-risk youth can face challenges having their basic needs, emotional needs, and healthy attachment met. All while dealing with the possibility of multiple traumatic events.

Arlington House Shelter (AHS) serves at-risk youth in the greater Saint Paul area. Reasons for placement at AHS can include physical, sexual, emotional abuse, or exploitation by caregivers; neglect; family violence; drug addicted caregivers; severe truancy; running away from home; being unwanted or kicked out of home; and more. These at-risk youth are supported while living at AHS with reliable routines, rules, structure, their basic needs are met, with opportunities to build healthy relationships with peers and staff. It’s not always easy for the at-risk youth to acclimate to this environment. Distrust and skepticism for others, AHS programming, and the system can arise. It can be that there is a lack of understanding of daily living skills such as hygiene, physical boundaries, or social etiquette. It can also be that traumatized youth are aggressive, hypervigilant, jumpy, or they hoard food. It can be that an at-risk youth feels unsafe, so much so that they need to stand with their back against a wall to watch the activity in the room. At-risk youth could return to AHS multiple times; finding success in foster care or group home settings challenging.

Engaging this population therapeutically is crucial for their development, wellbeing, and success in adulthood. Art therapy is proven to be an effective therapeutic approach that addresses at-risk youths’ challenges with trust, experiences of trauma, and attachment. In the safety of an egalitarian therapeutic relationship, at risk youth can address movement toward therapeutic goals. Art therapy, specifically Pat Allen’s (2008) open art studio model, is an effective approach that addresses the therapeutic needs of at risk youth. The art therapy open studio is a therapeutic process, based on Pat Allen’s work. The art therapy open studio has been an effective vehicle to engage participants to move from an inward focus on hardships and
trauma, to a feeling of belonging and social connection. The art therapy open studio is community based and has the potential to eliminate cultural barriers and social hierarchies particularly between the at-risk residents and staff members of AHS. At times, the artwork done in the art therapy studio has served as a bridge for communication between the two groups.

At-Risk Youth

Adolescents who face extreme adversity are considered at-risk (Halverson, 2010). The worldview and lifestyle of this population could result in discouragement or lack of connection to others or community. Instead of looking outside oneself to discover ways to engage with others and society, at-risk youth can be turned inward trying to meet emotional needs through mistaken beliefs (Ballou, 2002). Encouragement and restorative therapeutic relationships based on non-judgment and acceptance can improve engagement (Iwaski, 2014; Naff, 2014). The goal of engagement through therapeutic methods is to decrease discouragement and increase connection with others, thus, there is more opportunity for a holistic and balanced approach for the Adlerian life tasks of community, work, school, and relationships. Adolescents are challenged during the transition from childhood to adulthood. As Adler describes, “for most children, adolescence means one thing above all else: he must prove he is no longer a child” (Fall & Berg, 1996, p. 433). It is important for at-risk youth to find a sense of belonging by developing social connections, to create a sense of identity while moving from a child into an adolescent.
Statistics Defining the Population

According to The National Center for Children in Poverty (2014), at-risk youth are defined as 12-17 year olds who face additional adversity while navigating developmental challenges. Specifically, risks facing this population include poor mental or physical health, criminality, lack of financial independence or job readiness due to academic failure; the inability to contribute to society. The daily adversity these children encounter is complex and dynamic. Traumatic experiences such as coming from an abusive home, may result in removal from the home by child protective services. The stress of living in a family atmosphere without safe, democratic family structure can be exacerbated by exposure to violence, racism, neglect, grief and loss, sexual abuse, or substance use (Halverson, 2010). Many of the at-risk youth who live at Arlington House shelter lack essential and basic life skills such as proper hygiene, dressing appropriately for the weather and lack an understanding of basic socialization skills. At-risk children face complex and brutal realities such as depression, educational failure, addiction, unemployment, incarceration, poverty, or death as future outcomes (Camilleri, 2007). These types of negative outcomes and circumstances faced in everyday life hinder the adolescent’s healthy development (Wallace-DiGarbo & Hill, 2006) and threaten their ability to achieve health and wellbeing in adulthood.

The National Center for Children in Poverty report the biggest indicator for youth at-risk is living in poverty (Jiang, Ekono, & Skinner, 2015). Low income families are categorized by the U.S. census bureau at earning less than 200% of the federal poverty line. The 2013 census reported that 41% of adolescents in the U.S. lived in low income families and 19% of 12-17 year olds lived in poverty. The federal guidelines for a family of four in poverty are an annual income of $24,250 (Jiang, Ekono, & Skinner, 2015). Other indicators of being an at-risk youth
include parent education levels, single parent households, parental substance abuse or mental illness. This information begins to paint a grim picture of the environment of the at-risk youth and the challenges they face to succeed in their life tasks including home, school, workplace, and community.

Struggling at-risk youth may receive therapeutic services in a variety of settings such as: a therapist’s office or clinic, inpatient or partial hospitalization, shelters, juvenile detention programs, and more. Greeson et al. (2014) reported that 92% of youth in residential treatment programs had experienced multiple traumatic events. At-risk youth in residential treatment programs are more likely to have behavior problems, attachment problems, runaway behavior, substance use problems, suicidal ideation, self-injurious behaviors, and involvement in criminal activity. These behavioral patterns can be symptoms that manifest outwardly as oppositional defiant disorder, conduct disorder, depression, or attention-deficit hyperactivity disorder (Naff, 2014). Growing up facing such adversities, Alfred Adler stated,

The child could construct a lifestyle which was void of the positive aspects of love and cooperation and thus could hardly imagine being useful to someone else. In fact the child would grow with a lifestyle centered on distrust for others, fear about the world, and feelings of worthlessness (Fall, & Berg, 1996, p. 432).

Statistics regarding at-risk youth are alarming. Poverty is the biggest indicator of hindering health, wellbeing, and financial security in adulthood (Grayson, n.d.), a cycle that repeats itself. At the time at-risk youth experience out of home placement or services, the majority have experienced multiple terrifying experiences (Greeson et al., 2014). Maladaptive behavior patterns cause challenges to success in daily life. Therapeutic intervention for this population must address misguided behavior, traumatic experience, and a sense of connection to others in a healthy way.
Adlerian Theory

Adlerian theory is based on the ideas of Alfred Adler, and his Individual Psychology. According to the North American Society of Adlerian Psychology, social interest and inferiority feelings are key elements to Adlerian theory. Adler purported all human behavior is purposeful, goal oriented, and derived from inferiority feelings. Inferiority feelings can either be motivating toward achievement or can lead to neurosis and pathology (Ansbacher & Ansbacher, 1956). Social interest is the feeling of belonging and contributing to society and necessary for mental health (North American Society of Adlerian Psychology, 2015).

Mistaken Beliefs

A mistaken belief is an unconscious process, motivated by inferiority feelings, through which an individual works to achieve safety, significance, or belonging. Striving could be dysfunctional (or mistaken) if it is focused inward on the needs of the individual rather than on community (Ansbacher & Ansbacher, 1956). Clinicians must be aware that despite the statistics, many adolescents do indeed display qualities of social interest (Ballou, 2002) such as self-worth, self-assurance, involvement in community, and encouragement of others. The adolescents who display traits of inward focus, including the need to dominate, refusal to cooperate, desire to take not give, greater concern with self than community (Durbin, 2004), will be perceived as not having social interest. Ballou further addresses this by stating some youth “become discouraged either because of unfortunate life situations or despite the quality of their upbringing. Some teens become demoralized in their attempt to find their place in life and instead decide to pursue mistaken beliefs” (2002, p. 154).

Understanding how to help at-risk youth move past their mistaken beliefs toward social interest engagement requires deeper knowledge of some of the processes that influence behavior.
According to Adlerian theory, all behavior is purposeful and goal oriented in order to ultimately achieve perceived safety, significance, and belonging (Stein, 2005). A healthy individual, striving for safety, significance, and belonging is done in a way that contributes to the health and wellbeing of others, community, and society. An individual who does not need to focus solely on the self, but can exert attention on the betterment of others displays social interest which was the ultimate indicator of health, in the opinion of Adler; however, some inferiority feelings can lead to neurosis and pathology (Ansbacher & Ansbacher, 1956). Individuals strive to conceal inferior feelings, and so develop goals focused on the self rather than others is not an uncommon characteristic seen in at risk youth (Durbin, 2004).

Ballou further commented on Adler’s ideas by categorizing four mistaken beliefs that can be held by an at-risk youth striving on the socially useless side of life. The four mistaken beliefs outlined are: excessive desire for attention, inappropriate need for power, pursuit of revenge, and assumption of a position of inadequacy or helplessness. Once mistaken beliefs are understood the best treatment focus for the at-risk youth can be addressed (2002). Addressing mistaken beliefs can bring health and well-being by increasing social interest. Sweitzer stated “mistaken beliefs of a discouraged child is reinforced by the unconscious process of seeking out and constructing negative social situations that provide evidence for their faulty goals” (2005, p. 59).

Maladaptive behavior is a result of the unconscious process of mistaken beliefs (Ballou, 2002). Some of the maladaptive behavior that bring at-risk youth at AHS can include, physical aggression, self-injury, prostitution, truancy, running away, substance abuse, perpetrator of abuse, gang involvement, theft, and more. Unresolved mistaken beliefs will continue to trigger
maladaptive behavior, impacting the quality of life these adolescents and society; contributing
the cycle of criminality, abuse, and poverty.

At-risk youth unconsciously work to get their emotional needs met through mistaken
beliefs and the maladaptive behavior that accompanies those beliefs. Inferior feelings which
inform mistaken beliefs are result of innate behavior and the environment in which an individual
lives.

Dysfunctional Family Systems

The family is the first place where a child has the opportunity to achieve safety,
significance, and belonging (Ballou, 2002). An ideal family system functions in a democratic
way in which each member of the family can grow independently while functioning within their
role in the family system. The democratic family displays healthy boundaries and encourages
social interest (Sherman, 1999). Children raised in a democratic family have their needs of love,
acknowledgment, and encouragement met by the other members. By the Adlerian definition,
children are healthy when they do not need to be pre-occupied by the self and develop social
interest, allowing for contributions to the greater good (Ballou, 2002). This is a challenge for at
risk youth.

At-risk youth often come from family systems which struggle with the ideas of a
democratic family system. The family is often pre-occupied with multiple and complex
problems including; poverty, mental illness, homelessness, unemployment (Halverson, 2010) or
more. When a child’s need for positive development are not met, the environment can create or
increase feelings of mistrust and insecurity (Halverson, 2010). Life goals for at-risk youth may
focus on short term gains, the belief that they are expendable, and that others can’t be trusted
(Fall & Berg, 1996). A family atmosphere such as this could lead to inferiority, feelings of
abandonment, rejection, or inadequacy. A dysfunctional family system struggles to give children attributes needed for social interest such as worth, strength, and competence (Halverson, 2010). Families that struggle to meet basic needs and face multiple, complex struggles are less likely to use a democratic approach to parenting.

Family environment has a direct impact on the at-risk youth at AHS. At-risk youth may display a decrease in maladaptive behavior while at AHS, however upon being returned into a family system that fails at providing an environment necessary for success; the maladaptive behavior returns. Having mistaken beliefs once again reinforced by a dysfunctional family system, and seeing a return to maladaptive behavior results in more serious consequences; such as juvenile detention or permanently being removed from the family home.

Movement to the Useful Side of Life

The at-risk adolescent is continually working to meet basic needs for survival, unable to see beyond the needs of the self, and on to a larger sense of community. When individuals lack concern for others, conflicts with work, family and friendships inevitably follow. This may lead to feelings of competition, alienation, insecurity, and inferiority. These feelings create a vicious cycle of striving for personal superiority rather than working in community with others (Ostrovski, Parr, & Gradel, 1992). Movement, however, from the socially useless side of life to social interest is an act of health and well-being (Durbin, 2004), and an organic process for all people. Movement or striving from a perceived minus to a perceived plus is an inherent trait of all human beings (Stein, 2005). Social embeddedness and striving to make one’s place are characteristic of the human condition (Sweeney & Witmer, 1991).

When working with at-risk youth informed by mistaken beliefs and deficits created by a dysfunctional family system, the guiding light to greater health and wellbeing is a shift in focus
from inward to others and the community. Individual psychology can benefit the at risk population by providing an egalitarian therapeutic relationship, encouragement, collaborative effort for insight and change, and focus on self-responsibility for change immersion into community to enhance the stimulation of social interest (Fall & Berg, 1996).

**Encouragement and Keys to Engaging At-Risk Youth**

Alfred Adler described the benefit of encouragement, “All symptoms of neuroses and psychoses are forms of expression of discouragement. Every improvement comes about solely from encouraging the sufferer. Every physician and every school of neurology is effective only to the extent that they succeed in giving encouragement. Occasionally, a layman can succeed in this also. It is practiced deliberately only by individual psychology.” (Stein, 2005, Encouragement section, para 5).

The impact that a single caring adult can have on the life of a youth should never be underestimated (Sweitzer, 2005). Encouragement is one of the first building blocks to creating a positive and meaningful relationship with an at-risk youth (Iwasaki, 2014). Encouragement not only conveys respect but also builds essential trust and the opening for the adolescent to perceive adults as understanding and concerned (Fall & Berg, 1996). A counseling relationship with an at-risk youth can provide the type of support that may be life-saving. Having at least one significant healthy attachment can have positive effects on a child’s self-esteem and ability to overcome adversity (Halverson, 2010). Iwasaki (2014) describes building relationships with at-risk youth by acknowledging life experiences, talents, and strengths of the individual and taking an open and empathetic approach with genuine respect and appreciation. Honoring the individual as the expert of their own life can lead to feelings of respect and value; contributing to the safety and growth of the individual.
Kristina Naff reports that elements in treatment of at-risk youth that improve success include unconditional positive regard, connection, and validation of personal strengths, guidance, and recognition of their individual potential. She adds that it is vital for therapists to model self-acceptance, healthy coping skills, open communication, and self-love. Consistency is another important element that is essential to successful treatment. Having routines in therapy add to feelings of safety. Therapists need to maintain an authentic and healing connection (2014). Encouragement is the first step to engaging at-risk youth. The importance of the therapeutic relationship should not be underestimated. Clinicians can further build therapeutic rapport through an egalitarian relationship based on respect and safety.

Inferiority feelings can lead to pathology through mistaken beliefs which inform maladaptive behavior (Ballou, 2002). Mistaken beliefs are reinforced and role modeled in a dysfunctional family system (Sherman, 1999), which does not support individual members looking outside the self to contribute to society and the greater good (Ansbacher & Ansbacher, 1956; Ballou, 2002). Encouragement and non-judgment can help clinicians begin to build an egalitarian therapeutic relationship (Iwaski, 2014; Naff, 2014). In which, at-risk youth can begin to move from a focus inward to health and wellbeing; feeling connected and contributing to society and community.

**Benefits of Art Therapy for At-Risk Youth**

According to the American Art Therapy Association (2016), “Art therapy is an integrative mental health profession that combines knowledge and understanding of human development and psychological theories and techniques with visual arts and the creative process to provide a unique approach for helping clients improve psychological health, cognitive abilities, and sensory-motor functions.”
Art therapy is a particularly effective way to engage at risk youth. The enticing nature of the art materials, freedom of expression within the safety art provides, and the non-judgmental nature of the therapeutic relationship all aid in the benefits of art therapy with at risk youth (Kahn, 1999; Malchiodi, 2003; Riley, 2003; Roaten, 2011; Stace, 2014; Wallace-De-Garbo & Hill, 2006).

**The Benefits of Art Therapy on the Brain**

The synaptic pruning that takes place during adolescence is second only to that which takes place at age 5 or 6 years of age. The neural-pathways between language regions in the brain and the limbic system, are still incomplete (Roaten, 2011). Creativity has neurological benefits to any age group (Lusebrink, 2004), but may be more developmentally appropriate as a therapeutic technique for adolescents than talk therapy due to the immature formation of the language systems in the prefrontal cortex. Art therapy can offer at-risk youth who have experienced trauma or severed attachment a deeper level of healing because of the restorative neurological benefits (Kapitan, 2014). Art therapy with at-risk youth may engage excitatory neurotransmitters and stimulate synaptic connections from the limbic system to the prefrontal cortex (Kahn, 1999). These processes are particularly important for neuro growth including new pathways connecting to the areas of the brain associated with insight and empathy for individuals who experienced severed attachment (Shore, 2014).

The brain is a malleable dynamic organ. Where once the belief was held that our brain was static, shaped only by the events of childhood, we now know our brain is constantly changing and forming (Kapitan, 2014; Lusebrink, 2004). Neuroscience and advanced technology continues to provide both new information about how the brain works, and the insight that there we have much to learn (Malchiodi, 2003). Neuroimaging has provided many
insights into specific regions of the brain being activated while engaged in the process of making art, however there is also much to learn about the interface between art therapy and neurobiology (Kapitan, 2014; Lusebrink, 2004; Malchiodi, 2003). Effects art has on the brain include increased communication between both left and right hemispheres (Malchiodi, 2003). New neural pathways can be created by the patterning, imaging, movement, and somatic experiences of creating (Kapitan, 2014). Belkofer, Van Hec, and Konopka found that increased alpha waves in the brain during drawing produced relaxation effects similar to meditation or exercise (2014). This study is exciting in that it demonstrates that art making produces similar effects on brain waves as meditation and exercise does. In other words, art making is relaxing.

The Expressive Therapies Continuum (ETC) is a research based theory that serves as a framework for the therapeutic application and practice of art therapy. It is broken down into three categories: sensory/kinesthetic, perceptual/affective, and cognitive/symbolic. Each of these categories corresponds to the brain’s increasing hierarchy of functioning (Hinz, 2009). Art making experience can move within the full spectrum of the brain’s functioning including both left and right brain hemispheres, and has the ability engage all three categories of the ETC within a single art experience and process.

Sensory/kinesthetic art experiences such as pounding clay or finger painting refer to the movements, tactile elements, or action associated with art making. These elements can express energy, activate mind-body responses, and trigger emotional responses. Kinesthetic Sensory activity creates new development and reconstructs motor memories regulated by the basal ganglia (Lusebrink, 2004). This is the simplest form of information processing is important when working with children (Hinz, 2009).
While discussing the perceptual/affective component to the art making process, Lusebrink notes it is the interaction with the formal elements of art such as line, shape, and form that create perceptions. Our emotional responses to these perceptions describe the affective process. Neurological activity in the ventral stream in the interior temporal cortex direct our perceptions and emotional responses. Channeling emotions through art media is an effective component to art making (2004). Hinz states that words are not needed at this level of expression, instead fervent expressions may be experienced (2009).

The cognitive/symbolic processes of the ETC, activates the brain’s executive functions and are the most sophisticated at this level in the hierarchy (Hinz, 2009). Art experiences that involve problem solving, sequencing, abstraction, and corresponding verbalizations (Lusebrink, 2004) all access the prefrontal cortex regions involved in language, problem solving, social skills, decision making, and ability for insight (Kane & Engle, 2002).

The ETC demonstrates that processes involved in art making not only engages our whole brain but our bodies as well. Art therapy is unique in that it does not require verbal language to activate neurobiological processes (Roaten, 2011) and thus both mind and somatic body sensations can be engaged creating a whole mind-body experience.

The rewarding, pleasurable experience of art making provides positive rewards which increases healthy brain activities. The rhythmic qualities associated with the action of art making resonates with neural patterns. Art therapy is also relational, respectful, and egalitarian in nature, and human beings are hardwired for interpersonal learning. All these elements lend themselves to the argument that art therapy is optimal for creating healthy new brain development (Kapitan, 2014).
Trauma, Art Therapy, and its effects on the Brain

Data regarding specific experiences for at risk youth is collected in places where at risk youth with behavior, mental health, or family issues seek treatment. Greeson et al. (2014) report 92% of youth in treatment facilities have experienced at least one traumatic event. Adolescents and children in foster care programs have experienced a mean of 4.7 types of trauma. “Complex trauma describes the result of exposure to multiple traumatic events that have been prolonged and repeated, as often is the case with child sexual abuse, other abuse or neglect, and family violence. Because these events typically have an invasive, interpersonal nature, they can disrupt the individual’s formation of the self and ability to form secure attachments” (Stace, 2014, p. 12).

Neurological effects of traumatic experiences are noted in the limbic system of the midbrain. The limbic system houses structures critical for human survival instincts; the Hypothalamus, the Amygdala, and the Hippocampus (Malchiodi, 2003). The amygdala interoperates experiences and regulates action when threats are perceived. The Hippocampus’s job is to store experiences into memory (Lusebrink 2004; Malchiodi, 2003; Roaten, 2011). Rothchild describes two types of memory: explicit memory and implicit memory. Explicit memory is conscious; comprised of facts, ideas, and concepts. Implicit memory is sensory and emotional. It relates to the body’s memories (Malchiodi, 2003).

Roaten furthers delineates explicit memories as autobiographical; generating connections to the prefrontal cortex. Processes between the limbic system and prefrontal cortex are key for empathy and relational experiences. Without early empathetic experiences the central nervous system wiring is incomplete (2011). Post-traumatic stress may present itself when memory of the trauma is excluded from explicit storage (Malchiodi, 2003).
Art therapy is proven to be an effective way to re-integrate traumatic memories from implicit memory to explicit, autobiographical, everyday memories. This is done by tapping into the limbic system, accessing the body’s sensory memories to reprocess the traumatic event (Kapitan, 2014; Lusebrink, 2004; Malchiodi, 2003; Naff, 2014; Roaten, 2011).

Research utilizing Nero-imaging proves the sensory aspect of art therapy fires up specific brain activity, accessed by the nervous system; proving art therapy is a mind-body experience. When treating trauma, integrating implicit memory into explicit memory requires reprocessing the traumatic memory, which is taped into through the senses. Research supports art therapy can target the specific area of the brain which could be damaged, and supports healthy growth of neurological functions.

**Art Therapy and At-Risk Youth**

Cumulative trauma is often the root for symptoms that manifest in diagnoses such as oppositional defiant disorder, conduct disorder, depression, attention-deficit hyperactivity disorder, self-injurious behavior, suicidal ideation, homicidal ideation, attachment problems, and more (Naff, 2014). These disorders are all reasons at-risk youth might be referred for therapeutic intervention. A developmentally appropriate approach is crucial to maximize treatment benefits.

The prefrontal cortex is not fully developed until approximately age 24 and 25, and early traumatic events can further impede the growth of the connection process between the limbic system and the prefrontal cortex (Roaten, 2011) traditional talk therapy may not be the most developmentally appropriate approach to treating at-risk youth, trauma, or both.

Straus and Stewart (1999) note that talk therapy may mirror the perceived hierarchy of adult as authority with the adolescent being forced to participate in such. Art therapy not only lends itself to building rapport with adolescents by its egalitarian, non-judgmental, safe nature
(Kahn, 1999; Malchiodi, 2003; Riley, 2003; Straus & Stewart, 1999 Wallace-De-Garbo, 2006), but also places the client as the expert. Art therapy offers a sense of control over the process and product while engaging in creative expression (Kahn, 1999; Riley, 2003; Roaten, 2011). At-risk youth, who may have additional barriers to trust adults (Halverson, 2010), shifts therapeutic approach from verbal to non-verbal, therefore can bypass defenses and reduce resistance (Kahn, 1999); traditional talk therapy places demands on an incompletely developed prefrontal cortex. Art making has been demonstrated to create new synaptic connections between the limbic system and prefrontal cortex, areas in the brain that are imperative for insight into behavior (Kahn, 1999).

Open Art Studio Model

There are many approaches to the practice of art therapy. Specific art therapy practice falls on a continuum ranging from a more clinical, structured and directive approach based on therapeutic goals and objectives with the art process and its resulting product as the intervention to an art as therapy approach. The art as therapy approach includes the notion that the art making itself is the essential therapeutic component in the art therapy process. There is a variety of versions and applications for the practice of art therapy that fall anywhere in-between these two points on the continuum. The open art studio model falls on the end of the spectrum of art as therapy (Allen, 2008; Malchiodi, 1995).

Traditional Open Art Studio Model

Traditional aspects of studio art therapy models incorporate media exploration, experimentation, trial and error alongside other individuals. Participants can invest in as much or as little time as desired. The role of the art therapist to stay present within the dynamic shifting elements of the studio space (Allen, 2008). The open art studio may not have set group members
and participants are usually given more time to explore the material and therefore their inner identity or journey (Allen, 2008; Malchiodi, 1995). The open studio is an environment that is non-judgmental, egalitarian, and community based. The goal is to work in a space where hierarchies don’t exist (Allen, 2008; Block, Harris, & Laing, 2011; Malchiodi, 1995).

Participants can take creative risks and be vulnerable around others (Block, Harris, * Liang, 2011) sharing their experience when safety and non-judgment is established. The marginalized, the mainstream and everyone in between can create side by side in the open studio. “The healing aspects of the art making arise from the making and doing, the trying and failing, the experimenting and succeeding alongside others.” (Allen, 2008, p. 11). In the art studio, societal barriers can be temporarily suspended. The board members, homeless, artist, executives, and disabled all just become fellow human beings; traveling on their own life journey. Pat Allen further comments on this saying, “no efforts to fix, cure, change, or interpret are made. But merely to witness the flow of expression in the images that arrive and learn from them” (2008, p. 11).

Art Therapy Open Art Studio at Arlington House Shelter

Arlington House Youth Shelter serves adolescents in Ramsey County who are in need of emergency housing. The need for emergency housing can be for a wide variety of reasons including homelessness, severe truancy, removal from home by child protection, awaiting a court date, or more. Adolescents can stay at Arlington house shelter from anywhere between a few hours to 90 days. The open art therapy studio has been integrated into AHS programming for individuals and groups; made up of residents, staff, social workers, the groundskeeper, and other community members.
Clinical art therapy approaches may not be as appropriate at Arlington House, due to the transitory nature of the population. The open art studio offers a chance for both the adolescents who reside at the shelter and the staff, respite from a chaotic, unpredictable, environment. Rules posted on the art studio wall include an Adlerian phrase, practice the courage to be imperfect. A quote from Peter Reynold’s book *The Dot*; “if you don’t know where to start, make a mark and see where it takes you” (2003, p. 4). There are other encouraging quotes that support the encouraging aspects of the art studio such as; express what words cannot, and practice creative freedom. When first oriented to the space, newcomers (either staff or resident) are given a brief tour of the art materials. There are traditional art supplies such as canvas, paint, and clay, as well as postmodern supplies such as a box of found objects, duct tape. Some postmodern materials serve as a metaphor for transformation or finding value and use out of objects otherwise discarded. Utilizing recycled material is also beneficial because it is cost effective.

Explained to all participants that they are free to use any or all supplies they wish and encouraged to explore freely. At times, a newcomer may not wish to participate. In these instances, a seat is provided either with the group or on the periphery, whichever the individual chooses. After validating space and time needed to observe the group, participants typically choose to engage. If a participant feels overwhelmed and doesn’t know where to start, suggested directives or a joint art piece is offered. Many times collaborative art between residents and staff has spontaneously emerged. Examples of these collaborations can be creating dolls, houses, board games, masks, robots, felting projects, and group altered book projects. Collaborations aide in establishing an environment based on Adlerian theory; belonging, connection to others, safety, and encouragement.
The climate in the art studio depends on the group. Sometimes quiet, focused, or introspective other times lively, active, energetic and anywhere in between, or a combination of it all within a single group have occurred. During the art process, conversation topics can included racism, foster placement, sex, death of loved ones, academic struggles, drug use, weapons, money, safety, family concerns, incarceration, probation, police, violence, and more. There are times when direct verbal communication on prevalent topics can be the therapeutic focus. At other times, metaphoric language using symbols within the art process is the primary mode of therapeutic self-expression. Some of these symbolic and visual experiences have included: epic battles between created figures, expressions of complex feelings such as anger, frustration, confusion, and pain. There have been many symbols representing healing, such as dolls that have been given casts for broken limbs, themes of resiliency and hope have emerged including robots that have been created, demolished, and had their parts recycled. Images of hope, affirmation, resilience and transformation have been left on the studio walls for future participants.

The art studio is a unique space at Arlington House in that it offers the safety and freedom to express with or without words in literal or metaphoric language. Working side by side, staff and resident can leave the stressors of everyday life or work outside as they engage creatively with themselves and others. In the art studio the hierarchy between the two groups has become horizontal, allowing for an open relationship based on mutual respect though the art.

**Benefits and goals for Arlington House residents.** The at-risk youth who participate in the art therapy open studio at Arlington House, gain the physiological benefit of increased alpha waves and decreased cortisol levels for relaxation (Belkofer, van Hecke, & Konopka, 2014) found when engaged in the creative process. The freedom to control process and product within
the art therapy studio is a positive benefit for the adolescents who have little control and power over their current environment. Momentary escape from life stressors, cathartic release of emotion without words in the safety of the art, sublimation, learning new skills, and having an opportunity to interact with peers and staff members within a non-hierarchical atmosphere helps to change the perception of power.

The goals for resident participants changes each day and is different for each individual. Therapeutic goals could be mindfulness practice (staying in the present moment), decreasing maladaptive behaviors, working on healthy boundaries, building self-esteem and autonomy, sublimating big emotions, and more. The ultimate goal for residents participating in the open art studio is to establish and build healthy relationships with the at-risk youth in an effort to encourage strengths ultimately, this opportunity for connection, a positive sense of belonging and personal transformation can lead to greater social interest.

**Benefits and goals of staff involvement.** The role of the youth counselors at Arlington House are crisis interventionist, listener, life coach, mentor, role model, goal tracker, hygiene educator, nutritionist, cook, hair stylist, bearer of bad news, target of aggression, advocate, driver, and more. The population of at-risk youth have often faced tremendous adversity, this can present as mood or behavior issues, distrust of others, and contempt for perceived authority. Caretaking for this population of adolescents can add to those challenges.

Youth counselors participating in the open art studio time can gain a multitude of benefits. It’s an opportunity for them to explore creatively, reaping all of the neurological benefits aiding to stress reduction and relaxation (Belkofer, van Hecke, & Konopka, 2014). Participating in the open art studio can serve as a “refuge from competition of daily life” (Allen, 2008, p. 12) and work pressures, and a chance for self-reflection.
The nature of the community based art studio can allow for the hierarchy (Allen, 2008; Malchiodi, 1995) between staff person and resident to be less prominent, this may allow opportunities for relationships to be established. In the open art therapy studio, staff can feel safe, significant, and belonging; key Adlerian concept. Individual strengths can be witnessed while engaged in the creative process without any verbal self-disclosure. Staff participating have been teachers and students sharing their own talents and expertise in areas of creativity. Staff willing to be creatively vulnerable can serve as role models for resident participants, allowing the residents to feel safer to take greater creative risks as well. Creative role modeling is an important element in the open art studio model written about by Block, Harris, and Laing in their 2005 article, *Open Studio Process as a Model of Social Action: A Program for At-Risk Youth*.

The strengths of participants both staff and resident, are displayed without the need for any self-disclosure. All participants are both a teacher and a student in the art studio. Collaborations on art making can serve as a bridge between the two groups, a safe common ground in which the barriers that exist between people of different race, socioeconomic status, or life experience are suspended, while the emphasis is on the art and process.

**Ethical considerations.** The art studio has allowed for open, free, sometimes playful interactions for staff and residents of Arlington House Youth Shelter. There are many ethical considerations to pay attention to when incorporating this process for at-risk youth.

Including staff in the art therapy open studio, has created additional barriers between staff and residents at certain times. For example; staff self-disclosure has highlighted the economic disparities between these groups. Rather than building rapport and relationships, during some of these times, the art therapy open studio sessions has additional tensions and hinder staff members’ abilities to be seen as relatable with this particular group of at-risk youth.
Collaborations on art pieces between staff and residents have created ethical considerations around ownership and privacy. In particular, staff members who have access to social media and cell phones have wanted to share the artwork but resident collaborators have not. The choice to share artwork with others in the group is personal. When ownership or artwork is shared between more than one person, the choice to share that work ideally would be agreed upon by all parties who created it. In some cases, the choice to share a collaborative artwork was heightened by adding social media. Not only did a staff member want to share artworks without resident consent, but they wanted to share it on social media. There has been further discord between staff and residents on this subject because residents do not have access to either cell phones or social media while living at the shelter. This again highlights some differences and frustrations in socio-economic status as well as power differentials; staff members at times have unknowingly exhibited their easy accessibility to smartphones, data plans, and friends without consideration of how this may be received by residents who see those things as luxuries. Such interactions served as a reminder of being marginalized in society for some residents.

The crux of the ethical standards of any mental health profession is to do no harm. In an effort to uphold this mantra, providing quality service for the participants of the art therapy open studio special attention and consideration must be given to the ethical grey areas that arise while serving two groups of people with differing set of spoken and unspoken rules that govern their respective worlds. Without consideration of these issues and what is best for the at-risk population, the ultimate goal of generating social interest could in fact fail, leading to greater discouragement.
Conclusion

At-risk youth are adolescents facing extreme adversity while simultaneously trying to create their identity and place in the world. At-risk youth may be inwardly focused on trying to meet their emotional needs through mistaken beliefs (Ballou, 2002). Health and wellbeing can be achieved by creating a therapeutic relationship with at-risk clients, and supporting community engagement. Statistically, many at-risk youth are living in poverty (Jiang, Ekono, & Skinner, 2015). Families living in poverty may struggle to meet basic needs of its members. The family system is focused on survival, not on operating democratically (Halverson, 2010). Some at-risk youth who seek treatment or therapeutic support have experienced cumulative trauma (Greenson et al., 2014) which mimic symptoms of many behavior disorders (Naff, 2014). Encouragement is a fundamental element of building therapeutic rapport with at-risk youth (Iwasaki, 2014; Stein, 2005). Having just one positive attachment can be lifesaving for an at-risk youth (Halverson, 2010; Sweitzer, 2005). Encouragement of strengths, consistency, and unconditional positive regard can further build a therapeutic relationship with at-risk youth (Naff, 2014). Within the safety of a therapeutic relationship, at-risk youth can move from being focused inward to socially interest: engaged with oneself and community rather than focused on mistaken beliefs (Ballou, 2002).

At-risk youth can have challenges with trust and authority, art therapy is effective at placing control over process and product with the client (Kahn, 1999; Riley, 2003; Roaten, 2011). Art therapy is a developmentally appropriate treatment approach for at-risk youth on a neurobiological level (Roaten, 2011). The art making process can stimulate synaptic connections from the limbic system to the prefrontal cortex (Kahn, 1999). These areas are rapidly developing in the adolescent brain. For at-risk youth who experience trauma or severed attachment, these
processes can build neurological pathways that can increase empathy and insight (Shore, 2014). The Expressive therapies continuum (ETC) is a categorization system with three levels that gives insight into a hierarchy of art making experiences and the corresponding processes taking place on a neurological level. Art therapy engages left and right hemispheres of the brain simultaneously (Hinz, 2009; Lusebrink, 2004).

Art making is a mind and body experience. Traumatic memories that are implicit, can be tapped into and re-integrated into explicit memory, within the safety of a therapeutic relationship by accessing the limbic system through the sensory aspects of art therapy (Malchiodi, 2003; Roaten, 2011). Traditional talk therapy requires verbal processes and insight that at-risk youth may not be fully capable of, due to the forming of the executive functions of the prefrontal cortex during the adolescent years (Roaten, 2011).

The art therapy open studio, at Arlington house youth shelter, is based on the open art studio model created by Pat Allen (2008). At-risk youth residents and staff participate together in the art therapy open studio, providing relief from the chaotic and unpredictable environment of an emergency shelter. Research has shown art making produces similar relaxation feelings as exercise and meditation (Belkofer, van Hecke, & Konopka, 2014). Within the art therapy open studio, direct verbal processing and metaphoric symbolic language has been used as a form of expression. Art making in this environment has been a successful way for the residents and staff to build non-hierarchical relationships with one another, and offers a variety of coping skills for both groups. It is imperative the open art therapy studio at Arlington house continues. There is not any other element to the programming at AHS that is as effective at engaging the participants that is both safe and encouraging, rooted in feelings of belonging and social connectedness.
Ethical considerations using the art therapy open studio process must be addressed in order to have a successful therapeutic environment.

Further areas of research for the art therapy open studio process could include the effects of staff members participating with at-risk residents in the art therapy open studio, and what impact participation has had on staff distress tolerance.
References


