Adlerian Art Therapy for Treatment of Gender Dysphoric Adolescents

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By:

Heather Ann Oxendale

Chair: Erin Rafferty-Bugher

Reader: Katie Kinzer

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Abstract

This project addresses Gender Dysphoria in adolescents and how Adlerian group Art Therapy helps them with self-expression, discovering their identities, and exploring how their genders differ from the sex they were assigned at birth. This project covered a list of terminology, a history of homosexuality and gender dysphoria in the Diagnostic and Statistical Manual of Mental Disorders (DSM), research into Adlerian theory and art therapy regarding gender dysphoria, and research considerations for the future. Additionally, an extensive 12 week curriculum was designed for an Adlerian art therapy group for adolescents who have been diagnosed with gender dysphoria. Adolescence is a time to explore identity and to build a social group outside of the family milieu. When gender dysphoria is a factor, this process becomes much more challenging for teens. Many suffer from family abandonment, discrimination, and violence due to their gender dysphoric status. By creating a therapy group for transgender teens to work through gender identity issues with peers, this allows them to socialize and build a peer support system as well as safely exploring themselves and their feelings related to gender.
Dedication

This project is dedicated to my parents,

Gary and Theresa Oxendale,

and my siblings,

Jennifer (Karl), Jacob (Molly), and Brianna (Josh).

Without your support, this project would not have happened.

Thank you.
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Adlerian Art Therapy for Gender Dysphoric Adolescents

Introduction

It is imperative to consider art therapy as a research based approach that supports positive outcomes and success (Schnebelt, 2015) in addressing the complex mental health symptomology that is often associated with gender dysphoric adolescents. Adlerian concepts and art therapy based interventions focused around identity, self-esteem, self worth, and looking to the future with hope will be explored throughout this paper. Research will be included that supports group therapy as a preferred treatment approach (Babyatsky-Grayson, 2014) that provides a safe place to explore a person's identity through art therapy, encourages a sense of belonging and safety, encourages relationships and building a support system, provides an opportunity for finding significance in addition to addressing the complex mental health issues related to gender dysphoria.

This paper will provide a brief terminology section, a history of gender dysphoria in the Diagnostic Statistical Manual (DSM), transgender research, Adlerian theory regarding gender dysphoria, art therapy research, future research considerations, mental health considerations for treating transgender teens including art therapy approaches, as well as Adlerian concepts for the treatment of gender dysphoria. Finally, this paper will include a twelve week proposal for a group art therapy curriculum focused on gender dysphoric adolescents. The curriculum will address gender identity issues such as: identity, safe spaces and mindfulness, support systems, belonging, self-care, self-love and acceptance, and looking toward the future.

Terminology

In order to demonstrate competency, a basic understanding of the important terminology is necessary (Appendix A). Starting with the basics, it is important to understand the difference
between sex and gender. This is a topic of great discussion and many differences of opinion are available. According to Mardell (2016), sex is defined as "a socially constructed classification system based on a person's biology. Society typically recognizes only two sex categories, male and female, each with specific biological requirements" (p. 13). This distinction does not include anyone born with atypical genitalia (intersex). An intersex person is someone who has anatomy that does not fit the typical definition of male or female set by society’s standards. They can have chromosomal variances in their DNA, a mixture of male and female gonads or genitals, or have missing chromosomes. Turner's Syndrome, for example, is when a baby girl is born with a defective or missing second X chromosome (Doyle & Paludi, 1998). This can also be referred to as a sex disorder.

The term 'gender' is defined by Mardell (2016) as, "in the context of individual self, gender is the state of being a man, a woman, both, neither, somewhere in between, or something entirely different" (p. 9). Mardell also goes on to explain that gender is constantly changing and it is not tangible like a person's sex can be. Gender is a fluid concept, a feeling or belief about oneself, and concepts or beliefs can shift over time or evolve into new concepts or beliefs. Gender dysphoria is a term used by professionals to explain how some people have dysphoric feelings towards their gender. Someone who has gender dysphoria generally feels as though the sex they were assigned at birth does not match how they feel in their own body. Someone who does not have any dysphoria towards their gender would be considered cisgender (Mardell, 2016).

The word 'transgender' is an umbrella term for people who believe their gender is different than what was assigned at their birth (Mardell, 2016). In the past, the word transgender was synonymous for transsexual, which is a term that is not as common now
and has come to be considered derogatory in some situations. Transsexual can also be another term for a transgender person who has either partially or fully medically transitioned to their preferred gender. A person who was assigned the gender male at birth who grows up to identify as female would be a trans-woman. A person assigned female at birth who identifies as male would be a trans-man. Many times, these can be shorted into abbreviations of Female to Male (FtM) or Male to Female (MtF). Many in the trans-community prefer to be identified as their preferred gender and not have the word 'trans' tacked on to the front because they prefer to be stealth. Stealth or passing means that they want to integrate into the community without anyone knowing them as anything other than the binary gender with which they identify.

**History of Homosexuality and Gender Dysphoria**

Same-sex relationships can be found in records as far back as the ancient Greeks (Halperin, 2002). The word 'homosexuality' was first written in 1869 when it was mentioned in a government pamphlet in Germany. Karl Maria Kertbeny and several other writers were working on a new penal code for the North German Federation and needed a way to write laws forbidding same-sex relationships (Mondimore, 1996). Prior to that year, homosexuality was only referenced in euphemisms and other definitive terms.

Flash forward several decades to when the *Diagnostic Statistical Manual of Mental Disorders* (DSM; American Psychiatric Association, 1952) was written. The first DSM was published in 1952 and listed homosexuality as "psychopathic personality with pathological sexuality" (Trail et al., 2008, p. 229). The DSM-II (published in 1973) listed homosexuality as "a sociopathic personality disturbance" (Trail et al., 2008, p. 229). Because the DSM classified homosexuality as a mental disorder, many gay people were left hospitalized or institutionalized.
They were pathologized and treated as if they were sick. The treatments for these diagnoses included aversion therapy, hormone injections, electroshock, and electroconvulsive therapy (Trail et al., 2008, p. 229).

Homosexuality was not removed from the *DSM-II* until the seventh printing in 1973. The diagnosis "sexual orientation disturbance" (SOD) was added. Interestingly, SOD specifically mentioned that the people were disturbed by their same-sex attractions and were in conflict with their feelings or wanted to change their sexual orientation (Trail et al., 2008, p. 230). The classification of SOD went on to explain why homosexuality had been removed and SOD added.

This diagnostic category is distinguished from homosexuality, which by itself does not necessarily constitute a psychiatric disorder. Homosexuality per se is one form of sexual behavior and, like other forms of sexual behavior, which are not by themselves psychiatric disorders, is not listed in this nomenclature of mental disorders. (as quoted by Trail et al., 2008, p. 230)

The change in terminology caused a great deal of controversy among professionals. Many debates on the topic of homosexuality occurred including discussions on why the diagnosis changed. Most professionals, up to this point, were trained to believe that same-sex attractions and relationships signified a sickness in their patients. In addition, religious practices also subscribed to the belief that homosexuality is a sin according to God. The change to SOD caused such a multitude of problems for professionals that the *DSM –III* (published in 1980), once again changed the name of the diagnosis. Ego-Dystonic Homosexuality did not last very long and was removed in the revision of the third edition several years later in 1987 (Trail et al., 2008, p. 232).

Gender Identity Disorder (GID) was a new diagnosis created for the *DSM-IV* (published
in 1994). When the DSM-5 came out in 2013, it was once again changed to Gender Dysphoria (American Psychiatric Association, 2013). By that point, the American Psychiatric Association had announced that homosexuality is as normal as heterosexuality and simply another way to feel attraction. Because of this, the DSM-5 Task Force wanted to remove negative connotations from the use of the word ‘disorder.’ According to the Task Force, the word 'dysphoria' can cause a less pathological sense and implies that, with help, the dysphoric feelings can eventually pass.

There are still many people who question why there is still a gender related diagnosis in the DSM. One of the main concerns is that, by maintaining a diagnosis regarding sexuality or gender issues, the American Psychiatric Association would still be classifying homosexuality or gender-dysphoric problems as an illness. The Task Force explained, though, that a diagnosis for these issues will still be needed due to potential discrimination towards transgender people. For many trans people, it can be incredibly difficult to get access to medical care. In order to obtain medical treatments, like hormone replacement or sexual reassignment surgeries, to be covered by insurance, a diagnosis is required to provide a medical necessity for treatment (Veltman & Chaimowitz, 2014). It is an unfortunate truth that the LGBT+ community still suffers from intense discrimination, and, until society is truly equal, a gender-related diagnosis will be required to stay in the DSM for everyone to receive fair health care.

**Research and Literature Review**

Due to the lack of overlap in the research, it can be difficult to find Adlerian group art therapy research specifically for gender dysphoric adolescents. Extensive research just has not been completed at this time. Because of this problem, the following section has been split into three separate areas: gender dysphoria research, Adlerian research regarding gender dysphoria, and art therapy research. Most art therapy research has been done on small scales with anywhere
from one individual to several. It can be difficult to conduct large scale research based in art therapy, so most research is done as case studies and qualitative interviews rather than collecting quantitative data.

**Gender Dysphoria Research**

Although there has been an incredible increase in research done with gender dysphoric, transgender, or gender non-conforming (GNC) persons, very little research has been done regarding Adlerian approaches to the treatment of gender dysphoria. One of the biggest surveys ever completed with the transgender population was the National Transgender Discrimination Survey in 2011. This study had 6,450 respondents across the United States and the United States territories. The full report is over 200 pages long containing extremely useful data covering everything from race, age, income, and highlighting topics such as harassment in education, employment, housing, public accommodations, and prisons (Grant et al., 2011).

Because this project is focused on mental health with gender dysphoric adolescents, the health care section of the Trans-Discrimination survey will be the highlighted focus. One of the key findings of the report was that, overall, 41% of respondents reported having attempted suicide at some point in their life (Grant et al., 2011). This number grew when race of the individual was taken into consideration, or when the individual reported instances of harassment, or physical or sexual assaults. Compared to the general population's 1.6% report of suicide attempts, this is a staggering statistic. The levels of harassment (78%), physical assault (35%), or sexual violence (12%) reported by transgender people are also extremely high (Grant et al., 2011).

In the medical field, 16% of respondents reported being harassed or disrespected at the emergency room, 25% at the doctor's office or hospital, and 12% at their mental health clinic. In
addition to this, 24% were denied equal treatment at their doctor's office or hospital and 11% at their mental health clinic (Grant et al., 2011). A total of 19% of respondents reported having been denied treatment by their provider or doctor at some point due to their trans or GNC status. Twenty-eight percent reported being harassed verbally in a medical setting (Grant et al., 2011).

A common problem for transgender people is having to teach their medical provider about transgender care, with 50% of respondents reporting this problem. Almost 25% of the respondents reported delaying needed care because they had been disrespected or discriminated against by their doctor or medical provider (Grant et al., 2011). A quote in the survey from a trans-man said,

I saw a doctor in New York and told her how I wanted [chest surgery]. She looked at me sternly and said, 'I can't believe you are wasting my time. Do you know what your problem is? You just want to be a boy. You want to be a boy and that's never going to happen so just do yourself a favor and get over it.' Then she left the room abruptly. I grabbed my things and bolted down the street, feeling like the biggest freak in the world. (Grant et al., 2011, p. 84)

This kind of discrimination or harassment from a medical provider is unacceptable. It leads to higher rates of illness, disease, and death in the trans-community. One trans-man said, "I have been living with excruciating pain in my ovaries because I can't find a doctor who will examine my reproductive organs" (Grant et al., 2011, p. 77).

In a report titled, Effects of Violence on Transgender People, it was found that trans-people who have suffered physical or sexual violence have significantly increased reports of suicidal ideation, suicide attempts, and substance abuse problems (Testa et al., 2012). To be more specific, trans-women who had experienced a physical attack were 81.7% more likely to
feel suicidal ideation. Trans-men who experienced sexual assault were 96.7% more likely to have a history of suicidal ideation (Testa et al, 2012). The report concluded by explaining that despite the high levels of violence, only 10% of victims reported to the police (Testa et al, 2012) because of the probability of additional discrimination and violence from the police.

One therapy model that might be beneficial to use with gender dysphoria and GNC clients would be the Permission, Limited Information, Specific Suggestions, and Intensive Therapy (PLISSIT) model, created in 1976 by Jack S. Annon (Fagan, 2004). Normally, this model is used by sexologists, but the underlying basis of the model (permission and information) could benefit this population as well. First the therapist gives the client permission to explore the topics of gender in a safe, non-judgmental office. Next, as the client is exploring the topic of gender or gender non-conformity, the therapist is able to learn what kind of information the client may need, so they provide the limited information and help to prevent an information overload. After a while, the client will need more specific suggestions, assignments, or information for how the client can accept themselves and move out into the world without hiding their true selves. This can come in the form of support groups, videos to watch, or books and blogs to read. Finally, intensive therapy is the final step of the model. If the mental health provider cannot provide this step, they would refer the client out to a specialist. This step usually involves Cognitive Behavioral Therapy (CBT), art therapy, or any other style of therapy available (Fagan, 2004).

Adlerian Research Regarding Gender Dysphoria

Alfred Adler did not have any observations regarding transgender or Gender Dysphoric clients, but did confer about homosexuality and hermaphroditism (Sperry et al., 2015). He lumped all sexual orientations and gender related disorders into one category, homosexuality,
which he referred to as a neurosis and a perversion (Trail, et al., 2008). Most of Adler's references to homosexuality; however, were referencing gay men. In all of the compiled reference texts on Adler and his writings, only 110 citations were made referring to 'homosexual' or 'homosexuality.' Of those, only four citations were for lesbian or bisexual persons and none were for transgender persons (Trail et al., 2008).

Adler believed normal sexual development followed paths towards the three major life tasks of love, friendship, and work and he believed that homosexuals failed at all three tasks in various ways (Trail et al., p. 236). The task of love is based on the dedication to preservation of the human race. By not conforming to heterosexual love, a person will inevitably fail this task of life. The task of friendship is hindered when a person is mocked, ridiculed, or harassed by peers. By acting out homosexual fantasies a person is choosing to be rejected by their peers which leads to them failing at the task of friendship. Lastly, Adler believed that "homosexual individuals changed jobs more frequently, tended to start work later, and would end work later than the heterosexual" (Trail et al., 2008, p. 236). Adler was able to argue that homosexuality caused a person to deviate from the paths to normal sexual development. The life tasks will be covered more extensively later on in this project, including covering how transgender people specifically might struggle with them.

Adler argued that homosexuality was a sign of cowardice towards the opposite sex. In regards to men, this meant that a gay man would feel defeated by a woman. This lead into his belief that gender guiding roles played a large part in how homosexuality could affect someone's life. If a child grew up to be gay and had experienced non-traditional gender roles in their parents or had a missing parental figure, Adler felt that this was the major contributing factor in how or why they 'turned' gay. He also hypothesized that, "the growth of certain organs and
glands is partially governed by the environment and, if early training is toward femininity, both
the mind and body will follow" (Trail et al., 2008, p. 237). The only way to "cure" someone of
homosexuality, included a medical approach is by increasing hormones or providing surgical
procedures. In addition to the medical side, he believed that education and training was an
important aspect to healing the homosexual man as well as increasing their social interactions
with heterosexual individuals of the opposite sex (Trail et al., 2008, p. 238).

It is important to remember that Adler was from an era where homosexuality was
considered highly immoral and had many religious connotations of sin attached to the concept.
There was also almost no research into homosexuality during that time. As earlier stated, the
first reference to the word homosexuality was written in the year 1869 in Germany. Adler was
born in 1870 near Vienna, Austria and died in 1937 (Ansbacher & Ansbacher, 1956). The first
*DSM* was published in 1952. While Adler conformed to the common belief of the time that
homosexuality is inherently wrong and that it is curable if approached both medically and by
educating the patient, no one knows how Adler would see things today. He was a man of fairly
progressive thinking regarding women and children and equality. Perhaps with more research,
Adler would have come to accept and understand. Adler always believed that his theory of
Individual Psychology should evolve over time with new advances in research and knowledge
(Mansager, 2008). While he did not hold the most accepting of views towards homosexuality,
this does not mean that Individual Psychology will continue in this vein forever. As Adler stated,

I believe that I am not bound by any strict rule or prejudice but prefer to subscribe
to the principle: Everything can also be different (*Alles kann auch anders sein*). The
uniqueness of the individual cannot be expressed in a short formula, and general
rules, – even those laid down by Individual Psychology, of my own creation –
should be regarded as nothing more than an aid to a preliminary illumination of the
field of view in which the single individual can be found – or missed. Thus we
assign only limited value to general rules and instead lay strong emphasis on
flexibility and on empathy. (Mansager, 2008, p. 133)

**Art Therapy Research**

According to Erickson (1974), the main developmental task in adolescence is to build on the
identity they have been creating for themselves. Utilizing art therapy can help teenagers in
achieving the developmental tasks of separation from the family and individuation. This can be
accomplished by: (a) providing control over their expressions; (b) stimulating creativity through the
art process; (c) offering an enjoyable experience; and (d) using media which depict personal and age
and group metaphors and symbols (Riley, 1988). "Client-centered art therapy encourages the
adolescent's use of art for self-actualization via self-expression and integration of perception
with an understanding of self and environment" (Kahn, 1999, para. 6).

The effects of trauma on adolescents can range from a numbness to the world around
them to a high sensitivity to stimulation in order to avoid further trauma (Graham, 1994).
Additionally, trauma can cause a sense of powerlessness, victimization, low sense of efficacy in
the teen, and higher levels of self-mutilation (Graham, 1994). When you add in gender
dysphoria to the equation, those effects become much more prevalent.

Beaumont (2012) created a model called Compassion-Oriented Art Therapy (COAT) to
help specifically treat gender-nonconforming clients. Mindfulness techniques are used to
produce artwork that helps the client process threat-based emotions. To help deconstruct the
shame and self-criticism that comes from being gender-nonconforming, clients make art to help
with self-soothing (Beaumont, 2012). COAT was developed using Gilbert's Compassion
Focused Therapy model that was created in 2010. Gilbert's model was based on the idea that
when a client had a lack of or lowered self-compassion, it could result in higher levels of shame and internal criticism. By increasing awareness and self-acceptance, the client could move on towards better self-compassion (Beaumont, 2012). COAT techniques utilize art therapy to achieve the same objective as Gilbert's model.

**Future Research Considerations**

For future research, many have spoken about the need for trans-affirmative language in the survey process (Babyatsky-Grayson, 2014; Benson, 2013; Schnebelt, 2015; Testa et al. 2012). For example, many medical or insurance forms have a section where it asks for sex and only offers two options, male or female. By having an 'other' section followed by a space to give an answer, this could allow trans people to feel a little less stress regarding this topic. "Our language choices often communicate gender identity oppression and prejudice as it typically reinforces the gender binary" (Nagoshi, Nagoshi, & Brzuzy, 2014, p.137). The person receiving the form, may not understand the handwriting or the terminology, which could cause confusion on their part and that could potentially lead to discrimination or prejudice. What could be available on all forms are options for man, woman, MtF, FtM, Non-Binary, and other with space to give an answer. More answer options gives a sense of more inclusivity to the people choosing.

Another item that was mentioned multiple times was to have more training for people in the medical and mental health fields regarding transgender issues (Babyatsky-Grayson, 2014; Benson, 2013; Marcus, 2016; Schnebelt, 2015; Testa et al., 2012). Half of the participants in the Transgender Discrimination Survey reported having to teach their medical providers about transgender care and roughly 28% reported that they had postponed getting medical care due to potential discrimination (Grant et al, 2011). Transgender people get the flu, broken bones, and
respiratory injections just like cisgendered people. They should not have to worry about going to the doctor for a sprained ankle and have to suffer through questions about hormones. One transman reported that, "I was forced to have a pelvic exam by a doctor when I went in for a sore throat. The doctor invited others to look at me while he examined me and talked to them about my genitals" (Grant et al., 2011). One survey reported that only 33% of medicine residency programs in the U.S. incorporated LGBT health topics into their training (Marcus, 2016). As Dr. J. Michael Bostwick says, "There is nothing in transgender medicine and psychiatry that isn't found in any other part of medicine" (Marcus, 2016, p. 3).

Needing a more diverse sampling is reported in the limitations in almost every study available, as well as larger groups of participants in the research (Babyatsky-Grayson, 2014; Benson, 2013; Schnebelt, 2015; Testa et al., 2012; Travers et al., 2012). Many of the studies have such a limited amount of participants that their study severely lacks the ability for information garnered to be generalized across the population. A study of only a few people does not really represent all transgender people. In addition, a group of mostly white transgender people cannot represent all subcultures and races across the board. Studies must be larger and have much more diversity to be considered relevant research.

One study by Blumer and associates (2012) mentioned a limitation in regards to their literature review. They studied marriage and family therapy journals to determine the amount of transgender content published. One limitation they realized was that there was no way to determine how many submissions on trans-issues had been submitted to the journals and had been rejected from publication.

In regards to art therapy research, many studies concluded simply that more research in this field needs to be completed (Benson, 2013; Schnebelt, 2015; Testa et al., 2012; Travers et
al., 2012). At this time, all of the previously mentioned limitations are also found in art therapy based studies, especially the size of the studies. In addition to the previously mentioned limitations, more information on symbols in transgender art should be researched as well as the effect of creative interventions on the coming out process (Pelton-Sweet & Sherry, 2008).

In several reports that supposedly included transgender people in the target population (LGBT), it was found that the report was far more focused on the LGB populations and ignored the transgender population (Pelton-Sweet & Sherry, 2008; Schnebelt, 2015). For example, if HIV research is reviewed, very little is actually known about the rates of HIV in transgender people. Most of the research done on HIV has not had questions that include trans-specific demographics, meaning that none of the research can accurately describe how many people who answered are specifically transgender. Instead, they have been grouped with larger sub-categories like people of color or men who sleep with men (American Psychological Association, 2015). Transgender issues are usually very different from LGB issues and most of the time when a report uses the abbreviation LGBT, they really only mean LGB and have either left out completely or only provided limited information on the transgender aspects (Schnebelt, 2015).

The problem with this oversight in most research is that transgender people suffer much different types of discrimination and often times that discrimination can come from within the LGBT+ population itself (Schnebelt, 2015). One thing to consider is that, for LGB people, research is primarily focused on their sexual orientation. But for transgender people, their problems stem from their gender identity, not always their sexual orientation. It is important to remember that gender identity and sexual orientation are completely separate entities and usually have little to do with one another. Gender identity is who we feel we are in our mind. Sexual
orientation is who we are attracted to. By combining these groups together in research, it completely ignores the aspect of gender, which, for transgender people, is one of the primary reasons they are discriminated against. Schnebelt even suggested that "the transgender community should be considered their own separate culture and be removed from being aggregated with lesbian, gay, and bisexual populations, out of respect, rather than exclusivity" (2015, p. 50).

Adlerian theory has a shockingly low amount of research and publications done on transgender care. As of 1995, only eighteen articles on sexual orientation and LGBT issues were published in the *Journal of Individual Psychology* (JIP) between the years of 1967 and 1995 (Trail et al, 2008). Nearly half of those articles subscribed to Adler's traditional views on homosexuality, which was discussed earlier in this project. In 1995, a special edition of the *Journal* was dedicated to counseling LGB individuals (Trail et al., 2008). Out of the seven articles, none of them were specific to transgender counseling. Since 1995, there has been one contemporary article written in the JIP on transgender individuals (Sperry et al., 2015). This article focused on "the exclusion, lack of belonging, and inferior position transgendered individuals face in today's society" (Sperry, Carlson, Sauerheber, & Sperry, 2015, p. 273). Adlerians need to start looking into the research opportunities with transgender individuals. They are a fascinating population and in great need of a holistic approach to therapy.

**Mental Health Care Considerations with Transgender Individuals**

Thanks to the increase in transgender awareness in our society, there have been an increase in studies and research completed regarding how to effectively treat transgender individuals. There are many guidelines or competencies that have been published by various journals or organizations and not all of them can be covered here. Respecting the client's wishes
in regard to pronouns they wish people to use for them or using a name different than their birth name for medical and legal records is highly important to the client. Also, transgender adolescents tend to experience life very differently from cisgender adolescents and usually require some special treatment approaches.

**Published Guidelines for Trans-Affirmative Care**

The World Professional Association for Transgender Health (WPATH), formally the Harry Benjamin Standards of Care, is "an international, multidisciplinary, professional association whose mission is to promote evidence-based care, education, research, advocacy, public policy, and respect for transgender health" (WPATH, 2011, p. 1). All of the competencies or guidelines created by various institutions refer to the WPATH's Standards of Care (SOC). The SOC was first published in 1979 and has had seven editions printed in total. By becoming a member of WPATH, a person may have free access to a PDF of the SOC, or if not a member one can purchase the SOC from their website. The SOC covers these topics: epidemiological considerations, therapeutic approaches and treatment/assessment, mental health, hormone therapy, reproductive health, voice and communication therapy, surgery, postoperative care, and lifelong preventative care (WPATH, 2011). Each section is explored in depth and gives explicit details on how medical providers, counselors or therapist, and other professionals should treat transgender people.

The American Psychological Association released a report titled Guidelines for Psychological Practice with Transgender and Gender Nonconforming People (hereafter Guidelines) in 2015, the purpose of which was to provide a list of guidelines for professionals to provide trans-affirmative care. In 2009, the American Psychological Association's Task Force on Gender Identity and Gender Variance (TFGIGV) found that "less than 30% of psychologist
and graduate student participants reported familiarity with issues that Transgender and Gender Nonconforming (TGNC) people experience" (American Psychological Association, 2015, p. 832). The Guidelines were created to assist professionals in learning about how to practice trans-affirmative care, which is defined as "the provision of care that is respectful, aware, and supportive of the identities and life experiences of TGNC people" (American Psychological Association, 2015, p. 832-833). There are a total of sixteen guidelines which are organized into five clusters: "(a) foundational knowledge and awareness; (b) stigma, discrimination, and barriers to care; (c) life span development; (d) assessment, therapy, and interventions; and (e) research, education, and training" (American Psychological Association, 2015, p. 834).

The Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC) published the Competencies for Counseling Transgender Clients in 2009. These 103 competencies are separated into eight domains: human growth and development, social and cultural foundations, helping relationships, group work, professional orientation, career and lifestyle development, appraisal, and research. One example of a competency in the human growth and development section would be: a competent counselor will "recognize that gender identity formation, self-acceptance of transgender identity, and disclosure of transgender status are complex processes that are not necessarily permanently resolved and may be experienced repeatedly across one's lifespan" (ALGBTIC, 2009, p. 5). Another competency that is repeated in several sections is to treat the whole person, not just their gender dysphoria. Many times, a transgender person seeks counseling not for their transgender status, but for other areas of concern in their life, such as job stress or substance abuse. A good counselor will focus on what the person has come to counseling for and does not press the gender issues to the forefront of the therapy.
The last set of guidelines that will be covered here was published in *The International Journal of Transgenderism* (IJT) in 2002. They set up a list of nine major guidelines that help make up the theoretical framework for a transpositive therapeutic model. Those nine guidelines are as follows: "(1) clinical orientation/treatment philosophy, (2) assessment considerations, (3) treatment considerations, (4) the therapeutic relationships, (5) comprehensive case management, (6) accountability/quality assurance, (7) advocacy/alliance building, (8) knowledge base/professional development, and (9) research" (Raj, 2002). It is recommended that if a professional wants to begin working with transgender or GNC people, they should read as much of the competencies and guidelines as possible and make sure they are well versed in the SOC requirements.

**Correct Usage of Language**

One thing that was highlighted in every guideline, competency, or SOC published is the need for trans-affirmative language (ALGBTIC, 2009; American Psychological Association, 2015; Raj, 2002; Schnebelt, 2015; & WPATH, 2011). One of the biggest concerns for transgender people is pronouns. By simply following the patient or client's request to be called he-him or she-her, a professional can make all the difference in how that person responds to their therapy. If a person prefers gender neutral pronouns, like they-them, ze-zie (pronounced zee), or hir (pronounced hear), using them appropriately can make the person feel much more comfortable (ALGBTIC, 2009; Mardell, 2016; Nuttbrock, Rosenblum, & Blumenstein, 2002; Rachlin, 2002; Raj, 2002). Gender neutral pronouns are becoming more common for GNC individuals as a way to identify. Some reasons a person might decide to utilize neutral pronouns are because gender specific identifiers make their dysphoria more prevalent or as a way to buck the binary system and force the people around them to acknowledge the fact that transgender
people exist (Mardell, 2016).

It is important to ask the transgender clients what their preferred names are as well as their pronouns. Insurance forms usually require the gender assigned at birth and birth names, which can cause dysphoria and discomfort for the clients if that information is announced in waiting rooms or to a group of strangers. Simply using a client's preferred name can show them that the professional respects their preferences and therefore respects them.

Mistakes in language are normal when someone is transitioning. What is important for professionals to know is that if they make a mistake with gendered pronouns or using the wrong name, a simple apology or correction is all that is usually needed. By making a bigger deal about their mistake than is necessary, they can unintentionally cause more discomfort to the trans person than if they had simply made the correction and continued what they were saying. By overreacting, this can actually draw more attention to the fact that the person has been misgendered or that a mistake has been made. Over time, using the correct pronouns and names will become easier to remember and fewer mistakes will be made.

**Treating Transgender Adolescents**

For many adolescents, the concept of identity is a difficult subject. Adolescence is a time for people to explore themselves and discover who they really are. Erickson (1974) described the formation of an unambiguous identity as the central developmental task of adolescence. For LGBT teens, the coming out process is oftentimes the most difficult thing a teen has ever done in their lifetime. Before someone can announce to others, they must accept this part of themselves first. For transgender teens, this is even more difficult to achieve due to the lack of knowledge on the topic, high rates of family desertion, and extremely high rates of violence and suicide. For many of these teens, the term transgender is completely unknown to them and questioning what
is wrong with them is a long and difficult journey.

Once a teen does start learning the correct terms, they then have to navigate an even more confusing territory. The term 'transgender' is an umbrella term which means that there are many other terms involved with figuring out one's identity. Transgender, transsexual, agender, genderqueer, genderfluid, MtF, FtM, non-binary, androgynous, greygender, genderflux, and dozens (if not hundreds) more to learn and understand (Mardell, 2016). There are more terms being created every day around the world. When it comes to gender, if someone can imagine it, they can be it because gender is a construct we create for ourselves (Mardell, 2016). What fits one person, may not fit anyone else. The coming out process is difficult enough but when you throw in sexual orientation to the mix, it gets even more complicated.

There have been a series of six stages of transgender emergence created by Lev (2004) as a means to explain how a transgender person may experience their coming out. Stage one is labeled awareness. This stage typically has the highest levels of stress and anxiety because the person has only just started to become aware that they are different (Lev, 2004). They have not quite accepted the truth, and they spend most of their time either fighting themselves or trying to explore their thoughts and ideas. Some goals for therapy at this stage might include equalizing, neutralizing, or normalizing the felt experience. What the client needs most from their therapist is time, understanding, and compassion.

Stage two is labeled seeking information/reaching out. This is the time when the client is searching out knowledge about transgenderism and trying to find others like themselves. They begin saying to themselves 'I am transgender.' The thought process begins to move from internal to an outward process. Therapeutic approaches at this stage might include helping the client find information, support groups, or peers in the community (Lev, 2004). If the client is not quite
ready to be presented with people in person, finding an online community like a chat room or blog might help them get that support from a distance.

*Disclosure to significant others* is the third stage. It is often the most painful and difficult passage because loved ones may not understand or feel negatively towards the transgender person. Therapeutic approaches at this stage may just include being the support system for the person as they come out to family and friends (Lev, 2004). At this point in their life, the therapist may be the only person to which they have revealed their truth. If the family turns their back on the person, the therapist may need to step in and help the client find resources for homelessness or various other situations.

Stage four is *exploration of identity and self-labeling*. This is the time that the client is searching for more information (Lev, 2004). They can be voracious in their hunt for knowledge on how identity works and what terms there are to be used to identify themselves. This is a good time for group therapy work and support groups to come into play during therapy.

Then the exploration moves towards *transition issues/possible body modification* in stage five. This is when the client is searching out information on how to transition fully. They are making decisions on whether or not to transition only socially or to move towards a more permanent solution with hormones and surgery. This is when the therapist's job is to help find correct information and to make referrals to sexologists or help find trans-aware doctors and specialists in the area (Lev, 2004). The client will need guidance sifting through all the information towards making an educated, informed decision on their own. This is also the stage when most trans people tend to come out publicly, though it is not necessarily always done during this stage.

Lastly, stage six consists of *integration: acceptance and post-transition issues*. The
client has reached a point where they feel comfortable in their own identity and has made their decisions regarding the future (Lev, 2004). They are fully out to everyone or to most people. Their therapeutic goal at this stage is usually just maintenance therapy where they receive consistent support for ongoing transition related issues. If something comes up, they may feel free in bringing it up at therapy for some guidance.

It is important to remember that these stages are not consistent across the board. Some people may skip stages or meet stages out of order. It is also possible that someone may return to a stage several times. The coming out process is a lifelong process for many people. It does not just happen once and then it is over. People's lives are always in flux, they change jobs, relationships, neighborhoods, and friends. Additionally, the process of transitioning is also an ongoing process. It starts with a social transition and medical changes happen in stages as well. Some people decide not to fully transition and some want to fully pass as their expressed gender. Everyone is different in their gender expression.

**Adlerian Therapy for Treating Gender Dysphoria**

Because there is so little Adlerian information on transgender specific treatment, this project will highlight Adlerian concepts and how they would help with treating a transgender individual. A suggestion for future Adlerian research could focus on how the Lifestyle analysis could alter the way treatment is delivered. Adlerians use the lifestyle analysis to determine the client's motivations, mistaken beliefs, and fictional goals. Because transgender people have such difficult pasts (Grant et al., 2011; Testa et al., 2012; Travers et al., 2012), it would be interesting to see if the lifestyle analysis that is currently used would be effective or if it would need to be altered to be more trans-inclusive. Gender roles are an important factor of analysis and for many transgender people, gender roles are a difficult topic in their lives. Currently there is no research
about the lifestyle analysis and how effective it is with LGBT individuals.

**Life Tasks**

Adler originally outlined three life tasks that people need to have in balance if they want a mentally healthy life. They included the Work task, the Sex task, and the Social task (Mosak & Maniacci, 1999, p. 98). Later in his life, it is believed that he added two more tasks to that list, though there was never really an official publication. Those two tasks were Self and Spirituality (Mosak & Maniacci, 1999, p. 98). Some Adlerians also believe that Parent and Family are another task, though they could simply fit into the Social task as a subcategory. Adler believed that if a person was struggling with one or more of these tasks, their mental health would suffer. Balance in the life tasks is the key to good mental health.

**Work task.** Mosak and Maniacci (1999) wrote, "People are tied to each other in their need to cooperate and build a community in which we can thrive and grow. By sharing the 'work' required to survive, we can all function better" (p. 99). The work task is separated into six different subcategories: occupational choice, occupational preparation, satisfaction, leadership, leisure, and sociovocational issues. For transgender individuals, work can be a high stress environment if they are not yet out to their employers or coworkers. Many trans people struggle to even find employment. Statistically speaking, trans adults are four times more likely to have a household income of below $10,000 a year (Grant et al., 2011).

**Social task.** For Adler, the social task might be one of the more important ones. Adlerian theory is based in social interest. We are a social species and, biologically speaking, we cannot survive without others around us. This task is split between the subcategories of belonging and transactions. As Mosak and Maniacci (1999) said, "the greater the sense of belonging, the less likely the feelings of inferiority and vice versa" (p. 102). For transgender people, a sense of
belonging can be difficult to find. Many are disowned by their families, forced into homelessness, and lose friendships over their transgender status. Often times, finding a peer or social group is one of the only ways for transgender people to find a support system. Instead of having their family of origin, they often times build their own families with close friends and partners.

**Sexual task.** One thing Adler said regarding his opinion on the sexes was that he did not believe women were subordinate to men. He did not like the term 'opposite sex' because it implied that the two sexes were the antithesis of each other (Mosak & Maniacci, 1999, p.103). Adler; however, also believed that there were only two sexes, male and female. As we have learned, there are many different types of intersex people who, biologically, do not conform to that binary belief.

This task is also subcategorized into four subtasks: sexual role definition, sexual role identification, sexual development, and sexual behavior. One other thing to keep in mind is that sexual orientation and gender identity are two separate entities. This task could go hand in hand with the Adlerian concept of Gender Guiding Lines. From birth, children are categorized as either male or female. Even many intersex children are forced to align with one sex or the other. As they grow, they learn what it means to be a man or a woman. This is when they start to define themselves as a boy or girl. For some children, gender and sex do not always line up. Those children often times grow up to be labeled transgender.

Sexual orientation for transgender people can often times be a completely different hurdle to overcome. If Jimmy was born biologically male, but grows up believing he was a girl, does that mean he will be gay if he likes men? Or, because she believes she's a girl, does that mean she is heterosexual because she likes men? Some trans people tend to avoid thinking about the
topic of sex until they have developed their gender identity, others may identify as bisexual, and some find other ways to describe their sexual orientation (Shelley, 2009).

**Self task.** There are four subtasks involved with the self task: survival, body image, opinion, and evaluation. Survival can also be further separated into the categories of biological survival, psychological survival, and social survival (Mosak & Maniaci, 1999). These can be related to how healthy a person is, whether they take care of themselves, exercise, eat right, or comply with medical advice. It can also be attributed to self-esteem and how they feel others see them.

Mosak and Maniaci (1999) talk about how the degree of congruence between 'the body I have' versus 'the body I perceive' can provide opportunities for doing something constructive towards making those two bodies harmonious. For transgender people this dichotomy does not line up at first and they must figure out a way for them to either come to terms with the incongruent body image, or find a way to make them more aligned.

**Spiritual task.** A person's relationship with God or the universe and where they fit into this world is a potent concept. The task is split between relationship to God, religion, relationship to the universe, metaphysical issues, and meaning of life (Mosak & Maniaci, 1999). This can be a tricky topic to approach in therapy for individuals who are not spiritual or religious. Another way professionals could learn about their client's spiritual task could be to ask where the client fits into this world.

**Masculine Protest**

The masculine protest was Adler's way of delineating why people strive to be better than others. For men, masculinity is a driving force to a place of power. For men who fail at meeting the standards of being a 'real man' they can become discouraged and resigned, which can cause
mental anguish. For women, if they overvalue masculinity they might compete with men for places of power (Mosak & Maniacci, 1999, p.5). If they fail or feel that they did not achieve their goals they can also be discouraged and resigned. As stated in Mosak and Maniacci (1999), Adler said,

A serious result of this myth of the inferiority of everything female is a peculiar dichotomy of concepts. Masculine is simply identified with everything valuable, strong, and victorious, and feminine with obedient, servile, and subordinated. This manner of thinking has become so deeply rooted in our culture that everything excellent has a male tint, whereas everything that is less valuable and objectionable is represented as feminine. (pp. 103-104)

**Community Feeling**

Adler used the word *Gemeinschaftsgefühl* to describe what is best translated as *community feeling*. For Adlerians, community feeling is best described as "the individual's sense of feeling at home in the world at large and responsible for the welfare of people in general" (Mosak & Maniacci, 1999, p. 113). This can be expressed through empathy towards other people and treating the world around you with respect and caring. One example of showing a sense of community feeling is throwing away trash in a garbage can or recycling bin even when no one else is around because you want to leave this world a better place for the future generations and you do not want to impose your trash on another person who may have to clean that area later on.

For transgender people community is a vital part of their support system. It is important to them to have a community of their own that shares resources, helps to fight for the rights of their community, and encourages each other to keep moving forward. Trans people live in a
society that shuns and fears them. It can be hard to want to help your fellow man when society constantly belittles you, discriminates against you, and fights to remove your rights. Though many trans people are socially active by fighting to make this world a more equal place, they spread the word about transgender rights, they fight for the right to use the bathrooms of their experienced genders, they fight for the right to change their identification methods, and they fight for the right to alter their bodies to match their perception of themselves. They fight for the rights of future generations of transgender people so those people do not have to fight.

**Group Art Therapy Curriculum**

Art therapy has been an excellent tool used by professionals to help guide people through transitions in their lives for decades. By connecting known art therapy techniques with transgender issues, professionals could work with these adolescents through their transitioning process. As Edith Kramer, a pioneer in art therapy, once said, "art therapy is conceived primarily as a means of supporting the ego, fostering the development of a sense of identity, and promoting maturation in general" (Babyatsky-Grayson, 2014, p. 18). Additionally, as Linesch (1988) once said, "since the very struggles of the adolescent revolves around self-expression and peer interaction, it seems obvious that a combination of art and group therapy techniques will be particularly effective with this population" (p. 135).

**Group Structure and Member Selection**

The purpose of this art therapy group is to explore identity and the sense of self with transgender teens going through transitioning process. By approaching the subject of identity and allowing the teens to explore this topic in a contained group with their peers, they will be able to safely examine themselves, their gender identity, and their sexuality while attempting to make new relationships. They will be able to ask the difficult questions required of the transition
This group would ideally be run in an outpatient private clinic setting. This clinic would be trans-affirmative and provide a multitude of services to the trans community, such as individual, group, and family therapy, art therapy, support groups for transgender individuals and possibly their family members, case management, psychiatry, and medical transition assessment. It would primarily be an LGBT+ clinic, working closely with that population. For many people in the transgender population, they suffer from discrimination in the medical field so they tend to avoid seeking help. So, one of the best ways to get clients would be word of mouth, as well as advertising in local gay clubs or bars, areas of the city where the gay community spends their time, Pride institutes, and schools. Reaching out to local hospitals and doctor’s offices might also be a decent referral system. It is also possible to reach out to other local mental health clinics and let them know that this LGBT+ clinic is nearby and available for referrals. Payment would be insurance based or sliding scale-private pay. The reason for this is because many transgender teens end up being homeless and do not live with their parents after coming out (Grant et al., 2011). Many drop out of school to get jobs and don't have medical insurance. In addition, because the group is with adolescents, a parent or guardian support group could meet weekly during the kids' groups, which would allow the parents or guardians to find or give support to each other as well.

This will be a closed group to allow for deeper connections to be made between group members. It will last twelve sessions total and will meet for 2 hours twice a month. This will also allow for the group to last 6 months and give them a chance to really build strong relationships with each other. Each client will preferably be in individual or family therapy up to four times a month in addition to this group therapy. The teens will be encouraged to make
friends with each other and spend time outside of the group with each other as support systems. One of the problems for transgender adolescents is finding people like themselves and building those relationships that are mutually supportive.

The art therapy groups will consist of up to ten transgender clients between the ages of 13-17. If there are more than five clients, a co-therapist can be brought in for additional support. The clients should preferably be out as transgender to at least their guardians because, as minors, they will need permission from their parents or guardians to be in the group and for insurance to be billed. Though, it is important to note that many trans-teens suffer from family discord or abandonment so this might be difficult to achieve. Many of the teens might even be homeless and possibly in a shelter of some sort or living with friends. One thing counselors treating this population should be aware of are the resources in their area they can utilize to help this population when necessary. When they do end up treating a homeless teen, they should know whom to call to help that person find housing or shelter. The clinic providing this group would also provide targeted case management, which would help provide that teen with resources and guided help to achieving a better home life.

The group will serve transgender populations, both MtF and FtM clients. This is because the unofficial ratio of MtF and FtM clients is usually 10:1, though no one is sure why that is currently true (dickey & Loewy, 2010). Because of this ratio, FtM clients may be too few to make up a full group. If there are enough of each population, separate groups will be provided. This also does not take into account gender-nonconforming, agender, or any other gender that is not male or female specific individuals. Those individuals are welcome to join the groups, but the wide variety of different genders also makes for smaller populations of specific labels and they should be aware that there might be more MtF or FtM people in the group than GNC or
agender individuals.

Lastly, because of the age differences (13-17), this group will allow the kids to meet others in various stages of transitioning. It will also allow the older kids, who may have been transitioned longer, to assist the younger kids in the varying stages of transitioning or share coping skills or even resources they have found most useful.

**Structure for Week 1 - Introductions**

The first group session will not follow the generic schedule (Appendix B). First, the group will meet and the therapist will discuss the rules of the group, confidentiality, and the rights and responsibilities of the group members. They will cover the general outline of how each session will be conducted, and what each section of the schedule will entail. The therapist will cover the art making rules about how everyone should participate, no one is going to be judged on their abilities, and no one is allowed to belittle another's artwork. The studio tour will occur during this week and each client will be assigned a cubby, shelf, or drawer to store their artwork. Lastly, the therapist will talk about themselves, their role, and their history. If the therapist is also transgender, this would be a good time to bring that up as a segue into the introduction section.

The second portion of the group will be a meet and greet style introduction. The clients will be asked to go around the circle and introduce themselves and share a little about their life. They will also share their preferred pronouns with everyone at this time and possibly describe their level of being out as trans in public settings, with their family and friends, and at school.

The final portion of the first group will be a more relaxed free time. Games and art supplies will be set out for those who prefer to make new acquaintances over an activity. Snacks and refreshments will also be provided. The group therapist will also mingle amongst the group
members and help introduce the more shy teens to others and act as a bridge between clients by helping to spark conversations or jump start some games or art making. Their job will be to make sure no one feels left out or stays on the edge of the group by themselves.

**Structure for Weeks 2-11**

The next ten group sessions will follow the same schedule outline and will be covering a variety of topics. The detailed weekly schedule (Appendix C) will have each topic written in detail, questions, and meditations for each week. There will be a beginning, middle, and end to each group session to provide reliable structure for the clients. The topics for each week include: identity and sense of self, my story, support systems, our minds and our bodies, secrets, safe-space and mindfulness, self-love and acceptance, my past present and future, inspiration for the future, and my future self.

Each session will be broken up into sections. Greetings will occur and everyone will check-in with the group and talk about how their past couple weeks have been since the last session. This section should last no more than 10 minutes. Next, the therapist will cover the topic of the day and what that means. They will describe the art directive, materials, and the reasons behind this topic. This will transition into the third section, called Meditations, which consists of a handout with poems, stories, worksheets, or a list of quotes based around that day's topic. The group will read through this handout, or listen to the therapist talk about the topic for roughly 5 minutes.

Each group member will be given a sketch book or journal during the second week. The fourth section of the daily group is called Intentions, which is when this book will be used. Individuals will have 5 minutes to reflect on the topic of the day, the meditations, write what they are thinking about, list what they want to do, sketch out ideas for their art, or write down
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anything they want. This section should last the full 5 minutes because spending a few minutes thinking about what they want to do can help artists pre-plan a little and gather their thoughts.

Next, is section five, which is art making. They will have a full hour to make art based on the topic of the day. Each day will have a different art directive or subject, but the client's will always have a variety of options for what media or materials they want to use. The reasoning behind having a restrictive subject but not art media is because the theme of the group is to work on identity and self-discovery. The subjects outlined provide different ways to look at their own identity and start to develop ideas about themselves. By allowing for a wide variety of media rather than topics it can give the teens a chance to stick with what they know artistically as they explore a difficult topic, or give them the freedom to explore both their identity and art materials. If a client sticks to the same medium each week, the therapist can try and suggest a new medium to that client or help give a gentle push to expand their choices.

The sixth section of the group is called Final Writings, which happens once the teen is finished with their artwork. Each week has a list of questions in the daily outline. The therapist can add or remove questions as they choose depending on the group. A white board or projector will be required for this portion, or possibly writing out the questions on a piece of paper that is handed out. But the questions should be provided towards the end of the art making section. The teens should be allowed about a ten minute time frame to write out their answers. They do not have to answer each question, but they should write something during this time.

The next section, Sharing and Discussion, happens when the group shares the artwork they made that day and have an open discussion about the intentions and final writings. The group should sit in a circle so everyone can see each other or have a cork board and table set up so they can hang or display their artwork, which the group then sits around in a half circle. Each
person should share their artwork. They can share their intentions if they want to, but it is not required. Once everyone has shared their work, a discussion about the final writings can occur amongst the members. The therapist can go through each question and ask the teens their answers or feelings about the questions, or each participant can pick a question to answer with the group.

The last two sections of the group are clean-up, where everyone helps tidy their spaces and put away their artwork in their assigned spots, and closing comments. The group should come together into a circle for one last 5 minute chat. The therapist can reiterate the topic of the day and why it is important. Then they can close out the group by asking for any comments. Lastly, they should thank the teens for coming and wish for their return for the next group. If the therapist wants to they can announce the next week’s topic, but this is not required.

**Structure for Week 12 – Last Group**

The last session of group, week twelve, should be a celebration day. The group will arrive and check in like usual. But instead of having a meditation and writing intentions, the group will move right into making the art for the day. Art trading cards are a fun way to share art with each other, as well as provide contact information if they want others to be able to contact them. The participants should try and limit the content of the art to several similar pieces so each person in the group gets a similar deck of cards at the end of the day. It is also less time consuming to make a bunch of similar cards than it is to make several individual cards.

The second half of the day should revolve around each person picking one or two pieces of art they made over the last 6 months to display in a small, gallery style art show for the group. If everyone is okay with it, the therapist could potentially allow family or friends of the group members to come for the second half, but everyone in the group has to be okay with this. An
anonymous survey could be taken the week before to determine this.

Lastly, the group should come together for one last circle to say good bye and share their thoughts on how the group went for them. By doing this last circle, the therapist can reiterate all the weeks topics and remind the group about each week they were together. They can share their thoughts on how the members did during the groups. Finally, the therapist can thank the members for coming and sharing together. The participants can end by picking up their artwork from their storage areas and saying goodbye.

Conclusion

Transgender individuals suffer through so much discrimination that they avoid seeking medical care, they have some of the highest reports of suicide attempts, and do not report abuse to police due to fear of being discriminated against by the people sworn to protect. Their lives are more difficult due to struggling with their own self-image, identity, internal and external hate, and high rates of family abandonment. Yet our society shuns them and treats them so poorly that the average lifespan of a transgender person is only 33 years old (Karcher, 2015).

Mental health professionals need to increase their understanding and education on the transgender population as a means to help them overcome their mental health issues. Adlerian theory is a holistic, empathetic, and encouraging approach to treatment that can benefit this population greatly. Additionally, group art therapy is an excellent tool to help transgender individuals explore their identity and self-expressions in a safe place, surrounded by peers.

Research into the transgender community is rare and usually severely lacking in sample size, cultural diversity, and transpositive languages. To fully respect the transgender community, making them their own culture, instead of lumping them in with all the other LGB+ community, is incredibly important. Sexual orientation and gender identity are vastly separate issues and
combining them together does not provide accurate data in research. Additionally, having more people involved in art therapy research is important. Case studies do not accurately represent full populations. More quantitative research should be completed to make art therapy a justifiably evidence-based practice.
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Appendix A

Glossary
Appendix A

(Most of these terms were defined using the book, *The ABC’s of LGBT*+ by Ashley Mardell.)

**Agender/genderless** – Someone who is without gender, gender neutral, and/or rejects the concept of gender for themselves.

**Androgynous** – Possessing qualities which are traditionally associated as *both* masculine and feminine, *neither* masculine nor feminine, and/or *in between* masculine and feminine.

**Asexual** – An umbrella term, or stand-alone identifier, for someone who experiences little or no sexual attraction.

**Binary** – The rigid way society divides sex and gender into only two categories: 1) male/men and 2) female/women.

**Bisexual** – Being attracted to two or more genders.

**Cisgender** – A person whose gender identity is the same as their sex and/or gender assigned at birth.

**Coming Out** – The process of announcing to people one's sexual or gender identity.

**FtM/FTM** – Acronym for "female to male."

**Gender** – In the context of individual self, gender is the state of being a man, a woman, both, neither, somewhere in between, or something entirely different. In the context of society, gender is a system of classification rooted in social ideas about masculinity and femininity.

**Gender Dysphoria** – Distress or unhappiness experienced because one's gender does not match their sex and/or gender assigned at birth.

**Gender Expression** – The manifestation of one's gender; how one expresses their felt gender.

**Gender Identity** – the identifier (or lack of identifier) someone uses to communicate how they understand their personal gender, navigate within or outside societal gender systems, and/or desire to be perceived by others.

**Gender Fluid** – gender expression that is not fixed, able to change.

**Genderflux** – Someone whose experience with gender changes (fluctuates) in intensity. (example: one day they feel more feminine, the next day they feel more masculine, some days they don't feel either gender.)
Genderqueer – Someone whose gender exists outside of or beyond society's binary concept of gender.

Greygender – This identity involves having a weak sense of gender and/or being somewhat apathetic about one's gender identity/expression.

Heterosexual (straight) – Being attracted to the other binary gender.

Homosexuality (gay/lesbian) – A person who is attracted to the same or similar gender(s) as their own.

Intersex – A sex category that includes people whose anatomy does not completely fit into either of society's typical definitions of male or female.

LGBTQIA+ – Stands for lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual/agender, and plus for other identities that are not straight and/or cisgender.

MtF/MTF – Acronym for "male to female."

Non-Binary – Existing or identifying outside the sex/gender binary, being neither man nor woman, or being only partially or a combination of these things.

Pansexual – Capable of being attracted to any or all genders.

Passing/Stealth – When a transgender individual is able to "pass" as their felt/expressed gender without other people realizing by sight or sound that they are transgender.

Queer – An umbrella term or identity taken on by some LGBTQIA+ people to describe a sexual and/or gender identity that falls outside societal norms. This term has a history of being used as a slur. Although it has been reclaimed by many LGBTQIA+ people, not everyone is comfortable using it.

Questioning – Being unsure of one's sexual/romantic orientation or gender identity.

Sex – A socially constructed classification system based on a person's biology. Society typically recognizes only two categories, male and female, each with specific biological requirements. The reality though, is that people's biology is often more diverse than society's categories and requirements. Intersex people are an example of this.

Transgender – An umbrella term for anyone whose gender identity does not match their sex and/or gender assigned at birth.

Trans Man – Someone who was assigned female at birth and is a man.

Trans Woman – Someone who was assigned male at birth and is a woman.
**Transsexual** – A person whose gender is different from their sex/gender assigned at birth. Sometimes this identity is associated with having undergone and/or wanting to undergo some kind of medical transition.
Appendix B

Generic Group Schedule
Appendix B

Generic Group Schedule – How each 2 hour session will go and the time span for each section.

1. **Arrival – starts 10 minutes prior to group**
   a. Find a seat
   b. Get a snack
   c. Collect their journal-sketch book
   d. Chat with friends if time

2. **Welcome Greeting and Check-in – roughly 10 minutes**
   a. Everyone says hello and gives a quick check-in on how they are feeling, or how their week has gone.

3. **Group Leader gives the topic for the day – 5 minutes or less**
   a. Share the topic and why it's important to discuss the topic
   b. Topics for the 12 weeks include:
      i. Introductions – Getting to know you.
      ii. Identity-sense of self-Who am I?
      iii. My Story
      iv. Support Systems
      v. Our Minds and Our Bodies
      vi. Secrets
      vii. Safe Spaces and Mindfulness
      viii. Self-love and Acceptance
      ix. My Past, Present, and Future
      x. Inspiration for the Future
      xi. Future Self
      xii. Conclusions and Ending Ceremony
   c. Asks if there are any questions.

4. **Meditation – 5 minutes or less**
   a. This will lead into the topic of the day
   b. This will also be where the therapist explains the project of the day. (ie: the project during week 2 is self-portraits. They can be a literal self-portrait or a symbolic self-portrait as long as it tells the viewer something about you.)

5. **Intentions – 5 minutes**
   a. The teens will write in their sketch books the intention that they want to set for themselves based on the topic of the day and the Meditation or poem. This could
be an outline for what they want to make, a list of items or media they will need, poetry, a diary of some sorts, a story relating to the topic, what they find difficult about this topic, free writing on a different subject, anything they want to write for the time set.

6. **Art Making – 60 minutes**
   a. A variety of art supplies will be provided via the studio for each session. There will be no set medium requirement. Clients will be allowed to use whatever mediums they choose.
   b. They will have an hour and a half to work on their artwork. If they finish early, they can do some free-art and make anything they want to or access "adult" coloring books for the remaining time.

7. **Final Writing Questions – 10 minutes**
   a. There will be discussion questions written on the white board. The teens will be asked to try and answer them in their sketch books after finishing their artwork.

8. **Sharing and Discussion – 15 minutes**
   a. Each person will be asked to share their artwork and the intentions they set at the beginning. If they really don't want to share, they may pass their turn, but try and encourage them to share at least a little bit and hold up their art for everyone to see.
   b. Then we will have an open discussion amongst the group about the Final Writing Questions and what people answered for them.

9. **Clean-up – 5 minutes**
   a. Everyone helps clean up the studio; wipe down the tables and tidy the art supplies.
   b. Puts away the journals and artwork into their designated personal spot. These are assigned during the studio tour in the first week.

10. **Closing Comments and Thanks – 5 minutes**
    a. Anyone is allowed to make a closing comment about how they feel the group went, if anything bothered them during group, or if they want to ask a question.
    b. Group leader thanks everyone for joining in the group and sharing with everyone, and they say, "I hope to see you all back here next time."
Appendix C

Weekly Curriculum
Weekly Curriculum

Week 1 – Getting to know you-Rules-Rights and Responsibilities-Confidentiality

Week 2 – Identity and sense of self, asking the question who am I?

This week's focus is to start the teen thinking about the question, "Who am I?" During adolescence, this question can be difficult to answer. They are still building their sense of self and sense of autonomy from their parents. As a transgender teen, this question only becomes more difficult to answer. The reason this topic is first is because coming into this group, it is expected that many of the teens are struggling with identity. This topic starts the conversation that leads into the rest of the next 10 group sessions.

The art directive for this week is to make a self-portrait. It can be a literal portrait of themselves or a symbolic portrait. They are allowed to use any media in the studio to make this portrait. The poem, "Who am I?" written by an anonymous transgender person nicknamed RantsofReason, is a good opening to this subject. In this poem, RantsofReason asks the reader ‘who am I?’ and lists things about themselves. It ends with the lines, "I am me. Who are you?"

Reading this poem before the teens do their intentions and art making could help them get into the mindset of figuring out who they are and where they stand in this world.

The Adlerian focus of this week could revolve around the Lifestyle Assessment, getting to know the client and learn more in depth about whom they feel they are. Another area of focus for these groups, in Adlerian theory at least, is the five life tasks. Having balance between the five life task areas can help provide a stable mental health. This week's topic could help raise awareness of the tasks of self and spirituality. These two tasks work directly with the sense of self and asking those questions of, who am I, where do I fit into this world, and why am I transgender?

Outline

This is an open media project and the clients can use any materials they want. Art Supplies needed for today: paint, paint sticks, canvases or canvas board, paintbrushes, paper, markers, pencils, erasers, charcoal, chalk, oil pastels, collage materials, glue, scissors, and anything else they may want.

(See Appendix B for generic Group Outline.)
• Arrival-Welcome-Greeting-Check-In

• Topic of the Day – Identity: Who am I?
  o Art – Self-portraits
    ▪ Explain that self-portraits can be either a literal one or a symbolic portrait. It should tell the viewer about you as a human being. Ask yourself the question, "Who am I?" and answer it in art-form.

• Meditation
  o Read the poem "Who am I?" Pass out a printed copy of the poem to each group member so they can keep it in their sketch book or take it home.
  o Have a short discussion with group about the poem. Ask if there are any questions.
  o If necessary, remind the group of the studio rules.

• Intentions – 5 minutes
  o It is important for them to really try and write for 5 minutes before making the art. It helps organize the mind and get ready for the creative side of the brain to take over. Some may challenge you and only write a few words, make them wait the full 5 minutes before they can get up to get art supplies.
  o This is the first time they will be doing this, so make sure to walk around the room and be ready for questions.

• Art Making – 60 minutes
  o Make sure to give notices at each 15 minute interval, and a 5 minute warning of the end of the art making.

• Final Writing Questions
  o Who are you? Share some things that make you who you are.
  o What are some important things people should know about you?
  o How did this project make you feel? Was it difficult or easy and why was that?
  o What did you learn about yourself?
  o Write some "I am" statements about yourself.

• Sharing and Discussion
  o Ask everyone to share their artwork and hold it up for everyone to see.
    ▪ If possible, have a bulletin board to hang 2-D art and a table for 3-D art.
  o If they want, they can also share their intentions when sharing the artwork.
  o Once everyone has shared their artwork, open up the floor for discussion on the final writings.

• Clean up
  o Everyone helps.
  o Make sure everyone knows where artwork goes at the end of group.

• Closing Comments and Thanks
  o "I hope to see you all back next time."
Week 2 - Identity

Who am I?

Who Am I?
My feelings are restrained as well as Wild
My ideas are unique as well as common
My beliefs are strong as well as fragile
My struggles are difficult as well as trivial
My life is insignificant as well as Special

Who am I?
I view things from my perspective
I believe that my ideals are best
I ask questions about my surroundings
I worry about the world, my neighbor as well as myself
I dread over the past decisions in my life.

Who am I?
I'm a being who resides in Sol
I'm one of seven billion
I'm as common and as rare as can be
I'm a person with unquestionable beliefs which at any time could falter
I'm liable to believe I'm always right when I could always be wrong

Who am I?
I am me

Who are you?

~RantsofReason
Week 3 – My Story

The focus this week is to have the teen tell their story. The therapist can leave this as a broad topic, or narrow it down to something specific (ie: the teen’s coming out story). The art project for this week is to create a book or timeline telling their story. It can be a book that has words and illustrations, a graphic novel, or a timeline of their life. Starting with their birth, cover all the big moments of the teen’s life. Make sure to include the moments when they realized their gender did not match up with their body image. We share stories with others as a way of spreading a message. The act of sharing stories with people spreads a message and helps people understand themselves better. This is an excellent way for professionals to get to know a client’s lifestyle and some early recollections or memories. It also helps connect the teens to the life tasks of self and social.

Outline
Art supplies needed today: pre-made blank books, small butcher paper rolls, markers, pencils or pens, rulers, etc.

(See Appendix B for generic Group Outline.)

• Arrival-Welcome-Greeting-Check-In

• Topic of the Day – My Story
  o Art – Telling your story in a time line or by illustrating your story in a book.
    ▪ Examples: Pre-made blank books, comic strips or graphic novels, or long butcher paper for timelines.
    • Timelines should start at birth and go to the current dates. They should leave room for the future story as well.
    • They should include when or how they realized they weren't their assigned genders and what that was like for them.

• Meditations
  o There is no meditation sheet to hand out to the clients today.
  o Read this quote to the group or write it on the white board: "If you allow yourself to work creatively with a difficult past, it not only gives you a different perspective on that past, but can also create peace, acceptance and love where it didn’t seem possible before.” — Stephanie Calvert (Kiely, 2015).
  o Possibly have physical examples of ‘Timeline of My Life’ and ‘Illustrate My Life’ books for them to look at and see the different styles.
• Intentions – 5 minutes
  o If there are still kids fighting this writing step, just make them sit for the 5 minutes and think about what they want to do. They could also start writing their story out and figuring out dates they might need.
  o If doing the timeline, they can use this time to list out big events in their life and the dates or age they occurred, starting at birth and working towards now.

• Art Making – 60 minutes

• Final Writings
  o When did you first "know" you were different than others around you?
  o How did this realization affect you? Was it scary?
  o How long did it take you to start telling people you were different?
  o What did you think about this art project?
  o Do you think you'll continue writing your story or timeline in the future?
  o How do you want your story to go?

• Sharing and Discussion
  o Ask everyone to share their artwork and hold it up for everyone to see.
    ▪ If possible, have a bulletin board to hang 2-D art up and a table for 3-D art.
  o If they want, they can also share their intentions when sharing the artwork.
  o Once everyone has shared their artwork, open up the floor for discussion on the final writings.

• Clean-up
  o Everyone helps.

• Closing Comments-Thanks
  o "I hope to see you all back next time."
*There is no Meditation handout for Week 3. See the outline meditation bullet for what to discuss.
Week 4 – Support systems: who are they and how do we get them.

Week five is about support systems and why they are important to our mental health. The art focus will be to make a piece of art for members of the teen’s support system. This can include family members, close friends, teachers, social workers, case managers or professionals in their life, or anyone they feel has supported them in the past. It will probably be worthwhile to limit the number of art pieces to six or less to avoid running out of time. Sharing the artwork, the teen can hold up each piece and introduce that person to the group and describe how they have been supportive for the teen in the past.

The Adlerian focus of this week is on family constellations, and life tasks of relationships in the social life task, as well as society. The human species need others to survive. Humans cannot exist without companionship or relationships of some kind. Building a support system of empathetic people who listen and help when needed is highly important for transgender people. The world is a very discriminatory place for transgender people and they need help navigating through this world safely sometimes. Especially when they are just learning about themselves.

Outline
This is an open media project and the clients can use any materials they want. Art supplies needed today: paper and drawing supplies, fabric, metal, 3-D objects, yarn, clay, mixed media supplies, glue guns, painting supplies, etc.

(See Appendix B for generic Group Outline.)

- Arrival-Welcome-Greeting-Check-In

- Topic of the Day – Support systems
  - Art – Making art about your support system.
    - Examples: Creating a piece of artwork for each member of their support system (or the closest people in their lives).
    - Encourage them to expand towards non-traditional items like fabric, metal, 3-D objects, mixed media, or clay.
    - This can be really awesome way to think about each person and make a physical representation of them in your life.
    - They will also get to “introduce” each person in their support system during the sharing and discussion stage.

- Meditations
  - Go over the handout about what support system's are and why they are important.
• Intentions – 5 minutes
  o This could be a list of who is in their support system. If they cannot think of anyone, help them with ideas. If they still are struggling, suggest yourself as a supportive person in their life, or, as a last resort, who or what they would want in a support system.

• Art Making – 60 minutes

• Final Writings
  o Who is your support system?
  o Who has helped you the most in supportive ways?
  o Are you a member of someone else's support system? What have you done to help them?
  o What are some things your support system has done for you in the past? What kind of things do you need from your support system?
  o Is there anyone who is not in your support system that you wish could be?

• Sharing and Discussion
  o Ask everyone to share their artwork and hold it up for everyone to see.
    ▪ If possible, have a bulletin board to hang 2-D art up and a table for 3-D art.
  o If they want, they can also share their intentions when sharing the artwork.
  o Once everyone has shared their artwork, open up the floor for discussion on the final writings.

• Clean-up
  o Everyone helps.

• Closing Comments-Thanks
  o "I hope to see you all back next time."
Week 4 - Support Systems

“Everyone needs to feel they belong. Even though we are each an individual, we need to belong to groups, however informal, that accept us. Whether it's family, friends, school mates, work colleagues, even the place we live, it's the way we create our sense of ourselves, our identity. It's a basic part of being human and very strong in us all.”

~ Aumann & Hart

What is a support system and why is it important to have one?

Merriam-Webster definition is: a network of people who provide an individual with practical or emotional support. To expand upon that definition, a support system usually involves a number of people who support you in an empathetic and supportive way, but can also help hold you accountable for your actions. They can help you problem solve, find resources, or simply lend a helping hand or an ear to listen to you when you need to talk.

Having a good support system has been shown to improve emotional and physical health in people with chronic depression and anxiety (Travers et al., 2012). It can also provide a social aspect to a person's life, which can also extend and improve a person's life as well as prevent them from isolating themselves (Travers et al., 2012). Humans are a social group of people and we need others to help us with various problems.

How do you pick your support system? Who should you include?

It is, unfortunately, common for transgender individuals to lose support from their family of origin or friends when they come out to them. This is regrettable, but it means that most trans-people need to find their support systems outside of their direct families. Most support systems can include family members, close friends, co-workers, community support groups, schools, churches, and medical providers. Finding peers in an online supportive group can often times help, even from a far distance. But it is recommended to have some balance between online and face-to-face interactions.

What should I look for in a support system?

It is best to include people who are supportive, non-judgmental, and good listeners. Having people who are active in your life, someone you hang out with, or someone you see or talk to regularly can be helpful. If you are struggling with finding a supportive person in your life, you can usually find at least one person who is there for you some of the time. Look to the professionals in your life, like therapists, doctors, teachers, etc. Even having a local support group that you attend meetings can provide an excellent boost to self-esteem and resources.
**Week 5 – Our Minds and Our Bodies**

The next topic is Our Minds and Our bodies. The Adlerian focus this week is on the concepts of self (I am-I am not), the self-ideal (I should- I should not), and Weltbild (Life is-People are-The world is), as well as the tasks of life for self, social, and society. This topic centers on how transgender people have a gender identity that does not match their bodies. For many teens going through this, they have to wait until they are adults to change their bodies medically to match their gender identities. So how do they reconcile the incongruence between their mind and body until that time?

This week’s art project is to make a piece of art that shows how they can work through this issue. They can make masks, body mapping, and use Styrofoam heads, or clay sculptures. The therapist can also explain body casting, and how that can be done, though body casting is difficult and quite expensive, the studio might not have those materials available. Also, because body casting needs multiple people to process and complete, the teens may not want to be that intimate with another person touching their bodies. But explaining it to those who are interested can give them the choice of pursuing that medium outside of the group.

**Outline**

Art supplies needed for today: masks, painting supplies, mixed media items, Styrofoam heads, large butcher paper, body casting materials, clay or sculpting materials.

(See Appendix B for generic Group Outline.)

- Arrival-Welcome-Greeting-Check-In

- Topic of the Day – Our Mind and Our Body: Dualities that don’t always match up.
  - Art – Make a Mind and-or Body piece of artwork that helps describe how you can bring the two together.
    - Examples for Mind: Masks or Styrofoam heads
      - Masks can hide our faces and protect us, but they can also prevent people from getting close to us. There’s an inside and an outside, just like us. Decorate both to indicate how you present yourself to the public and the inside for what you keep to yourself or don’t show to others.
      - Styrofoam heads can be a good way to show the world how you really feel about a variety of things, including your appearance, your inner thoughts projected on the outside of the head, your wishes, what others have done to you, etc.
    - Examples for Bodies: Body Mapping, Body casting, sculpting a body or body parts.
      - Body mapping involves making a life-size outline of that person’s body using long butcher paper. Then they map out where they feel various emotions, labeling them as they draw or color them. Be aware that this does involve touching the client as they are outlined. Some may not feel comfortable with this.
• Body casting can be expensive, messy, and takes a long time, but casting hands or doing a face mask can be a great way to utilize the body to make artwork. Trans teens who have body dysphoria can cast areas of their bodies that they want to change or wish was different (ie: face, chest, Adams’ apple, hands, etc).

• Using clay or other sculpting materials, they can create a figure of either the ideal body they would want, or the body they feel like they have.

• Meditations
  o This project is used to express feelings that we usually tend to keep to ourselves and find positive ways to manage these feelings of depression, anxiety, body dissatisfaction, etc.
  o We feel and develop our identities in our minds. We portray those identities with or on our bodies. When things don’t align properly for us, we have dysphoria. Part of having a healthy life is having balance between our Minds and our Bodies. The only way to accomplish that is to be in tune with both our mind and body.
  o Hand out Meditation sheet.

• Intentions – 5 minutes

• Art Making – 60 minutes

• Final Writings
  o Which art medium did you decide to use? Are they other things you want to make using these materials but didn’t have the time today?
  o If you could change your body, what would you change and why?
  o We all have internal thoughts that we don’t share with the world, how do you treat yourself inside your mind? Are your internal thoughts nice or mean? Do you give yourself the credit you deserve?
  o How does your mind and body line up or not line up?
  o What are things do you do in your life that help cultivate a healthy mind and body relationship? (From the meditation.)

• Sharing and Discussion
  o Ask everyone to share their artwork and hold it up for everyone to see.
    • If possible, have a bulletin board to hang 2-D art up and a table for 3-D art.
  o If they want, they can also share their intentions when sharing the artwork.
  o Once everyone has shared their artwork, open up the floor for discussion on the final writings.

• Clean-up
  o Everyone helps.

• Closing Comments-Thanks
Week 5 – Our Minds and Our Bodies

Your body, which is bonding millions of molecules every second, depends on transformation. Breathing and digestion harness transformation. Food and air aren’t just shuffled about but, rather, undergo the exact chemical bonding needed to keep you alive. The sugar extracted from an orange travels to the brain and fuels a thought. The emergent property in this case is the newness of the thought; no molecules in the history of the universe ever combined to produce that exact thought.

— Deepak Chopra

What makes a healthy body and mind connection? The five most important things needed for a healthy body and mind connection are good sleep, healthy food, daily exercise, meditation, and cultivating healthy relationships.

How much sleep do you get a night? Is it at least 8 hours a night? ________________________

What did you eat today? Was it healthy? ________________________________________________

Have you exercised this week? How many times? _________________________________________

Do you know how to meditate? How often do you meditate? ____________________________

Who do you have in your life that is supportive, makes you laugh, and loves you?
_____________________________________________________________________________

While you make art today, have a discussion with the people around you about why these 5 things are important to our health and wellness. How can you improve these areas of your life?

If you don’t know how to meditate, you can download an app to your phone that has guided meditations you can use to follow along with. If you struggle with nutrition, you can look up healthy eating YouTube channels to give you ideas for healthy options and recipes. There are also good tutorials for exercises and plans for exercising on YouTube or other blogs. Joining a gym can also help, especially if the gym has trainers available. Going to bed at the same time and waking up at the same time helps create a routine for your body to get used to and once that happens, it is much easier to get those 8 hours a night. Set aside a time with your support group or family to have fun, play games, watch movies, or cook a meal together. Share with them your feelings, hopes, and stories and listen to theirs as well. Cultivate those relationships.

Healthy living will not only make your body feel better, but it will help keep your mind healthy too.
Week 6 – Secrets: What they feel like and how they affect us and our relationships.

For many, if not all, transgender people, they have many secrets. They may hide who they are for a long time before coming out and some never feel comfortable coming out to everyone in their lives. Having secrets can affect our health and relationships over time. But keeping secrets are also, often times, a way to prevent abuse from happening. Sometimes secrets are necessary. So how do people balance the secrets and know when to tell them or to whom? This week's topic highlights a way to artistically deal with having secrets or wanting to reveal secrets. The art for this week is to put a secret in their artwork, either by covering it up or locking it inside, making art about a secret they once had, or revealing a secret with the art. Depending on what art media they use, they can even go back and address the secret again later, like in the doll example. By sewing secrets inside the dolls body, they can go back, reopen the doll and remove the secrets or add some to the doll.

The Adlerian focus this week is on the task of life for social and self, specifically in survival, body image, and possible defensive patterns. Understanding why people keep secrets can help the teen’s know when those secrets can be shared and with whom. Sometimes, secrets are a way to protect from pain, judgment, and heartache. Transgender teens hide their gender identity for many of those reasons. This week can help them identify ways to cope with holding onto secrets, to learn one way of keeping a secret but also letting it out in a safe way.

Outline
Art materials needed today: premade cloth dolls, fabric, scissors, glue or hot glue gun, needles and thread, yarn, various sized boxes, collage materials, canvases, paint, paintbrushes, small 3-d items (beads, puzzle pieces, etc.), paper, pencils, erasers, rulers, charcoal, chalk, oil pastels, paint sticks, etc.

(See Appendix B for generic Group Outline.)

- Arrival-Welcome-Greeting-Check-In

- Topic of the Day – Secrets
  - Art – Make artwork with a secret inside or revealing a secret they once held.
    - Examples: Dolls can have an opening cut into them and fill them with written secrets before stitching them up again. Write secrets out and paint over them. Create "doors" to the secrets so they can be found.
      - The 'secret' should be in the art somewhere.
      - The teens could also reveal a secret from their past in their artwork.
• Meditation
  o Pass out the sheet of quotes about Secrets. Either read them aloud, or have the group take turns reading a quote from the page.
  o Does anyone have other quotes about secrets they like?
  o Ask if anyone needs a reminder of the rules.

• Intentions – 5 minutes
  o It is important for them to really try and write for 5 minutes before making the art. It helps organize the mind and get ready for the creative side of the brain to take over. Some will challenge you and only write a few words, make them wait the full 5 minutes before they can get up to get art supplies.

• Art Making – 60 minutes
  o Make sure to give notices at each 15 minute interval, and a 5 minute warning of the end of the art making.

• Final Writings
  o How does it feel to get the secret "out" in the artwork? Was it stressful or easy?
  o Can you see yourself making more "secret" artwork in the future?
  o How does having a secret affect you? Your body and mind? Your relationships?
  o Did the meditations affect your artwork?
  o How can secrets help us? Are their good or bad secrets?
  o How do you know when it's time to share a secret?

• Sharing and Discussion
  o Ask everyone to share their artwork and hold it up for everyone to see.
    ▪ If possible, have a bulletin board to hang 2-D art up and a table for 3-D art.
  o If they want, they can also share their intentions when sharing the artwork.
  o Once everyone has shared their artwork, open up the floor for discussion on the final writings.

• Clean-up
  o Everyone helps.

• Closing Comments-Thanks
  o "I hope to see you all back next time."
Week 6 - Secrets

He had two lives: one, open, seen and known by all who cared to know, full of relative truth and of relative falsehood, exactly like the lives of his friends and acquaintances; and another life running its course in secret. And through some strange, perhaps accidental, conjunction of circumstances, everything that was essential, of interest and of value to him, everything in which he was sincere and did not deceive himself, everything that made the kernel of his life, was hidden from other people.

― Anton Chekhov

Secrets are like plants. They can stay buried deep in the earth for a long time, but eventually they’ll send up shoots and give themselves away. They have to. It’s in their nature. Just a tiny green stem at first. Which slowly, insidiously grows taller, stronger, unfolding itself, until there it is. A big fat secret, right in front of your face; a fully bloomed flower perfumed with the scent of deception.

― Judy Reene Singer

Make visible the invisible, hidden, and secret, to bear witness to pain and celebrate courage.

― Fraser and Waldman

And the day came when the risk to remain tight in a bud was more painful than the risk it took to blossom.

― Anais Nin
Week 7 – Safe Spaces and Mindfulness

Just like good support systems, safe spaces are important to good mental health. Having a place to go and unwind, release pent up stress, and just be without judgment is critical to the wellbeing of every person. This week, the kids will do a short guided meditation with the therapist. They will be asked to imagine a safe place and then create a piece of art that represents that place, or, if they already have a safe space they use, a piece of art that can go in that safe space to remind them to practice mindfulness regularly. They could also make an altered book to use as a safe space in journal form if they don't have access to a physical location.

The Adlerian focus for this week is on the life task of self and spirituality. Practicing mindfulness can help a person be more in tune with themselves and the world around them. Having a safe space can give a person a chance to de-stress safely without having to worry about hiding parts of themselves or protecting themselves from attack.

Outline
Art supplies for this week: This is an open media project and the clients can use any materials they want.

(See Appendix B for generic Group Outline.)

• Arrival-Welcome-Greeting-Check-In

• Topic of the Day – Safe Spaces and Mindfulness
  o Art – Make art regarding safe spaces and the feelings of safety.
    ▪ Examples for safe spaces:
      • Paint a picture of your safe space, collage the ideal safe space, make artwork to go inside your safe space (if it has a physical location) that can remind you to practice mindfulness, make a 3-D replica of your safe space.
    ▪ Examples for mindfulness:
      • Make art that represents the words 'calm' or 'peaceful'. Meditate on these words and imaging the colors, shapes, sounds, smells, textures, tastes, or locations that might go with the words.

• Meditations
  o Read the following guided meditation out loud to the group: "Close your eyes and imagine a place of safety. It may be somewhere you already know, or it could be one that you can make in your mind. Describe that place to yourself, the images, the colors, the sounds or silences, the temperature, the whole feel of it. Once you
describe it to yourself, try to sense the safety this place creates inside your body. See if there is an image or a word or phrase to describe that place. Make art surrounding that feeling of safety."

- Intentions

- Art Making – 60 minutes

- Final Writings
  - Do you have a current safe space? Describe it.
  - Can people have multiple safe spaces?
  - How do you practice mindfulness already?
  - Do you plan on incorporating mindfulness in your life from now on?
  - What colors, shapes, sounds, smells, textures, tastes, or locations do you think of when you think of the words 'calm' and 'peaceful?'
  - Do you ever meditate? Do you know how? (The therapist can offer suggestions for this if the teen wants to learn how to meditate.)

- Sharing and Discussion
  - Ask everyone to share their artwork and hold it up for everyone to see.
    - If possible, have a bulletin board to hang 2-D art up and a table for 3-D art.
  - If they want, they can also share their intentions when sharing the artwork.
  - Once everyone has shared their artwork, open up the floor for discussion on the final writings.

- Clean-up
  - Everyone helps.

- Closing Comments-Thanks
  - "I hope to see you all back next time."
Week 7 – Self-Care and Mindfulness

What is mindfulness?

“Mindfulness means paying attention in a particular way; on purpose, in the present moment, and nonjudgmentally.” ~ Jon Kabat-Zinn

By paying attention to what we are doing in that moment, and being nonjudgmental about that focus, we allow ourselves to really become aware of our actions and the world around us. Imagine eating a small bag of chips. The first one is usually the best, the most flavorful, and you enjoy that first chip the most. Then you eat a second, and a third, and continue eating and they start to blend together. Your focus switches from the chips to what is in front of you, for example the television or computer. By the time you reach the end of the bag, the whole middle part has blended into nothing. That last chip is usually pretty tasty as well because you know it’s the last one, but what about all the ones in the middle? Mindful eating is the process of focusing on each item you put in your mouth, appreciating it for what it is and that it is providing you with energy.

But mindfulness can be with anything in your everyday life, like brushing your teeth, cooking, cleaning, or exercising. It does not have to happen every time you sit down to do that action, that would take forever and you would get bored. But doing a mindful act once or twice a week can help build a better appreciation for the world around you and the things you do.

Some YouTube video links for Mindfulness exercises.
https://youtu.be/C_IrfyjP88w
https://youtu.be/iH3_64mLCU8
https://youtu.be/L-IZArfQHOo
https://youtu.be/b5Hw-6HzLPM
https://youtu.be/w6T02g5hnT4
https://youtu.be/vzKryaN44ss
https://youtu.be/aNCB1MZDgQA
https://youtu.be/8bxw4IYW1eE
Week 8 – Self-love and Acceptance: How Do We Love Ourselves?

Week eight is focused around the concept of self-love and acceptance. Asking the question, “how do we love ourselves or how do we show ourselves love and acceptance?” The art project is to create a keeper box or memory box to store happy memories in or items that show love. One suggestion the therapist could make is to have the kids write letters to their past selves or to write a letter to their current self from their future self telling them what their future is like (focusing on the positive). They can keep these letters in the boxes they make. As well as pictures, small tokens or objects that remind them of happy times. The therapist could also show the kids examples of "I am" manifestos and encourage them to write one for themselves.

The tasks of life for intimacy and self are a big focus this week because loving oneself is incredibly difficult and intimate; believing in oneself is hard to do sometimes. Helping these teens to find even a small amount of self-love can help spark that love to grow over time.

Outline

Art supplies needed this week: small boxes, decoupage materials, collage materials, glue, paintbrushes, paint, small objects, envelopes (for the letters), writing paper, colored paper, tissue paper, mixed media supplies, etc.

(See Appendix B for generic Group Outline.)

- Arrival-Welcome-Greeting-Check-In

- Topic of the Day – Self-Love and Acceptance
  - Art - Keeper Boxes or Memory Boxes.
    - Examples: Decorate small boxes and fill them with a variety of items: "letter to my younger self;" photos; sentimental items from childhood; wishes for future; bucket lists; lists of reasons why you love yourself. Making an altered book to use a portable safe space is also an option. This is a good way to create another safe space.

- Meditations
  - Hand out Meditation sheet.

- Intentions
  - Can be planning the artwork they will do, or writing one of the lists or letters mentioned above.

- Art Making for 60 minutes

- Final Writings
  - How was it making your Keeper Box or altered book?
What do you plan on putting in the box or book?
What does self-love mean to you? What does it take to love oneself?
Do you feel accepted as you are? Do you accept yourself?
If you could give your younger self one piece of advice, what would you tell them?

Sharing and Discussion
- Ask everyone to share their artwork and hold it up for everyone to see.
  - If possible, have a bulletin board to hang 2-D art up and a table for 3-D art.
- If they want, they can also share their intentions when sharing the artwork.
- Once everyone has shared their artwork, open up the floor for discussion on the final writings.

Clean-up
- Everyone helps.

Closing Comments-Thanks
- "I hope to see you all back next time."
Week 8 – Self-Love and Acceptance

Loving ourselves can be one of the hardest things we do. We are our own worst critic and it is so easy to get lost in negative thought spirals that many people suffer from a lack of self-love and acceptance. The same thing goes for having pride in ourselves. We are taught from a young age that modesty and humility are important traits to have. Boasting and bragging to others about how amazing you are is usually considered a negative trait. But self-love and pride in oneself does not have to be the same as being obnoxiously vain and narcissistic.

Here are some ways to work on increasing self-love and acceptance.

1. **Tell yourself something positive that you like about yourself everyday when you wake up.** Doing this everyday will create a habit and once a habit has formed, it is easier to maintain. By saying something positive to yourself you are affirming those things as truth.

2. **Stop comparing yourself to others.** No one in this world is the same. We all experience things differently and comparing yourself to someone else is unfair to you and to them.

3. **End toxic relationships.** You are trying to create a better self-image and having someone around who is unhealthy for you or treats you poorly will only reinforce the negativity. It can be very difficult to cut someone out of your life, but in the end, you will be much happier and healthier for it.

4. **Be patient but persistent and do not judge yourself.** Self-love takes a while to get used to and make common in your life. Don't hold back, but be patient with yourself. If you have a setback, don't judge yourself and accept that in life we usually experience setbacks sometimes. You are a strong person and can continue moving forward.

5. **Celebrate your wins no matter how big or small.** By doing this, you allow yourself to experience pride and a nice self-esteem boost.
6. Treat your body right. Eat healthy foods, exercise regularly, and get 8 hours of sleep a night. A healthy body allows for a healthy mind.

7. Learn to say no. It is perfectly okay to not do something and spend time on yourself.

8. Treat others with love and respect, even if they don't do that for you. It's hard, but your mind will feel much healthier if it lets go of the negativity.
Week 9 – My Past, Present, and Future: Looking at My Life as a Whole.

The directive for this week was found in a book by David Denborough (2014). It's called the Tree of Life. It helps look at a person’s past (the roots of the tree), the present (the tree trunk and branches), and the future (the leaves, fruit, and flowers). Not to mention they can put the things they don't like about themselves or their past into a metaphorical compost heap. This directive provides a physical image for the teens to see these moments in their life laid out in front of them. It helps to visualize the entire life in one image. For an Adlerian focus, this can provide a glimpse into their lifestyle, provides a holistic approach looking at their whole life, even the future, and some goal setting.

Outline
Art supplies needed this week: drawing supplies, painting supplies, colored paper, collage materials, pencils, erasers, etc.

(See Appendix B for generic Group Outline.)

- Arrival-Welcome-Greeting-Check-In

- Topic of the Day – My Past, Present, and Future: Looking at my Life as a Whole
  - Art – Tree of Life directive. (This is one of the few directives that is high structure and has a lot of instructions. Try and allow the teens to experiment with materials. They don't have to stick to drawing materials.) (Denborough, 2014).
    - Step 1: Draw a tree, or create a tree out of collage materials or colored paper.
    - Step 2: Draw a compost heap nearby.
    - Step 3: The teens can start writing on the composting heap, tree roots, tree trunk, branches, fruit, leaves, the ground, and flowers. Make sure everyone reads through this list so they know what to include or not include.

- Roots: Where you came from, the culture you grew up in, organizations that may have shaped you as you grew up.
- Compost heap: Things you no longer want to be defined by: which can be anything from trauma, abuse, relationships, cultural standards of normal, etc.
- Ground: Things you choose to do on a weekly basis. (Not things you are forced to do.) Could be written on the horizon line or around the roots.
- Tree Trunk: Your values and skills.
- Branches: Hopes, dreams, and wishes.
- Leaves: Names of people who are significant to you.
- Fruits-Flowers-Seeds: Write down the legacies you wish to pass on to others or accomplish in the world.
• Step 4: If there is still time, have them refine the tree, color it, decorate it, paint it, frame it, etc.

- Meditations
  - Include a handout of the directive.
  - Discuss the concept of Past, Present, and Future and how looking at our stories in this fashion, we can work on building a better image for our future.

- Intentions – 5 minutes.

- Art Making – 60 minutes

- Final Writings
  - What does your tree look like? Is it full and lush? Bare and empty?
  - How empty or full is your compost heap?
  - How did this project help you to look at your Past, Present, and Future?
  - Did you discover anything about yourself from this project?
  - Will you change anything about yourself or your life going forward?

- Sharing and Discussion
  - Ask everyone to share their artwork and hold it up for everyone to see.
    - If possible, have a bulletin board to hang 2-D art up and a table for 3-D art.
  - If they want, they can also share their intentions when sharing the artwork.
  - Once everyone has shared their artwork, open up the floor for discussion on the final writings.

- Clean-up
  - Everyone helps.

- Closing Comments-Thanks
  - "I hope to see you all back next time."
Week 9 – My Past, Present, and Future

The tree of life concept is pretty simple and straightforward. It is a visual metaphor in which a tree represents your life and the various elements that make it up–past, present, and future. By labeling these parts, you not only begin to discover (or perhaps rediscover) aspects of yourself shaped by the past, but you can then begin to actively cultivate your tree to reflect the kind of person you want to be moving forward.

The stories of our lives are the events we choose to highlight and contextualize, in this art directive we will learn how to discover and highlight alternate paths through our past–which in turn create new horizons in our future (David Denborough, 2014).

"Yesterday is history, tomorrow is a mystery, and today is a gift. That is why it is called the present." – Eleanor Roosevelt.

Follow these steps:

Step 1: Draw a tree, or create a tree out of collage materials or colored paper.

Step 2: Draw a compost heap nearby.

Step 3: Read through the list so you understand what will be included in this drawing. Starting with the composting heap, roots, ground, tree trunk, tree branches, leaves, and lastly, the flowers-fruit-seeds, write the following items on each area:

- **Compost heap**: Things you no longer want to be defined by, which can be anything from trauma, abuse, relationships, cultural standards of normal or beauty; etc.
- **Roots**: Where you came from, the culture you grew up in, organizations that may have shaped you as you grew up.
- **Ground**: Things you choose to do on a weekly basis. (Not things you are forced to do.) These can be in or around the roots of the tree or on the horizon line, in the grass, etc. It’s up to you.
- **Tree Trunk**: Your values and skills.
- **Branches**: Hopes, dreams, and wishes.
- **Leaves**: Names of people who are significant to you.
- **Fruits-Flowers-Seeds**: Write down the legacies you wish to pass on to others or accomplish in the world.

Step 4: If there is still time, refine your tree, color it, decorate it, paint it, frame it, etc.

Step 5: You may move on to the Final Writings in your journals.
Week 10 – Inspiration for the future and how we can keep ourselves inspired

Week ten's focus is on the future and setting goals. Making a vision board can help a person by putting their goals onto paper and letting them see these goals on a daily basis. By seeing their goals and being reminded of these goals, they can stay focused on them and work towards them faster. This project is a good way to focus on all five life tasks, self, social, spiritual, society, and intimacy. Vision boards can be as vague or specific as one needs them to be. It can focus on one are of life or all of them.

Outline
Art supplies needed this week: magazines (include a wide range of subjects but especially culturally relevant magazines for LGBT+ and Trans-specific magazines), glue, scissors, paint, paintbrushes, large paper or tag board, etc.

(See Appendix B for generic Group Outline.)

- Arrival-Welcome-Greeting-Check-In

- Topic of the Day – Inspiration for the future
  - Art project: Vision boards or Books
    - Examples: Using collage, make a Vision board or book for the future; include goals you have, dreams you have, wants or needs, destinations, or relationships.
    - If doing a book, use a sketch book and each page can be a different goal.

- Meditations
  - Ask yourself the following questions: What do I want in life? What do I need? Where do I want to be in 5 or 10 years? What do I value?
  - Some people like to create a general statement about their board or goals. You can write that out on the board or paint it on and paste the images around it.
  - Hand out the "How to set goals and achieve them" worksheet.

- Intentions – 5 minutes
  - This project doesn't really need intentions. It's better to go with the flow and find images or words that jump out to them, instead of planning out in depth what they want, but might not be able to find in the magazines. If they want to jot down a few things so they don't forget that's fine, but today is a day they can skip the intentions.

- Art Making – 60 minutes
  - They should make sure they save enough time to decorate and glue their images to their board at the end. Remind them around the 30 and 45 minute marks.
• Final Writings
  o Why do we look to the future? How does looking to the future help us in the present?
  o What images or words are on your vision board and what do they mean to you?
  o Are you a goal-oriented person? Why or why not?
  o How do you motivate yourself to accomplish your goals?

• Sharing and Discussion
  o Ask everyone to share their artwork and hold it up for everyone to see.
    • If possible, have a bulletin board to hang 2-D art up and a table for 3-D art.
  o If they want, they can also share their intentions when sharing the artwork.
  o Once everyone has shared their artwork, open up the floor for discussion on the final writings.

• Clean-up
  o Everyone helps.

• Closing Comments-Thanks
  o "I hope to see you all back next time."
**Week 10 – Inspiration for the Future**

How to set goals and achieve them.

1. Decide what you want to achieve or accomplish.

2. Write it down:
   
   __________________________________________
   __________________________________________
   __________________________________________

3. Tell someone else about your goal. Having someone to help hold you accountable can be really helpful when we are feeling down or unmotivated. It can also increase our likelihood of accomplishing our goals. Who did you tell?
   
   __________________________________________
   __________________________________________

4. Break your goal down into all the steps it will take to accomplish this goal.
   
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

5. Plan your first step out. Planning each step ahead of time can help keep you organized and on task.
   
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

6. Keep going. Use that person you told to help keep you motivated. Make a vision board about this goal and keep it in sight where you will see it daily.

7. Celebrate when you have accomplished your goal!

8. Start all over with the next goal you want to achieve.
Week 11 – Future Self- Portrait

This is the last week of regular group. The focus is on the same as week two: asking who am I? Except this week, the teens hopefully have an easier time of answering. The art project is the same as week two as well, making a self-portrait, except this week they are asked to make a portrait of themselves in the future. By projecting their hopes and wishes for the future onto this image, it will hopefully act as an unconscious goal and provide them with something to work toward. They will also put their two self-portraits side by side and compare them. It may not happen, but they may see a difference in the two art pieces and be able to see the shift or change in their sense of identity from week two to week eleven. Adlerian focuses this week are on encouragement to look towards the future with hope and to set goals to help move towards a better future. The life tasks for this week are centered on the self.

Outline
Art supplies needed this week: This is an open media project and the clients can use any materials they want.

(See Appendix B for generic Group Outline.)

- Arrival-Welcome-Greeting-Check-In

- Topic of the Day – My Future Self
  - Art project: Self-Portrait of yourself in the future, how you want to appear, how you want others to see you, etc.
    - Can use any material or media they want.
  - At the end, compare the Week 2 Portrait with Week 11 portrait.

- Meditations
  - Read the "I AM a Human Being" poem.
  - Ask yourself, how have I changed in the past 11 weeks? What do I want my future to look like? Who do I want to be in the future?

- Intentions – 5 minutes

- Art Making – 60 minutes

- Final Writings
  - How do you feel about this portrait 10 weeks after doing our first portrait?
  - Did this portrait feel different when you were making it? Does it look different? How so?
  - Has your opinion or sense of self shifted over the last 11 weeks? How so?
  - What kind of future do you envision for yourself?
- **Sharing and Discussion**
  - Ask everyone to share their artwork and hold it up for everyone to see.
    - If possible, have a bulletin board to hang 2-D art up and a table for 3-D art.
  - If they want, they can also share their intentions when sharing the artwork.
  - Once everyone has shared their artwork, open up the floor for discussion on the final writings.

- Before everyone leaves, there should be a vote about whether or not family, friends, or support systems can come for the second half of the final week. An art gallery style show will be happening in the studio and some of the teens may want to share that with their families and friends. The only way outside people can come visit the show, however, is only by a unanimous vote by the group of trans teens. If anyone is uncomfortable with showing off their art to people they do not know, then families cannot attend.

- **Clean-up**
  - Everyone helps.

- **Closing Comments-Thanks**
  - "I hope to see you all back next time."
**Week 11 –**

**I AM a Human Being**

Hi I'm a human being
Most of you see that by 2016
But some ignorant people don't see
I am a human being

I was born a boy
But I feel like a girl
When I told my parents how I felt
It really took them for a whirl

They said I was going against the almighty God
I was born with a penis
And that I had to suck it up and deal with it

Because these sinful feelings will go away
And I'll be married with a beautiful woman
And have beautiful kids one day
And we'll disown you if you continue to feel like this

And I had to gather every bit of courage and strength to say
NO! I don't want this
Then the man I called my father put his hand in the fist
He gave me a black eye
Just like that I was unloved
And I was homeless

Hi I'm a human being
And I live in a society where they say
You get what you get and you don't throw a fit
Just deal with it!
They say don't embrace who you are
Or you will NEVER get far
You're an abomination
A failed abortion
You belong in a shallow grave
You're not one of us
But why can't they see
I AM A HUMAN BEING!

Hi I am a human being
And I have a brain and a heart and a pair of lungs
I have five fingers on each hand
And five toes on each foot
I function just like you and everyone else
So why am I put in hiding for being myself?
Hi I am here and this is me
And I AM
A human being
~Kyleigh Henderson, 2016
http://www.poetrysoup.com/poem/i_am_a_human_being_748565
Week 12 – Conclusions and Ending Ceremony

The last week of group will be in a different layout for scheduling. The typical greeting and welcome will happen, but then, instead of doing a meditation and intention portions, they will move right into the art project, which is making trading cards for each other. When they are done with the trading cards (one for each member of the group including themselves) they can put their contact information on the back, like a business card, and trade with the other members. The purpose of this is to help provide another support system member for that teen.

The second portion of this group will consist of a small art show. Each member will pick their favorite art piece they made or the one that meant the most to them and they can display it again for the others to see. Snacks should be provided, like a real gallery opening. The rest of the group session will be about saying goodbye to each other and sharing contact information. This process is important to the end of the group to provide that closure or ending of group.

The last thing the therapist should do before the end of group is remind them one more time about confidentiality for each other and to let them know that if they ever need anything they can always contact the therapist. They should also be reminded to take their art with them when they leave and clean out their shelves or cubbies. If someone does not have a place to bring their artwork home to, they can discuss with the therapist about possible storage options at the studio or in their office.

Outline
This week is not held in the standard schedule. Art supplies needed today: small tag board cards roughly 3 in X 5 in., a variety of 2-D art supplies (drawing, painting, oil pastels, collage, etc.), and small boxes that can fit the cards inside.

First hour: Final Art Making and Discussion Group

• Arrival-Welcome-Greeting-Check-In

• Topic of the day: End of Group and Continuing Friendships
  ○ Art project: The kids will make art trading cards to share with each other. If they want to stay in contact, they can write their contact information on the back like business cards.
    ▪ The cards should be all the same design or very similar to each other. Making individual designs for each person can get difficult or time consuming. Plus, this way, each person can have a similar deck of cards.
    ▪ They should make one card for each member, including themselves.
    ▪ The therapist should provide small boxes to keep the cards in after they leave. The therapist can also contribute a trading card if they want, or have a small decoration or drawing on the boxes instead.

• While everyone is working, have an open discussion about how the group went over the last 12 weeks.
Questions to ask:
- How have you changed over the last 12 weeks?
- Have you made any new friends or increased your support system?
- What was the most meaningful project we did so far?
- Which was the most difficult? Why was it difficult?
- Are there any projects or meditations you will go back and do again in the future? (Can discuss how the self-portrait one is fun to do every year or so. Seeing them all together can really help show progress or declines.)
- What is one thing you will take away from group when you leave tonight that you didn't know before group?
- Has your sense of identity shifted? Has it gotten a little clearer? Or did it get foggier?
- Do you have any suggestions for the therapist for future groups?

- The kids can exchange their cards at the end of this half of the group.
  - A fun way to do this, have each person stand up and pass out their cards to everyone. While doing this, they can explain their design or artwork to the group.

Second hour: Group Art Show-Snacks-Goodbyes
- They will each pick out one or two pieces of artwork they made over the last 12 weeks that had the most meaning or that they like the most. They can hang it up on the board, or set it on the table.

- The group can get snacks and something to drink and "walk the gallery" of artwork, looking at each piece, talking with each other, and generally having a little goodbye party.

- If the group had a unanimous vote during the end of week 11, the family or support systems for the teens can be invited to this portion of the group to see the art gallery.

- This is a good time for the kids to talk and exchange contact information on their trading cards if they haven't already.

- This ending "ceremony" is an important part of the group process. It provides a clear ending and good closure for the group as a whole.

- One final suggestion would be to have an open studio option for continuing therapy for the group participants. It could act as a weekly or monthly support group with art. This way the teens can continue utilizing art therapy and have a safe space to explore topics that are not related to identity.

Lastly, each person can take their portfolio home with them at the end of this group. If they don't want any of their art, they can leave it with the therapist. Any art left behind becomes property of the therapist unless previously discussed with the artist and therapist about storage.