Building resiliency in at-risk youth using art therapy

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Introduction

Surviving adolescence can be one of the most difficult stages of life most people go through. The adolescent years mark the final turning point before becoming an adult and as exciting as that may sound to many prepubescent and adolescent teens, the developmental stages they go through come with a wide range of confusing emotions, rapid body changes, and a consistent flow of hormones. Not only do their bodies change, but their minds are continually developing at a fast pace, as well. Going through these many changes can be overwhelming by themselves, but when a teen is exposed to a variety of negative environmental factors, life can become much more of a struggle. Several extrinsic and intrinsic factors can influence an adolescent and can determine whether or not he or she will ultimately be successful, especially in school. (Eriksson, Cater, Andershed, and Andershed, 2011). The students that are faced with those struggles tend to be labeled as "at-risk." Overcoming these struggles and achieving goals is very possible, but this belief must be instilled in those students. Resilience is a learned trait and only grows with the encouragement and support of others. Understanding adolescent youth at-risk, including the cognitive development they undergo, along with how to promote resilience, is key to helping them succeed not only in school, but in life, as well. Art therapy is an effective tool that can be used to achieve resilience and success, process feelings, and understand, cope and overcome barriers that students at-risk face.

Childhood and Adolescent Development

Major changes in development in adolescents begin around age 12 and continue until about age 19. Not only do their bodies change significantly, but their minds do, as well (Stepney, 2001). Their cognitive development undergoes three major strides. First, is a change in logical

thinking. Adolescents are finally able to analyze potential outcomes and possibilities, as opposed to just focusing on the here and now of present reality. They are beginning to possess the ability to imagine hypothetical situations and find logical, systematic solutions to those situations. Processing consequences to actions and "the ability to think about relationships among mentally constructed concepts is a cognitive advance" (Stepney, 2001, p. 4). A second major development is an adolescent's capability to learn lessons through reflection. They are also able to understand abstract concepts like religion, morality, and identity, among many others. "Piaget labeled these qualitative changes as Formal Operations" (as cited in Stepney, 2001, ps. 4). The third cognitive advancement is one that is deemed as very frustrating and often forgotten by adults: Adolescent Egocentrism. Adolescent Egocentrism is "the failure to differentiate the perspective of others from one's own point of view" (Stepney, 2001, p. 4). Teens think they have what is called an "Imaginary Audience." They believe the focus is on themselves only and it should stay that way. It is difficult for them to show empathy or to even take full responsibility for the emotions they are feeling. "Personal Fable" is also part of Adolescent Egocentrism. It is common for adolescents to believe their thoughts, feelings, and actions are truly unique and set them apart from others. They tend to believe that "no one understands what they are going through" and that no one has ever experienced what they are experiencing (Stepney, 2001).

Jean Piaget and Erik Erikson made large contributions to studies on childhood and adolescent development. They both identified and categorized development in different stages. Understanding and knowing the stages that children go through are important when it comes to interacting and working with them.

Erikson's stage that school-aged children (6-12) go through is the Industry vs. Inferiority Stage, which is also called the Latency stage. During this stage, children are learning new things,

mastering new skills, and acquiring knowledge. It is also imperative to develop a sense of belonging with peers and to have positive social interaction. This development and social interaction has a large impact on a child's self-worth, self-esteem, and whether or not he or she feels inferior to those around him or her. A child's environment now largely consists of those he or she interacts with at school, so peers and teachers play an important role in the development of confidence, belonging, and acceptance (Harden, 2012).

Jean Piaget's stage for school-aged children is the Concrete Operational Stage. Piaget noted that children from ages 7-11 are finally beginning to understand logical concepts, but still have trouble thinking abstractly, imagining the future or thinking long-term. Imagining hypothetical situations is not something children in this stage can comprehend, either (Cherry, 2012).

Definition of "At-Risk"

With an understanding of the childhood and adolescent progressive cognitive development, one can begin to help youth overcome the negative extrinsic and intrinsic factors in his or her life that make him or her a contestant for being at-risk. But what do these factors consist of? There are several that help define what students are labeled as "at-risk." They include: "poverty, teen parenthood, homelessness, low self-esteem, drug or alcohol abuse, poor health or nutrition, deficiency in the English language, inadequate opportunities for success in school, loss of hope for the future, lack of life goals, and changing family dynamics" (Dobizl, 2002, p. 9). Many of these risk factors are external and are difficult, if not nearly impossible, for an adolescent to change on his or her own. These risk factors affect children and teens very negatively and contribute to high retention and drop out rates, low attendance in classes, poor grades, poor adult relationships, low self-esteem, a sense of no control, and many behavioral

problems. Stepney discussed a study performed by Carole G. Fuller and David A. Sabatino (as cited in Stepney, 2001) that researched attitudes and personality characteristics of students labeled "at-risk." Fuller and Sabatino found that many of the students possessed defensiveness/hopelessness, attention seeking behaviors, antisocial disorders, conduct disorders, interpersonal problems, and family relationship problems. The exposure to risk factors becomes more and more detrimental the younger the child. The emotions and behaviors that tend to accompany exposure to risk factors are more severe, as well and contribute to retention and drop out rates, and little to no success in school. A lot of these students are diagnosed with Oppositional Defiant Disorder, Attention Deficit Disorder, Attention Deficit Hyperactivity Disorder, along with many other behavioral disorders. They are then overlooked and often punished for their behaviors, as opposed to a teacher or a counselor helping them understand and cope with the underlying factors that are causing the behaviors. Many times, adolescents' behavior is due to lack of encouragement, positive influence, investment by a role model, parent or guardian, early success in school, and control over their environments.

With these at-risk factors identified, what are some warning signs seen in children that could eventually lead to being labeled as "at-risk?" Most of the warnings are evident through behaviors and start in early elementary school. A child with early risk factors could have "aggressive behavior, depressive symptoms, peer difficulties, and academic problems" (Valdez, Lambert & Ialongo, 2011, p. 522).

"Research shows that the establishment of social friendships is a hallmark of the transition to elementary school. Children rely on peers for coordinated play, conversation, and coping with peer rejection" (Valdez, Lambert & Ialongo, 2011, p. 522). With positive peer interactions and developed friendships, the possibility of social acceptance is much greater.

Social acceptance has a great impact on a child's self-esteem, identity, self-worth, and sense of belonging. If a child is not socially accepted, he or she may experience depression, social avoidance, conduct issues, and low academic achievement.

Aggressive behavior is more common in boys than in girls, and begins to take place the closer boys get to adolescence, but if aggressiveness is a problem in elementary school, it could be a sign of neglect. Most children do not know how to verbalize their frustrations or other feelings they may be experiencing, so acting out via aggressive behavior is the only appropriate outlet they know (Valdez, Lambert & Ialongo, 2011). Those children that are displaying aggressive behavior tend to be bullies or be bullied and are not as socially accepted as those without aggressive behavior would be. They also have fewer friends.

Like aggressive behavior and low social acceptance, many of the warning signs for risk factors co-occur. Depression can co-occur with low self-esteem, low academic achievement, and lower social acceptance. Depression in an elementary school-aged child could be the result of learned helplessness. "Learned helplessness states that repeated perceptions of uncontrollable events can challenge children's beliefs that they can shape events around them" (Valdez, Lambert & Ialongo, 2011, p. 523). While suffering from depression, a child could lose motivation to do well in school and to make friends. On top of those negative results, a child with low academic achievement will receive less praise from adults (i.e. teachers and parents), which will continue to lower self-esteem, confidence and self-efficacy (Valdez, Lambert & Ialongo, 2011). Unfortunately, each plays such a vital role in the development of another warning sign, that a never-ending cycle is created.

With this never-ending cycle, the probability of low academic achievement, low social acceptance, depression, and aggressive behaviors continuing into adolescence is very great. "In

adolescence, depression is associated with future depressive episodes, anxiety, substance abuse, suicidal behaviors, and interpersonal difficulties" (Valdez, Lambert & Ialongo, 2011, p. 524). Among continuing lowered academic achievement, depression and few friendships, a rise in delinquency occurs in adolescence, which, in turn, could lead to a greater chance of retention, dropping out, and then "limited employment opportunities" (Valdez, Lambert & Ialongo, 2011, p. 524).

Definition of resilience and why it is so important

The National Association of School Psychologists says, "Resiliency is a normal trait that comes from inborn tendencies to adapt" and "it represents the ability to deal with life's challenges in a positive and productive manner" (NASP, 2005). The adults in a child's life need to encourage and foster that "inborn trait," especially for those children that have faced adversity. The risks involved with facing adversity at such a young age include: academic failure, social maladjustment, health problems, poverty, mental illness, substance abuse, and law enforcement involvement (NASP, 2005). Since children and adolescents spend much of their time in school, it is imperative that the school system incorporates resiliency skill-building programs. School psychologists can implement those programs, along with educating the parents about how to promote resiliency in their children, and teachers should also create an environment that builds connectivity, security, personal value, and competency within the classroom. Dobizl supports that stance, "The classroom environment should facilitate time on tasks, student interaction, student success, and positive reinforcement for desired behaviors" (2002, p. 11). But the efforts should not stop there.

Once the child or adolescent makes it home, his or her parents or guardians need to constantly be working with him or her. To effectively instill resilience in an individual, parents

should lead by example, rather than just verbally. Treating their children like human beings and validating their feelings is key to helping them develop a positive self-image and promote self-efficacy. If parents also support and encourage positive emotions and positive expressions of those emotions, along with positive attitudes without harsh judgments or criticisms, their children learn how to problem solve effectively and confidently. Informing children of the importance to practice healthy habits and providing them with health care are also influential supports in building resiliency.

Chapter 1:

Protective factors and developmental assets:

The basic foundation needed to begin developing resilience

Although a lot of students are negatively impacted by the risk factors in their lives, many students are not. Some are able to not internalize these occurrences. Eriksson, Cater, Andershed, and Andershed (2011) reviewed and identified a number of protective factors. They broke the protective factors down into three categories: Individual, Family, and Environment outside the family. If an adolescent possesses any combination of these protective factors, he or she has increased potential to overcome adversity. Individual protective factors are more intrinsic and are easier for one to develop and have control over. These protective factors include internal locus of control, good coping skills, positive outlook on life, high self-esteem, easy temperament, positive social orientation, and effective emotional regulation (Eriksson, Cater, Andershed, & Andershed, 2011). An adolescent does not need to possess all of these protective factors. Having one or two of these protective factors is a good starting foundation to continue to form the other Individual protective factors, or in combination with Family and Environmental protective factors, they are still beneficial and can have a positive impact on the adolescent.

Protective factors

Family protective factors are an important development, as well. These factors are very similar to those of Maslow's Hierarchy of Needs. Maslow stressed the importance of achieving the most basic needs that are vital for survival before moving onto the more intrinsic needs. The psychosocial needs are the most basic of all the needs. They consist of water, food, air and sleep (Cherry, 2012). The next needs that must be fulfilled, but can only be fulfilled if the psychosocial needs are met, are the security needs. Security needs require a safe neighborhood and shelter from the environment. Once a person has security, they then need to feel a sense of belonging, love, affection, companionship, and have healthy, secure attachments. These needs are known as social needs (Cherry, 2012). Both security and social needs are identified as Family protective factors by Eriksson, Cater, Andershed, and Andershed. Some other Family protective factors include authoritative parenting, supportive parents, consistent family routines, and pro-social siblings. These factors are not as easy for an adolescent to control and he or she usually does not have any say in how the family is run. Secure attachments and healthy relationships with teachers, friends, role models, counselors, church members, along with many other positive influences are good alternatives to a troubling family life and can be considered as protective factors in the Environment outside the family. Safe neighborhoods, as well as extracurricular activities, also fall under Environmental protective factors. Eriksson, Cater, Andershed, and Andershed noted, "Several protective factors generally are better than few. Youth with several protective factors often seem to do better and have fewer behavioral problems compared to youth with fewer protective factors" (2011, p. 116-117).

Some protective factors can also lead to other protective factors. If a student "has a good relationship with a teacher, this can contribute to a more positive school attitude and the

establishment of relationships with pro-social peers, which is known as the 'cascade effect'" (Eriksson, Cater, Andershed, and Andershed, 2011, p. 117). But some research has shown that high abundance in one protective factor may develop into a risk factor. Intelligence is one of them. If a student is highly intelligent, he or she may internalize mistakes or other problems, place a lot of pressure on him or herself to do well academically and personally, and may not see accomplishments for what they are. This kind of internalization could lead to low self-esteem and frustration with oneself. Religion is also an identifiable protective and risk factor. A strict religion, especially one that goes against social norms, could single out a student and make him or her more vulnerable to bullying and deter a sense of belonging from being established with his or her peers (Eriksson, Cater, Andershed, and Andershed, 2011).

The importance placed on protective factors by each individual is influential in determining the effectiveness of the factors as well, especially between boys and girls. Girls tend to look more for good relationships within their families, while boys deem a "positive family environment" more important. When a positive family environment does not exist, "boys tend to exhibit more externalizing and internalizing problems than girls" (Eriksson, Cater, Andershed, and Andershed, 2011, p. 119), which, in turn, has an affect on behavior. Age also has an influence on determining which protective factors are more important than others. Babies need more protective factors from Maslow's psychosocial and security needs, as well as the beginning of the formation of secure attachments, while children are continuing to form those attachments. Adolescents lean more towards the social needs of Maslow's Hierarchy and the Environmental protective factors. They enjoy and thrive off of healthy peer relationships, after school extracurricular activities, and a positive school environment (Eriksson, Cater, Andershed, and Andershed, 2011).

"Protective factors are key ingredients when working with prevention and treatment for youths at risk because the strengthening of protective factors can make youth more resilient" (as cited in Eriksson, Cater, Andershed, and Andershed, 2011, p. 121). When building and developing protective factors, it is important to focus on each level of protection. Each child and adolescent has a different exposure to each of these protective factors and catering the therapy to each individual is just as important and will be more effective.

Protective factors play a large role in the development of resiliency in children and adolescents. Anne Santa, a lower and middle school counselor at Catlin Gabel School in Oregon, noted the definition of resilience by two psychologists, Terry Levy and Michael Orlans, "resilience refers to an individual's competence and successful adaption following exposure to significant adversity and stressful life events" (Santa, 2006, p. 66). The ability to adapt quickly and smoothly to situations depends on each person's temperament and intellect, which also correlate with four characteristics found in child and adolescent resilience. Santa identifies those four qualities as a "positive mindset; broad social support from neighbors, religion, family, and school; and the development of an 'island of competence'" (p. 66).

Similar to the protective factors, a positive, healthy attachment to a parent, guardian, or any adult is crucial to an infant's development. A secure attachment provides the basis for a wholesome, well-rounded adult. An adolescent or adult that grew up with a consistent, loving, stable caretaker will possess the ability to establish successful, healthy relationships, accomplish goals, and problem-solve effectively. Those that were not provided a secure attachment tend not to be able to show empathy to others, have trouble loving and trusting people, along with maintaining relationships, and, in extreme cases, they have trouble displaying and reading

emotions. Santa explained, "early attachment is one of the major 'protective factors' that mediates stress and promotes resilience" (Santa, 2006, p. 67).

An individual's attitude also plays a large role in the development of resilience. "A child's attitude, confidence level, and belief that his or her actions make a difference are also important in how life stresses will affect him or her" (Santa, 2006, p. 67). If a child has had a secure relationship starting back in infancy, building and maintaining a positive mindset will come much easier for him or her. If another child was not provided a secure attachment, then he or she will see the world, his or her environment, and his or her actions, along with others' actions, much differently, and, more than likely, much more negatively. With negative beliefs and outlooks, the odds of overcoming certain situations, especially in a healthy manner, decrease over time.

Santa also points out that lack of a secure attachment is not the only thing that affects a child's view and reactions to things. She discussed a factor that is in no one's control: a child's temperament. A child's temperament correlates with the type of relationships he or she may have with other people growing up. If a child were to have a difficult temperament, others, including parents, teachers, and other adults, may find it hard to interact with a child that "takes more time to adapt to change and is very intense in how he or she expresses his or her feelings" (p. 67).

The third influence in a child's resilience is his or her surrounding environment. This environment includes neighborhoods, church, and school, along with any other parts of the community outside the family home. The community has the ability to "provide support and positive belief systems" (Santa, 2006, p. 67). Friends, teachers, pastors, and other supportive adults and peers can help a child establish a sense of belonging and offer him or her a place to go

in a time of need. Having those connections and relationships outside of the family can help build resilience in youth and give youth positive role models to look up to.

Competence is the fourth element needed to create resilient youth. When an adolescent or child is faced with a challenge, it is important for him or her to possess the knowledge and access the resources needed to overcome that particular challenge. This could be something as simple as doing well on a math test. Establishing that understanding will increase an individual's confidence and self-esteem. That will, in turn, spark a cycle that will continue to encourage him or her to do well in completing tasks, and setting and accomplishing goals. Encountering obstacles also reveals a child or adolescent's strengths and weaknesses, and teaches him or her how to continue to improve those characteristics, along with contributing to the development of resiliency (Santa, 2006).

Developmental Assets

Developmental Assets work very similarly in comparison to protective factors. Developmental Assets are set in place to help improve the lives of children and adolescents; they were created to help youth lead positive, healthy, and productive lives. Also, like protective factors, the more Developmental Assets a child or adolescent has, the better and more resilient he or she is to aversive situations.

Jolene L. Roehlkepartain designed 40 Developmental Assets and grouped them into eight "Asset Type" subcategories, and then again into two categories: External and Internal Assets (2008). When designing the Assets, she explained, "Many of these Developmental Assets are things that people already talk about and do on a daily basis, (2008, p. 10), but this grouping and categorization of the Assets make them easier to understand and comprehend. Roehlkepartain

states, "By promoting assets, we spend less time dealing with the fallout from problems that may otherwise result and more time enjoying youth's gifts" (2008, p. 11).

The eight Asset Types are: Support, Empowerment, Boundaries and Expectations, Constructive Use of Time, Commitment to Learning, Positive Values, Social Competencies, and Positive Identity. Support, Empowerment, Boundaries and Expectations, Constructive Use of Time, and Commitment to Learning are grouped into External Assets, while the last four Asset Types are considered Internal Assets.

External Assets

1. Support: This Asset Type explains that all children and adolescents need to be loved and cared about, and experience a sense of belonging and acceptance within their families, schools and communities. It is important for a child to be surrounded by supportive people, especially parents, other family members and teachers, along with other positive role models. The Developmental Assets that fall into this subcategory include: family support, positive family communication, other adult relationships, caring neighborhood, caring school climate, and parent involvement in schooling.

2. Empowerment: A child needs to feel valued and feel as though his or her contributions to his or her surrounding environment and communities are valuable. He or she also needs to feel safe and liked, much like those needs identified in Maslow's Hierarchy. The Developmental Assets that encourage empowerment are: community values youth, youth as resources, service to others, and safety.

3. Boundaries and Expectations: Children and adolescents need "clear rules about appropriate behavior and consistent, reasonable consequences for breaking those rules" (Roehlkepartain, 2008, p. 10). In addition to having clear rules and fair consequences

established, supportive adults in children's lives need to help them realize their potential and

encourage them to do their best. The following Assets are grouped under Boundaries and

Expectations: family boundaries, school boundaries, neighborhood boundaries, adult role

models, positive peer influence, and high expectations.

4. Constructive Use of Time: Outside of school, children and adolescents need to have

extracurricular activities, hobbies, have the desire to learn new skills and interests, and

participate in activities with positive peer interaction. Becoming involved in the fine arts, along

with after-school programs and family time at home help decrease the possibility of a child

taking part in unhealthy choices or making negative decisions. These assets include: creative

activities, youth programs, religious community, and time at home (Roehlkepartain, 2008).

Internal Assets

5. Commitment to Learning: This internal asset type derives from motivation within the

self to achieve academic success and to possess the want to learn. In order to reach these goals, a

child needs to believe in him or herself, and know that accomplishment and success are

achievable. Achievement motivation, school engagement, homework, bonding to school, and

reading for pleasure are all Developmental Assets that contribute to the asset type, Commitment

to Learning.

6. Positive Values: This asset type puts emphasis on building character. When a child or

adolescent possess strong positive values, he or she cares about others, takes responsibility for

his or her actions, "has high standards for personal character and believes in protecting his or her

own well-being" (Roehlkepartain, 2008, p. 10). The Positive Values' assets include: caring,

equality and social injustice, integrity, honesty, responsibility, and restraint.

7. Social Competencies: The development of social competencies play a large role when it comes to making positive decisions and choices, confronting and standing up against peer pressure, and interacting well with others. When a child understands social competencies, he or she is able to cope and adapt to changing and new situations and environments, and is able to resolve conflicts in a healthy manner. Five Developmental Assets fall under the Social Competencies Asset Type: planning and decision-making, interpersonal competence, cultural competence, resistance skills, and peaceful conflict resolution.

8. Positive Identity: A positive identity is created by having high self-worth, a sense of purpose, and a "positive view of the future" (Roehlkepartain, 2008, p. 10) Children and adolescents need to feel as though they "have control over the things that happen to them" (p. 10). Personal power, self-esteem, sense of purpose, and positive view of personal future are the assets that Roehlkepartain placed under Positive Identity.

The Search Institute's Profiles of Student Life: Attitudes and Behaviors conducted surveys that included 2.2 million people in grades 6 through 12. The surveys researched the impact and influence the Developmental Assets had on the students. The surveys revealed that:

> Assets are powerful influences on young people's behavior. Regardless of gender, ethnic heritage, economic situation, or geographic location, the assets not only promote positive behaviors and attitudes but also help protect young people from many different problem behaviors. The more assets young people have, the more likely they are to act in ways we value, such as succeeding in school and valuing diversity. The more assets young people have, the less likely they are to get into trouble or use alcohol or drugs (Roehlkepartain, 2008, p. 10).

Chapter 2:

The use of solution-focused art therapy in schools

Why art therapy?

Many children and adolescents spend much of their lives with very limited access to necessary protective factors needed to become resilient and overcome adversity. This scarcity in protective factors can be labeled as "at-risk youth." Different modes of therapy are utilized to further the progress and growth of a lot of the internalized protective factors. Art therapy has successfully helped at-risk youth on many occasions and is even being implemented in alternative school systems today. Stepney stated, "an individual and/or group experience can provide the opportunity for these students to explore issues and problems and to find ways of making responsible choices" (2001, p. 47), and art therapy can achieve that.

The paper published by the American Art Therapy Association in 1985, "Art Therapy in the Schools: A position Paper of the American Art Therapy Association," studied art therapy and its affects on and ability to help youth at-risk in the school system:

The art therapy process allows one to explore personal problems and potentials through nonverbal and verbal expression and to develop physical, emotional, and/or learning skills through therapeutic art experiences. In art therapy the child can directly manipulate materials and the environment, symbolically exploring, organizing, and assimilating meaning from a complex world of ideas and experiences. This process may facilitate, order, reduce confusion and uncertainty, and promote the integration of experiences…Art therapy can facilitate appropriate social behavior and promote healthy affective development so that children can become more receptive to learning, realizing their social and academic potential (as cited in Stepney, 2001, p. 50).

Some may still ask, "Why art therapy?" Art therapy poses several advantages to the healing, coping, and understanding at-risk youth need, in addition to those identified by the American Art Therapy Association. For one, creating art can be controlled by the client, which is appealing considering much of the client's life is out of his or her control. The client has the choice as to how he or she decides to use the art materials provided and how the final product turns out. But at the same time, the communication that may or may not come out during and after the art making process is less controllable. Because art allows a form of unconscious nonverbal communication, the process and final product can provide a child or adolescent insight into his or her situation, the challenges faced, and the emotions he or she may be feeling (Stepney, 2001).

Another aspect and benefit of using art therapy with at-risk youth is that it allows communication through imagery. Much of what children and adolescents are undergoing is difficult for them to verbalize, let alone understand. Being able to physically observe the final product can lead to reflection, comprehension, and ultimately, healing. Objectification is also something that Stepney discusses as being therapeutic. Objectification is the process of "thoughts and feelings first being externalized in the art object. The art object allows the individual to recognize the existence of these thoughts and feelings and if owned by the individual, may become integrated as part of the self" (2001, p. 50-51). The permanence of the final art product can provide healing, as well. Once completed, nothing can alter the final product, giving it the ability to continue to provide healing through tangible reminders of the progress made through therapy. But the final product is not the only remedial aspect of making art; it is the process in and of itself. The process of making art allows the individual to physically become a part of the piece and allows physical release. For example, if a client were to paint or work with clay, they

begin to become invested in the art making process and essentially give a piece of themselves to what they're creating (Stepney, 2001).

There are also goals and objectives set to be accomplished through the use of art therapy, which are: cognitive growth, emotional regulation, and social behavior (Stepney, 2001). In order to further cognitive development, art therapists encourage their clients to reflect on the process and product afterwards, which will help them to "organize intellectual concepts" (Stepney, 2001, p. 53). In addition, the child or adolescent will practice being spontaneous in a positive manner, all the while reducing the urge to make reckless, impulsive decisions. Learning effective verbal and nonverbal communication is also an objective for attaining cognitive growth. Emotional regulation is the second goal that art therapy strives to accomplish. Through art therapy, the client can learn how to recognize negative and positive emotions, along with how to express those emotions in a healthy manner. The client learns how to take responsibility for his or her emotions and the consequences those emotions may ensue. As the recognition of emotions progresses, the client will begin to identify which environmental triggers influence certain emotions. Once identified, the client can then learn how to appropriately cope with and handle the emotions that accompany the triggers. The third goal aimed to accomplish during art therapy is improving social behavior. A large part of achieving this goal is through group therapy. Group therapy teaches the client how to interact with his or her peers in a socially acceptable manner (Stepney, 2001). He or she will also learn about group dynamics and the role he or she plays in those groups. The different therapy processes used include group art projects and sharing, as well as individual projects and group sharing. The client will also learn and develop appropriate boundaries with his or her peers (Stepney, 2001).

Why solution-focused therapy?

One form of art therapy that has proven successful, especially with at-risk adolescents, is short-term, solution-focused art therapy. Most adolescents revolt at the idea of attending therapy and are usually either court ordered to attend or are placed in therapy by their parents or guardians. "Adolescents see therapy as a form of torture inflicted by grown ups on 'innocent' teenagers" (Riley, 1999, p. 237), which is why short-term treatment is more effective. The need to problem solve quickly, in this case, becomes a priority. Adolescents like short, time-constructed therapy sessions. They are eager to have their problems solved and over and done with so they can move on with their lives. Many issues dealing with adolescents need quick solutions, which is why solution-focused art therapy is common with this population.

In order to begin short-term, solution-focused art therapy, the therapist needs to assess the adolescent for treatment. First, identify the problem and when it occurs. Note patterned behaviors and how often those behaviors come up. Second, find out where the problem does and does not occur. Write down the locations, along with the environment and the type of atmosphere that influences that particular behavior. Riley says, "Difficulties are often related to the environment in which they occur" (1999, p. 243). In addition to occurrence and location, identify the actions that tend to accompany the behavior. How does the client respond to situations that aggravate the problem behavior? Also have the client discuss and recognize who is usually around and who heightens the issue. What people and what actions instigate the behavior? Discovering this information "helps to identify parent-child conflict versus peer-identity insecurity" (Riley, 1999, p. 244). Once the instigators of the issue come to the surface, move on to those factors where the behavior is not present. What are the exceptions to the problem? Distinguish those factors that may deter the behavior from happening. Also note the affect the problem behavior has on the

client. Does the problem change or hinder the client in any way? Does the problem interfere with the activities the client usually enjoys doing? Riley explains recognizing these factors are "important in the view of adolescent development" (Riley, 1999, p. 244). Next, move on to how the client feels and reacts to the issue at hand. Ask what the client's explanations are for acting out in that certain way. If they do not or cannot verbalize this, pay close attention to the body language they use. When getting to the root of this question, make sure not to talk above the adolescent; speak at his or her same level. This is actually important to remember throughout the duration of therapy. In doing so, the adolescent will begin to view the therapist in a trusting way as opposed to another adult trying to meddle with his or her life. When it comes time to determine the progress made and as the therapy comes to a close, note the changes in the client's life, including the relationships he or she has, along with any positive difference in demeanor. Observe whether or not the healthy replacement for the behavior is effective, as well.

When a therapist decides to use solution-focused art therapy, the therapist should have a certain mindset in order to effectively work with their adolescent clients. First, it is important to take socio-economic situations and which protective factors are and are not possessed into consideration when working with adolescents and their behavior problems. Also, bringing oneself down to the level of the client, rather than acting superior to him or her, will develop a foundation of trust. Recognizing the need to address the issues immediately is imperative for making solution-focused therapy efficient and effective. Another job the art therapist has after choosing to do short-term solution-focused art therapy is to "project the attitude of confidence in their clients, so the clients in turn are able to activate their coping skills, and with the therapist's help, solve the problem" (Riley, 1999, p. 242).

When working with at-risk youth, it is important to understand the situation from the adolescent's perspective. "Hearing the adolescent's perspective helps provide the opportunity for the therapist to negotiate change" (Riley, 1999, p. 243). Negotiation helps introduce new methods of problem solving to the adolescent and helps him or her take responsibility and ownership of his or her life, and moves away from placing blame on anyone. Externalizing the problem makes it easier and more encouraging for the adolescent to tackle.

Combining the two:

Solution-focused art therapy

A lack in protective factors tends to instigate problem behaviors in adolescents and since most adolescents fight the idea of being in therapy, it makes it difficult for the therapist to completely address all the issues at hand and to build up all the internal protective factors needed to continue to develop other protective factors, such as relationships with teachers and success in academics. Short-term solution-focused art therapy helps get to the root of the problem quickly and efficiently, while handing emotional and behavioral control back to the adolescent.

What makes art therapy work with solution-focused therapy is due to several factors. A lot of aspects in each factor complement and match up with the other. For example, both solution-focused therapy and art therapy are action oriented. Art therapy allows for the client to be in control, along with what the final art products represent. And, like mentioned before, the therapy is more effective if the therapist puts him or herself into the client's world and mindset, and art therapy does just that. The art therapist is able to experience the client's world through their art making, along with the final processing after each session. Also, having a tangible recording of the issue helps to identify it, break it down, and address it immediately. Seeing an artwork also can give insight into the dynamics of the adolescent's relationships with those

around him or her, especially with his or her parents. Externalizing the problem is a large aspect

of effective solution-focused therapy and art therapy does that naturally. Observing and viewing

the artwork once it is completed, shows the problem is "outside" of the client, rather than the

problem being the client's fault. The therapist can also identify recurring behaviors in the

artwork over time and can also note the progress being made. The tangibility of artwork enables

the therapist and client to continue to revisit it and discover new meanings behind it. The final

product can also serve as a positive reminder that the client has made exceptional progress

(Riley, 1999).

Chapter 3:

Practicum experiences

For two years, I gained art therapy experience interning at the Boys and Girls Club of

Superior (BGC) and by interning for the Gaining Early Awareness and Readiness in Superior

(GEARS) program for one year. Both internships consisted of working with at-risk youth. BGC

had a wide variety of ages; I worked with children and adolescents ranging from ages 5-17. For

the GEARS program, I worked primarily with sixth through eighth grade middle school students.

Although both sites had similar populations, the approaches for each were a little

different, but both included group solution-focused art therapy. Since some protective factors and

developmental assets were out of my control (i.e. external factors: home environment, family,

community), I tried to focus on other protective factors and developmental assets using art

therapy: attitude, confidence level/positive identity, positive values, social competencies,

empowerment, boundaries and expectations, and constructive use of time. Focusing on these

factors and assets, I was eager to build resiliency within my clients.
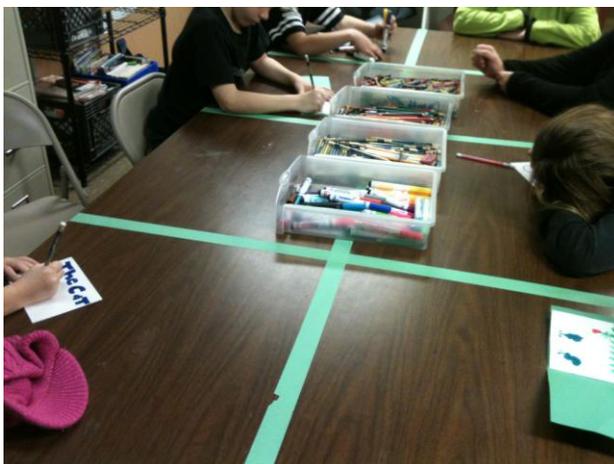
BOYS AND GIRLS CLUB

At the Boys and Girls Club, many of the children there were not given appropriate boundaries or rules to follow, which created problems with sharing, taking responsibility for actions or self, following directions, respecting authority and peers, and cleaning up. The environment of the Boys and Girls Club is not very conducive to improving or encouraging those behaviors, and my first two semesters there, I struggled with trying to figure out how to create art therapy directives that would teach those pertinent behaviors. I was also fighting different home environments and communities that lacked the proper support and foundations needed for healthy, positive development due to several factors including: single working parents, homelessness, unemployment, drugs and alcohol abuse or addiction, lack of parenting skills, etc. While I was conducting more emotive-directed art therapy activities, I observed that those weren't the activities that the children needed.

I came back for a third semester and decided to try a completely different direction with the children at BGC. I taped off six sections of the art table using masking tape and introduced them to the children as "special work spaces," and that only one person could work in each space.

Figure 3.1 Empty table with 6 "special work spaces" taped off

Figure 3.2-3.3 Boys and Girls Club students participating in art therapy
and working cooperatively in each of their "special work spaces."
(Pictured above and below)

Within these "special work spaces," each child was responsible for cleaning up his or her

own mess, and no one was to reach inside someone else's space without asking first, even if the

other person had something he or she wanted. In addition to those two rules, the children helped

decide additional rules to have for each session: 1) share, 2) no making fun of anybody's

artwork, 3) no hitting or yelling, 4) no name calling, 5) remember to have fun, 6) three strikes,

you're out (three warnings from me, and the child has to leave the table). Before each art therapy

session, I went over the rules with the participants and as they started each project, I spent the

time enforcing the conditions of each "special work space."

Putting these rules in place, along with having the "special work spaces," would help teach the children appropriate, healthy boundaries to have with their peers, help them practice following rules in a setting even if some other environments don't enforce rules, teach the children responsibility for their actions and their messes, and teach them how to respect their peers and how to work in groups.

Over the two years of working with the children from Boys and Girls Club and the one year of working on setting appropriate, healthy boundaries, I saw a lot of improvement with the children that participated on a regular basis. Much of the conflict that arose from over-crowded space, an extremely loud and uncontrolled environment, and inconsistent rule and consequence enforcement at Boys and Girls Club decreased incredibly. The students learned to take responsibility for their actions and their "special work spaces;" they learned to clean up after themselves; they learned to share with their peers and they learned to respect authority.

- *Kyra:*

One child in particular, Kyra (age 8), had a difficult time with boundaries. Before I started using the spaces, during group projects, Kyra was very overprotective of her personal space. She would cover part of the paper or table with her arms and stretch her elbows out far enough so no one else could get close to her. If someone did get close or tried using a marker next to her, she would act out by yelling or crying, but she did not have the same respect for others when it came to their artwork or supplies. Once the spaces were created, her behavior became much better and the number of her outbursts decreased. This did not happen right away, however. I had to redirect her and remind her often that she was not supposed to reach into someone else's "special work space" and she wouldn't always respond very well. During one particular session about halfway through the semester after introducing the spaces, I had to

enforce our "three strikes, you're out" rule with her. She wasn't respecting some of her peers' spaces or the supplies they were using and every time I had to redirect her, she would yell, slam down her scissors or markers, and put her head down on the table. I had given her two warnings already, along with time to cool off while she had her head down, but by the third warning, I had to ask her to leave the room. I did give her the option, though, that once she cooled off, she could come back in and finish her art project. Fifteen minutes later, she asked to talk to me. She explained to me that she realized what she had done wrong and that she knows she's supposed to ask before she takes things from other people. She gave me this picture she had colored while she was cooling off:

Figure 3.4 Kyra's apology picture

On the back, she wrote, "Ps. Can I stay in now? Yes? Or No?"
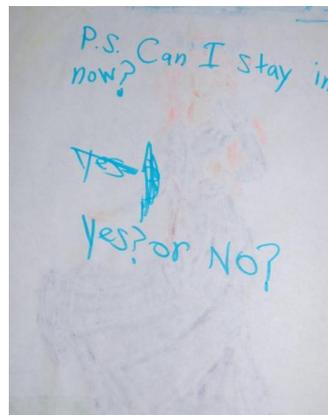
Figure 3.5 The back of Kyra's apology picture

Kyra making this picture and explaining that she knew what she had done wrong showed me the progress she had made thus far in taking responsibility for her actions, along with understanding how her actions affected others around her. This apology was a huge step in the beginning parts of her progress and since then, she's continued to move forward in a very positive manner. She does much better when it comes to sharing with her peers and respecting their personal space; she has fewer outbursts now and she takes responsibility for her actions.

In the next chapter, I will go on to describe activities that imposed these rules for the "special work spaces" and the art therapy sessions that helped other children, like Kyra, continue to develop a sense of responsibility and appropriate boundaries, while building upon other assets. In addition to developing boundaries (Developmental Asset Type: Boundaries and Expectations), I focused on other assets such as: Social Competencies, Positive Identity, along with many others.

GAINING EARLY AWARENESS AND READINESS IN SUPERIOR

(GEARS)

GEARS is a mentoring and tutoring partnership between Superior Middle School and the University of Wisconsin-Superior, where college students go into the middle school every Tuesday and Thursday after school to help at-risk middle school students with their homework. In addition to the tutoring, the college students become mentors to the middle school students by building relationships with them, learning about their interests, and by spending one weekend day out of each month participating in more informal, fun activities such as bowling, roller skating, and attending campus events.

Adolescents are admitted to the GEARS program through referrals from their homeroom teachers if they are failing one or more of their core classes. Most of the students that become a

part of the program come from low-income households, broken homes, and bad neighborhoods. The program has only had a couple of students with behavioral problems, but many are battling low self-esteem, lack of motivation due to difficulty overcoming situations at home, nonbelief in self, and negative outlooks on the future, along with many other things.

The program is made up of 9 different "wings:" three different colors (Red, Blue, Green) and one of each grade in each wing (sixth, seventh, eighth grades). Every Tuesday and Thursday for one hour, I would visit one wing and hold an art therapy session with them. I had both the college mentors and the middle school students participate together in order to help continue to build the mentoring relationship between the two. Doing this enabled the middle school students to "see" their mentors on a different level—a more "human" level. At the end of each session, I ask the mentors and students to sit in a circle and share their finished pieces with each other. I modeled group solution-focused art therapy with the GEARS program. I focused on a set of Developmental Assets and designed directives around those for each wing. For example, one semester, I put the most emphasis on goal setting, which fit into the Positive Identity, Constructive Use of Time, Commitment to Learning and Social Competencies asset types. Chapter 4 will illustrate more activities I conducted that focused on those assets, along with a few others.

Chapter 4:

Art therapy activities focusing on Protective Factors and Developmental Assets

DEVELOPMENTAL ASSET: GOAL SETTING

GEARS

- ***Goal Sheets***

Each wing was asked to fill out a goal sheet. On this sheet, the students made pledges to themselves that they would work hard to achieve the goals they set for the semester. I held a discussion about the difference between short-term and long-term goals, and personal and school goals. Then, the mentors and students used the rest of the hour to write out their pledges and decorate the sheet. Once they were finished, they all hole-punched the goal sheets and put them in the very front of their homework binders.

Figure 4.1 Goal sheet the mentors and students were asked to fill out

- ***Encouragement Cards***

Another goal setting activity I provided for the wings was "Encouragement Cards." I took an old deck of playing cards and painted the front of each card with paint to create a plain background. I also printed and cut out a large variety of inspirational and encouraging quotes, and pictures small enough to glue onto the cards. Each wing was asked to reflect on the goals they set for themselves earlier in the semester and to think about some of the possible obstacles they might face when working towards achieving those goals. Then I asked the mentors and students to make one "Encouragement Card" for themselves and one for someone else in their

wing. Having those cards would remind them of their goals and to help them and others if they ever felt discouraged. These cards were hole-punched and placed in front of their goal sheets in their homework binders.

Figure 4.2 This is an Encouragement Card Hadeel
(Red wing 7th grade) made for herself

Figure 4.3 This is a card Hadeel made for a
fellow student in her wing

- *"If all the stars aligned…"*

A third activity for the middle school wings on the topic of goal setting was a little simpler. I gave the mentors and students construction paper and markers, crayons, and colored pencils, and asked them this question: "If all the stars aligned and you could be or do anything

you wanted to in the whole wide world, what would you do or be?" Then I asked them to illustrate it.

Becca (Green wing 7th grade):

Becca explained that she wanted to be a cosmetologist. She drew her dream career at the top of a pyramid and on each level of the pyramid, she wrote things like, "Graduation is the Expectation," "Set Goals," "Work Smart," and "Achieve."
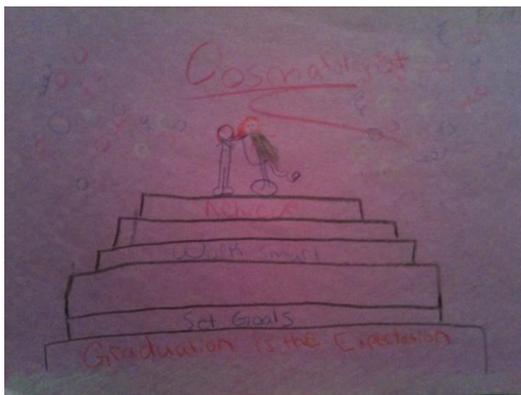

Figure 4.4 Becca's "If all the stars aligned" drawing:
Cosmetologist

Ethan (Green wing 7th grade)

The day before this activity, Ethan had had his parent-teacher conference and it didn't go well. Ethan's mom was not happy with his grades (2 F's, 3 D's) and she continually compared him to his younger brother who receives good grades. Ethan has explained to me before that he likes to do things with his hands and that he doesn't want to go to college; he wants to go to a vocational school and to work in construction.

Ethan was very discouraged after his parent-teacher conference because his mom doesn't approve of his interests and his goals, so when this activity was introduced the next day, he kept to himself as he worked. When he was finished, I sat down with him and he showed me his piece. He explained that he really wants to work in construction and he knows, that even if his mom doesn't approve, he can still be what he wants to be.
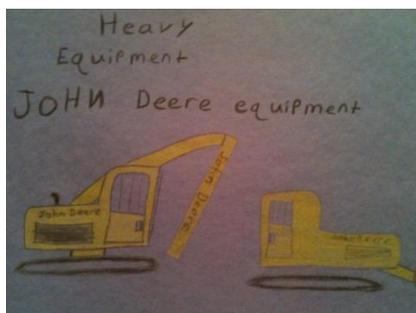
Figure 4.5 "If all the stars aligned"
Ethan's "Heavy Equipment" piece

DEVELOPMENTAL ASSET: DEVELOPING SOCIAL COMPETENCIES

<u>*Boys and Girls Club*</u>

- **"Draw a word"**

    Directive: Pick out a word from the pile of words and then illustrate it

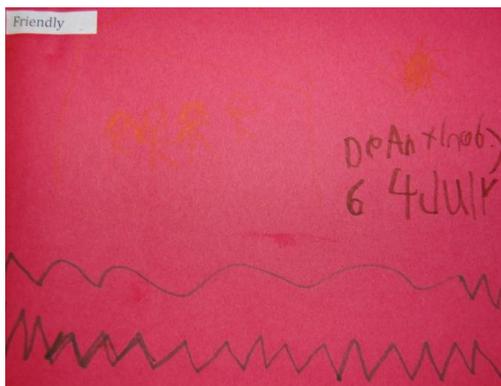   Medium: Construction paper, crayons, marker, colored pencils, etc.

Figure 4.6 DeAnthony (age 6); Word: Friendly:
Definition: playing nicely with other people; Drew people holding hands

Figure 4.7 Kyra (age 8); Word: Beautiful
"My picture is beautiful because it is a quiet picture."
Drew herself relaxing against a tree

Figure 4.8 Dezaray (age 10); Word: Smiley
Drew herself smiling and happy

This activity consisted of a handful of abstract words that each had the possibility of

yielding different definitions and different outlooks. The purpose of this activity was to,

first, illustrate what the students' initial thoughts of the words were, and second, to

discover the words' other meanings. As an intern, I was also able to see how the definitions

differed across the age groups. As the children were sharing their final pieces and

definitions with me, they sparked conversations amongst the other children in the group.

For example, DeAnthony (age 6) described the word "Friendly" as, "People playing nicely

with other people," and drew the people in his picture holding hands, while Dezaray (age

10) shared that she thought the word "Friendly" could mean, "A stranger helping another

stranger or someone you could trust." Trust is a more abstract concept that, at Dezaray's

age and cognitive development, is something that she is beginning to understand.

DEVELOPMENTAL ASSET: CONFIDENCE LEVEL

<u>Boys and Girls Club</u>

- ***"Bravest Moment"***

  Directive: Paint your bravest moment

  -Medium: Finger painting

  -Client: Riley

-Background: Riley is a 6-year-old girl with an older brother, Jerry (8). They share the same father, but live in separate households with each of their biological mothers. Riley and Jerry do not know where their biological father is; he is in and out of their lives very often and very inconsistently. Riley does not get to see her brother outside of school and the Boys and Girls Club, but is very close to him. She has a very good temperament, is shy, respectful to others, and is very well behaved, however her brother has been showing signs of Oppositional Defiant Disorder and has many outbursts at school and at the Boys and Girls Club. Riley does not talk about her biological father and seems to become shyer and become more inside herself when her brother is suspended from school again or when he is grounded from Boys and Girls Club. She does not receive much attention at home because her mother works a lot.

Finished piece:

Figure 4.9 Finger painting of Riley's bravest moment:
Learning how to ride her bike

Riley's finished piece is of her and her bike. She explained that her bravest moment was when she learned how to ride a bike and ride it "all by herself." I think this image really illustrates her independence, along with her ability to succeed and rely on herself, despite all the inconsistency and instability in her life.

DEVELOPMENTAL ASSET: POSITIVE VALUES

<u>GEARS</u>

- ***"Standing up against bullying"***

  -Wing: Blue wing 8th grade

  -Directive: Illustrate a time when you've been bullied or seen someone else being bullied and then explain how you could have changed the situation or handled it in a healthy manner.

  -Other Developmental Assets and Protective factors focused on: Positive Identity, Social Competencies, Constructive Use of Time
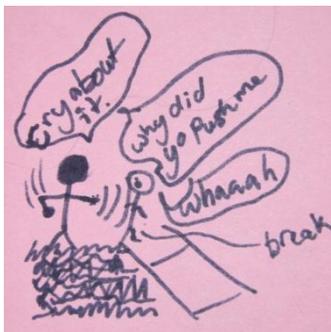
  -Medium: Construction paper, makers

Figure 4.10 James' bullying piece: a situation where he was bullied;
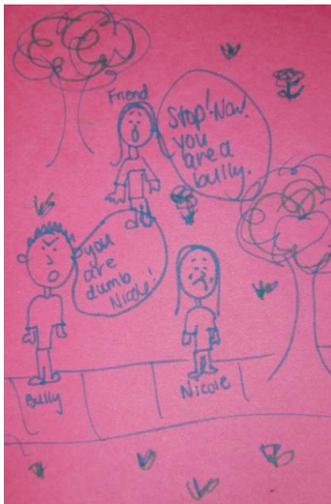Said he wished someone would've been there to help him

Figure 4.11 Mentor Nicole's bullying piece:
drew someone sticking up for someone else being bullied

Figure 4.12 Noah's bullying piece: wrote that he had bullied people before,
but never realized the affect that it had on others.

Once the group finished creating their pieces and journaling about them, I asked each of

them (both students and mentors) to share their pieces, thoughts and conclusions. James, a

student that is a constant victim of bullying, shared an experience that was upsetting for him: he

was beat up on his walk home after school. He explained that a couple other students were

walking, but didn't help. After James shared, Noah volunteered to share next. Noah, a peer on

the other side of the spectrum, was usually the bully. He opened up and said he had never known

the affect bullying could have on someone until James shared his story. The rest of the

discussion continued in the direction of how everyone in that wing could help look out for each

other; they came up with steps that each of them could take to help put a stop to bullying

situations that they witnessed. At the end of the session, Noah told James he was there for him if

something happened again.

In addition to the students sharing, the mentors did, as well. Mentors shared times when

they were bullied growing up, which really helped the students and mentors bond on a different

level. This activity opened up the students' and mentors' eyes to the damaging affects of

bullying, but also gave each of them the hope, courage, and confidence needed to help overcome

bullying in a healthy way.

- *"Group Mandala: All about me…all about us!"*

  -Wing: Red wing 8th grade

  -Directive: Illustrate self using lines, shapes, colors, etc. on own piece of the mandala, then put together as a piece

  -Other Protective Factors and Developmental Assets focused on: Positive Identity, Constructive Use of Time, Empowerment

  -Medium: triangle shaped pieces of paper, markers, crayons, colored pencils

Figure 4.13 Finished group mandala

The finished product of this piece enabled the mentors and students to see how, even though everyone is a unique individual, everyone can still come together to make a whole community—that each person plays a role in forming a complete circle and within their communities.

Chapter 5:

Conclusion

There are many external and internal factors in children and adolescents' lives that determine how resilient they will be and whether or not they will be able to overcome adversity in a healthy manner. Much of the external factors are out of the youth's control, like secure

attachments, surrounding environment and community, socio-economic status, poverty level, and so many others, but other adults, teachers, peers, and therapists can help instill and encourage the development of internal protective factors. Those internal protective factors, like self-esteem, self-efficacy, competence, and optimism, can increase confidence and success in school, create a sense of accomplishment, and influence the improvement in other protective factors.

Even though I may never be able to see the lasting affects of instilling resilience in my clients, I was able to see my clients make small strides. The behavior of the children at Boys and Girls Club changed immensely; they learned to respect their peers and the authority figures in their lives, along with the rules that were enforced during each art therapy session; they learned to take responsibility for themselves and the space around them and they learned appropriate behaviors when interacting with their peers and with adults. The clients in the GEARS program were able to realize their goals and the steps they need to take to achieve their goals. Throughout their time in the program and their participation in my art therapy sessions, I saw an increase in their grades, their self-esteem, and their sense of efficacy, while creating a sense of belonging within their wings, with their peers, and with their college mentors. With the activities shared, I provided coping strategies to encourage forward movement in their lives, regardless of aversive situations they are facing now and may face in the future. I have high hopes that I helped my clients begin the process of being resilient.

Throughout the duration of my internship experiences, I have grown immensely as a person and as an art therapist. I gained understanding and empathy for the clients I worked so closely with, along with their diverse backgrounds. I saw how—sadly at such a young age— many of my clients have learned to rely only on themselves when loved ones and caregivers were so undependable. I saw such a strong independence in most of them, which is what I tried

to continue to build upon to encourage resilience and motivation, all the while, working hard to develop a trusting, stable, healthy relationship—one where an adult invested in their futures and their well-beings. I found that, as I was trying to establish all those different aspects, my clients were giving back so much more. And as I am sitting here, searching for the words to explain everything my clients have done for me and my outlook on the power of art therapy, I'm finding that there are none.

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