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Promoting Resilience in Economically Disadvantaged Adolescents through

School-Based Expressive Arts Groups

Capstone Thesis

Lesley University

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Expressive Arts Therapy

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Abstract

Since 2013, the majority of students served by the public school system in the United States have been considered "low-income" by the federal government. The stressors associated with low socioeconomic status significantly increase risk for social, emotional and behavioral challenges at all age levels, but can be particularly damaging to adolescents coping with heightened stress levels related to the intense multi-dimensional changes that define this developmental period. As the correlation between economic disadvantage and negative socio-emotional and academic outcomes is increasingly evidenced, schools have begun to recognize their responsibility for providing preventative mental health care to high-risk students. Over the last decade therapeutic expressive arts programs have been implemented internationally within secondary schools to promote resilience in underprivileged adolescents. Arts-based modalities offer an opportunity to develop positive peer relationships, self-efficacy, creative problem solving skills, and coherent narratives of self in a format that increases accessibility and reduces stigma associated with mental health treatment. Although multiple examples of school-based resiliency groups utilizing single-modality arts therapies can be found in the literature, intermodal expressive arts therapy, the most recently established of the therapeutic arts disciplines, has yet to be examined in this context. Through analysis of established resiliency-based programs for high-risk adolescents within the modalities of visual art, drama, writing, music and dance/movement therapies, recommendations for the design and implementation of programming based specifically on the practices of intermodal expressive arts therapy are developed to guide necessary future research.

Promoting Resilience in Economically Disadvantaged Adolescents through

School-Based Expressive Arts Groups

Introduction

Based on data from the 2016 US Census, the National Center for Children in Poverty

(NCCP) calculated that 41% of children and adolescents in the United States live in families

making less than twice the federal poverty limit annually, a tax-bracket defined as "low income"

(NCCP, 2018). Youth from low-income families and communities have represented the majority

of students served by the public school system since 2013 (Suitts, 2016), which has serious

implications for the role and responsibility of public schools in student mental health care.

Economically disadvantaged youth are far more likely than wealthier peers to exhibit the

internalizing, externalizing (Devenish, Hooley & Mellor, 2017), and antisocial behaviors

(Piotrowska, Stride, Croft, & Rowe, 2015) associated with insecure attachment (Reiss, 2013),

chronic stress (Dubois, Felner, Meares, & Krier, 1994; Goodman, McEwen, Dolan, Schafer-

Kalkhoff & Adler, 2005), developmental delays (Haig, 2014; Suitts, 2016; Vukojević et al.,

2017), and exposure to complex trauma (Overstreet & Mathews, 2011; van der Kolk, 2005).

These students are also far more likely belong to ethnic and racial minority groups, to have non-

native parents, and parents without a high school degree or steady employment (NCCP, 2018).

The daily challenges experienced by this population can create significant barriers to lifelong

success.

Adolescence, defined by the World Health Organization (2018) as the developmental

period between 11-19, is when major mental illness is most likely to emerge across the lifespan

(Evans, Foa & Gur, 2005; Zarobe & Bungay, 2017). The stressors associated with economic

disadvantage compound the vulnerability of students in this age group. When compared to

wealthier peers, adolescents from low-income families are more likely to exhibit symptoms of anxiety and depression, to self-harm, attempt suicide, engage in substance abuse and unsafe sex, and perpetrate violence against others (WHO, 2018). The increased risk for emotional and behavioral issues leads to the higher likeliness of attaining below average test scores, falling behind in classwork, dropping out, and becoming ensnared in the penal system as juveniles (Suitts, 2016). Subsequently, these students are also susceptible to lower employability and income potential as adults (Reiss, 2013), perpetuating a pattern of economic disadvantage into the next generation.

Despite a higher demand for services, adolescents from low-income families are three times more likely than wealthier peers to report their mental health needs as unmet (Newacheck, Hung, Park, Brindis, & Irwin, 2003). The lower use of mental health services reported by this population is not considered due to prohibitive cost (Newacheck et al., 2003), but is rather a reflection of the limited availability of a diversity of services (Reiss, 2013), systemic complexity (Thompson, Nitzarim, Cole, Frost, Stege, & Vue, 2015), and social stigma related to mental illness (WHO, 2019). Public schools are in a unique position to eliminate these barriers to access by offering resiliency-based mental health care in the form of social and emotional learning opportunities that are supportive, prevention-oriented, culturally sensitive, holistic, and fully integrated into the school environment and community (Cefai & Cavioni, 2015; Haig, 2014; Kia-Keating, Dowdy, Morgan, & Noam, 20090; WHO, 2018).

Arts-based programming designed to offer preventative socio-emotional education in schools has become widely recognized for its beneficial influence on the wellbeing and academic success of adolescents (NEA, 1998; Panagiotogopoulou, 2018; Waaktaar et al., 2004; Wood et al., 2013; Zarobe & Bungay, 2017), but the success of these programs, like all therapeutic

endeavors, hinges on the level of participant engagement. In the case of arts-based groups, the willingness of participants to engage is likely to be affected by their preference and comfort level within specific arts disciplines (Zarobe & Bungay, 2107). Offering opportunities to experience a diversity of modalities and a choice between modalities within groups may increase motivation and investment of participants. Expressive arts therapy, the most recently established of the arts-based modalities, incorporates all other creative modalities (i.e. art, music, poetry, drama, and dance, amongst others), but focuses on the *transfer* between them as the essential component in gaining insight into personal processes that can be used to inform therapeutic growth (Estrella, 2005).

The primary developmental task during adolescence is the creation of a stable sense of identity (DiClemente, Santelli & Crosby, 2009); successfully doing so requires exposure to a wide range of experiences to determine which are the best fit for the individual. The breadth of tools available to expressive arts therapists not only allows them to reach a more diverse range of clients, but also to more specifically cater their work to clients' unique needs and preferences. Because expressive arts therapy is action-oriented, largely non-verbal, and easily offered in group formats, it may also be more appealing to adolescents and families that have negative associations with traditional forms of clinical counseling or are seeking preventative, rather than reactive mental health care (Wood, Ivery, Donovan, & Lambin, 2013). By promoting a style of learning that integrates multiple sensory modalities, expressive arts therapy develops creative-problem solving, non-verbal communication, aesthetic intelligence and a richly textured self-awareness (Estrella, 2005) that can help low-income/high-needs adolescents develop meaningful, coherent narratives which can serve as protection from detrimental dominant narratives that associate socio-economic wealth with human worth. Because of the relative infancy of

expressive arts therapy in comparison to single modality arts therapies, there is a significant dearth of research on its application to economically disadvantaged adolescents within school settings.

Current literature that addresses adolescent development and mental health concerns with attention to the effects of economic disadvantage will be reviewed in this research. Further, the role and responsibility of public schools in supporting student mental health and wellbeing will be discussed. Finally, findings from studies of arts-based programming currently being utilized by public schools to promote resilience in adolescents from low-income backgrounds will be reviewed to develop recommendations for implementing future programming specific to expressive arts therapy. Studies that refer to "at-risk youth," a category defined as "students or groups of students who are considered to have a higher probability of failing academically or dropping out of school" (Great Schools Partnership, 2013) will also be included in this review as this term tends to overlap considerably in both demographics and risk factors.

Adolescent Development and Mental Health

Adolescence is characterized by rapid physical, physiological, neurological, and sociocultural changes that are rivaled only by those occurring in infancy (Bernstein, Ablow, Maloney & Nigg, 2014). The transition into adulthood can be turbulent; the combination of new cognitive abilities, maturing bodies and sexual interests, expanded social awareness and self-judgment, and increased responsibilities and expectations, all occurring within the context of neurological upheaval, can create immense stress and identity confusion for adolescents. Between 13 and 19 years old the brain undergoes two major remodeling processes: pruning, in which underutilized synapses are removed in order to specialize brain function, and myelination, in which fatty sheaths are developed over stable synapses to protect them from pruning and to

increase their processing speed exponentially (Dr. Dan Siegel, 2016). In other words, the skills

utilized during this period become the neurological framework for all future perceptions and

endeavors. Offering adolescents a diversity of supportive learning experiences to develop self-

efficacy, autonomy, and adaptability as well as opportunities to narrow their focus onto

individualized interests and skill sets is necessary for healthy brain and identity development

(DiClemente, Santelli & Crosby, 2009; Waaktaar Christie, Borge & Torgerson, 2004).

Socially, adolescent attention shifts away from the family unit and becomes focused on

relationships with peers (Dr. Dan Siegel, 2016). Preventative programs that focus on the entire

social network, rather than the individual, have been found to be more effective because they

allow the students to observe and accept individual differences and to change their own behavior

based on the feedback from peers (Krejcova, 2015). Facilitators working with adolescents should

be aware that this age group is most likely to appreciate and apply what they have learned in

group formats that combine modeling from a respected adult, interaction with peers, and a

contained discussion of issues that come up within the group, with attention to how these issues

apply to life outside the group (Ehinger, 2009; Krejcova, 2015; Uhlig, Jansen & Scherder, 2016;

Wood et al., 2016).

Stress and Economic Disadvantage

High stress levels are reported by adolescents to be the primary source of disruption in

their ability to succeed academically, to make healthy decisions, and to maintain positive

relationships with peers and family (Lindsey, Robertson & Lindsey, 2018). Factors that

contribute to adolescent stress include: increased pressure to conform to the expectations of

peers, caregivers, and gender norms, increased access to and use of social media, a desire for

independence and autonomy, physical and hormonal changes and the exploration of sexual

identity (WHO, 2018).

Economic disadvantage can cause additional stress due to resource insecurity (Koball & Jiang, 2018; Thompson et al., 2015), poor parental health (Vukojevic et al., 2017), increased exposure to violence (Leventhal & Brooks-Gunn, 2004), victimization by peers (Goodman et al., 2005; Vukojevic et al., 2017) and limited parental education (Goodman et al., 2005; Koball & Jiang, 2018; Reiss, 2013). It is extremely important to note that the factor most predictive of stress and stress-related illness in adolescents appears to be their perception of their own social ranking amongst their peers (Goodman et al., 2005; Reiss, 2013). This finding indicates that while markers of low socio-economic status (SES) can help to identify students that are likely to struggle with stress management, programming that promotes positive peer-relationships and targets harsh social hierarchies should be offered in conjunction with individual stress management strategies.

The disparity between the support and protection adolescents need and what is currently available to them is made tragically clear in rates of mental illness and mortality. Of all mental health disorders, 50% are considered to originate during adolescence (WHO, 2018). Anxiety and depression represent the eighth and ninth leading causes of adolescent illness and disability, respectively (WHO, 2018), and youth from low-socioeconomic backgrounds are 2-3 times more susceptible to developing these conditions (Reiss, 2013). Adolescents that suffer from emotional disorders and difficult life experiences such as abuse, bullying, and economic disadvantage are at a higher risk of developing suicidal thoughts and ideation. Over the last 80 years, the suicide rates of adolescents have tripled, making it the second leading cause of death for individuals in this age group (CDC, 2014). Amongst documented adolescent suicides, 90% are undertaken by individuals from economically disadvantaged communities (WHO, 2018).

While economic disadvantage increases the risk of adolescent mortality in general, the compounding effect of racial and ethnic inequality is particularly evident in homicide victim statistics. Black males from low-income, urban communities represent the overwhelming number of deaths by homicide for this age group. Their risk is 15 times higher than that of their white peers; unlike the adolescent population as a whole, homicide is the primary cause of death for black males (CDC, 2013). Targeting and preventing interpersonal violence between adolescent males is a common goal of school-based, social-skills programs in urban communities (Powell & Davis, in press). Unfortunately, when these groups are offered for limited time periods and are not fully integrated into the school environment, as is often the case, they have no observable long-term effect on behavior (Cefai & Cavioni, 2015; Powell & Davis, in press).

Mental Health Care in Schools

Positive experiences in school, strong connections with family, peers, and the community, and preventative mental healthcare can act as protective factors for adolescents both emotionally (Williams et al., 2015; SPRC, 2019) and academically (Cefai & Cavioni, 2015). Despite the prevalence of emotional disorders, suicide, and violence amongst adolescents, the most recent survey on public school policies conducted by the National Center for Children in Poverty (NCCP) found that only seven states mandate the availability of counseling services in schools, and only 15 mandate suicide prevention programs (Schwartz & Aratani, 2011). In July of 2018, New York and Virginia became the first states in the country to require that public schools provide basic mental health education to all students (Chang, 2018). Because the majority of students enrolled in the public school system are at a substantially increased risk for mental health challenges due to their socioeconomic status (Suitts, 2016), and their attendance is legally mandated until an average age of 17 in the US (NCES, 2017), it is imperative that schools

do more to utilize their unequivocal access and influence on youth to promote positive outcomes across domains (Cefai & Cavioni, 2015).

Beyond the Medical Model: Implementing Resilience-Based Practices in Education

Resilience is a mental health construct defined as "a dynamic process encompassing positive adaptation within the context of significant adversity" (Luthar, Cicchetti & Becker, 2000, p.543). From this perspective, resilience is not considered an inborn personal characteristic, but rather a pattern of interacting with the world that requires learning and maintenance (Luthar, Cicchetti & Becker; Zimmerman, 2013). Resilience is complex and multidimensional; adolescents can possess or lack, in varying degrees, any combination of social, emotional, behavioral and academic resilience (Luthar, Cicchetti & Becker, 2000). Kourkoutas, Vitalaki & Fowler (2015) assert that the "special needs" label schools often utilize to describe children with social, emotional and behavioral challenges should not be considered an indication of needs inherent to the child, "Rather, they are needs that arise between the child and the educational system as a whole when the system fails to adapt itself, its teaching and educational practices to the learning and social-emotional characteristics of the child" (p. 14).

As evidence mounts that social and emotional wellbeing is inseparable from academic achievement, the public school system's narrow focus on performance, testing, and compliance has been increasingly criticized as excessive and misaligned with the needs of today's students (Cefai & Cavioni, 2015; Kourkoutas, Vitalaki & Fowler, 2015; Krejcova, 2015). Unfortunately, creating and implementing mental health programming in schools has proved extremely challenging due to constraints on funding and time, limited availability of professional supports, and philosophical disagreements between stakeholders regarding the goals and responsibilities of programs (Cefai & Cavioni, 2015; Kourkoutas, Vitalaki & Fowler, 2015; Overstreet &

Matthews, 2011). At the heart of these philosophical conflicts is a deeply embedded systemic insistence on conceptualizing mental health care through the medical model, which emphasizes pathology, deficit, and reactive interventions over strengths-based, holistic, and preventative care (Kourkoutas, Vitalaki & Fowler, 2015).

By framing social, emotional, and behavioral issues as originating from within the student, adhering to punitive systems of behavioral management, and requiring a diagnosis to provide mental health services, public school policies not only disregard the relationship between supportive school environments, psychological well-being, and positive academic outcomes (Kourkoutas, Vitalaki & Fowler, 2015; Oberle, Guhn, Gadermann, Thomson & Schonert-Reichl, 2018) but they fail to acknowledge the reality that the majority of the students they serve are more vulnerable to mental illnesses and will go underdiagnosed and undertreated due to barriers created by the medical model itself (Cefai & Cavioni, 2015; Kourkoutas, Vitalaki & Fowler, 2015; Overstreet & Matthews, 2011; Suitts, 2016) Navigating the complex insurance and medical system can be unmanageable to many low-income families due to language barriers, undocumented immigration status, and limited availability of transportation, childcare, and local providers (Newacheck et al., 2003; Reiss, 2013; Thompson et al., 2015). In the United States, despite overwhelmingly qualifying for Medicaid, students from low-income families are five to six times more likely to be uninsured, which can often exclude them from access to individualized treatment automatically (Newacheck et al., 2003).

An alternative to the medical model is the resilience-based model, which has gained traction in the British and European public school systems over the last decade (Kourkoutas, Vitalaki & Fowler, 2015). Resilience-based mental health care functions by identifying and promoting protective factors to disrupt the potentially negative outcomes of youths exposed to

high levels of risk (Zimmerman, 2013). Reconceptualizing mental health in schools through a resilience-based model requires that schools not only acknowledge the significance of the risk factors low-income students are exposed to, but that they shift the focus of their academic, interpersonal and behavioral management policies away from deficits, individual responsibility, and punishment, toward strengths, relational responsibility, and positive reinforcement.

A school environment that integrates resiliency-based mental health practices into their operational philosophy strives to compensate for student adjustment problems stemming from circumstances outside of the school by offering students opportunities to form strong relationships, develop creative problem-solving skills, and gain a sense of mastery in their everyday lives, while reducing unnecessary stressors as much as possible (Forrest-Bank, Nicotera, Matera-Bassett & Ferrarone, 2016; Kourkoutas, Vitalaki & Fowler, 2015). In lieu of undertaking major systemic change, many schools that recognize the need for resiliency-based programming are opting to offer at-risk students extracurricular support groups in an effort to alter negative trajectories. Within studies on such school-based initiatives, expressive arts groups have demonstrated themselves to be an exceptionally effective force for positive change (Forrest-Bank et al., 2016; NEA, 1998) as they are inherently able to target the four essential components of adolescent resilience, defined by Waaktaar et al. (2004) as "positive peer relations, self-efficacy, creativity, and coherence" (p. 170).

Promoting Resilience through the Arts

Within schools, arts-based therapies are considered an appropriate means of mental health care because they involve a social component that is less stigmatizing to the students participating (Panagiotogopoulou, 2018) and a non-traditional approach that can overcome resistance stemming from preconceived notions of therapy (Haen & Aronson, 2016). The

following section will review six examples of arts-based therapeutic groups that have been

developed for use in public schools within the last twelve years for the purpose of increasing

resiliency in adolescents from economically disadvantaged backgrounds. The models described

here represent only a handful of the programs that have been developed internationally over the

last decade in response to increased interest in the intersection between resiliency theory,

adolescent mental health, and the arts as a tool for promoting wellbeing in general (NEA, 1998;

Panagiotogopoulou, 2018; Waaktaar et al., 2004; Wood et al., 2013; Zarobe & Bungay, 2017).

Because the studies selected for discussion share common goals and populations, yet offer

diversity in program structure and arts modality, they offer insights useful for the design and

implementation of future resiliency-based expressive arts therapy groups.

      The Art Therapy Connection. The Art Therapy Connection (ATC) is a non-profit

organization founded in 2002 that continues to run a yearlong program based on Adlerian art

therapy in public high schools in low-income neighborhoods of Chicago, IL. Prior to the

implementation of the program, the 2003 Illinois Children's Mental Health Task Force reported

that between 70% and 80% of students within the school system that required mental health

services did not have access to them, and between 82.5% and 100% of the students served lived

at or below the federal poverty limit. This study documents findings from the '07-'08 school

year, in which 150 students participated (Sutherland, Waldman & Collins, 2010).

      The objectives of ATC are aligned with emphasis on "cooperation, attachment,

participation, and trust" (Sutherland, Waldman & Collins, 2010, p. 73) and are designed to meet

the two primary goals of 1.) promoting group identity and social interest, and 2.) improving

emotional regulation and coping skills. Collaborative group projects like murals and large-scale

mandalas allowed for participants to observe how each individual's unique contribution is

essential to the composition of the whole. Individual projects like mask making and clay "emotion" sculpture offer participants new tools to observe and reflect on their internal states and provide safe, alternative options for expressing their feelings to others. At the end of the year, participants reported feeling increased levels of self-confidence, trust in others, and a strong sense of connection with the group and facilitators. Teachers reported observing improvements in self-esteem, self-regulation and stress management amongst participants. A 36% improvement in graduation rates was observed in students that participated in ATC during the study (Sutherland, Waldman & Collins, 2010). For two consecutive years following the study, the Chicago Community Trust (2019) reported a 100% graduation rate amongst ATC participants.

PlayWrite. PlayWrite is a non-profit organization based in Portland, OR that offers school-based, intensive playwriting workshops for high-risk adolescents. Each workshop consists of 8-10 group members, meets daily for three weeks and is conducted by local writers, actors, and musicians with support from the school counselor when requested. The primary goals of PlayWrite are to increase self-efficacy, improve perspective-taking skills, and promote emotional expression. In this study all participants were from economically disadvantaged backgrounds and had experienced high levels of trauma and academic hardship. Most were referred to the program by state run youth protection agencies (Bernstein et al., 2014).

During the first week, conflict, character development, and drama are explored through group exercises. Each participant is paired one-on-one with a different coach, daily, to develop three nonhuman characters; the rational for this being that nonhuman characters are less likely to elicit "prewritten" narratives. For the final two weeks each participant selects two characters and works one-on-one with a single coach to more fully develop these characters needs, fears, and secrets by drawing from experiences in their personal lives. Participants then write a script about

a conflict between these characters, with attention to movement and staging. In the final workshop the participants are able to see their play performed by professional actors in front of an audience of teachers, peers, and parents (Bernstein et al., 2014).

Although the authors of this study were unable to observe statistically significant changes in any of the goal areas as evidenced by participant surveys, teacher surveys indicated observable improvements in distractibility, anger management, and emotional expression. The discrepancy between these findings was attributed to high levels of traumatization amongst the group members, and the concern that the intensive structure of the group brought up too many strong emotions without the proper support or foundation to hold them safely (Bernstein et al., 2014).

DRUMBEAT. DRUMBEAT (Discovering Relationships Using Music: Beliefs, Emotions, Attitudes and Thoughts) is a preventative mental health program offered to at-risk students in public schools in Australia. The program runs for ten weeks and incorporates hand drumming group activities with cognitive behavioral therapy. The goals are to improve emotional expression, problem solving, self-worth, self-efficacy, and positive peer relationships. 180 adolescents from 19 schools were selected for participation based on a pattern of disruptive and/or violent behaviors, negative self-image, unexcused absences, and negative academic trajectories based on teacher report. Participants completed a Rosenberg self-esteem scale at the start and end of the program and a feedback survey at week 5. Teachers provided written feedback about challenges commonly faced by the students in the program, specific changes observed in participants, and the overall impact of the group on participants (Wood, Ivery, Donovan & Lambin, 2013).

Surveys completed by participants at week five indicated that the majority were enjoying the program, felt supported by the facilitators, and perceived progress made towards

accomplishing the goals of the group. Results collected at the end of the program indicated a

10% increase in self-esteem reported by participants, and a significant decrease in classroom

behavioral incidents and absences reported by teachers during participants' involvement in

DRUMBEAT. Teachers also observed improvements in participants' willingness to learn new

skills and a greater sense of group cohesion and positivity about school in general. The

effectiveness of rhythm-based interventions in promoting individual skill development and a

sense of group identity evidenced by this study offers expressive arts therapists an important

framework for understanding why and how to incorporate drumming into multi-modal arts-based

programming (Wood et. al, 2013).

        Exploring Dreamspace: Video Art with At-Risk Youth. Exploring Dreamspace (2009)

is the innovative thesis research of Jon Ehinger, LCAT, ATR-BC. In this study, Ehinger explores

the use of digital video and green screens as a primary therapeutic tool for working with at-risk

adolescents. The research site was a special education high school in New York City that serves

economically disadvantaged students with significant behavioral, emotional, and academic

difficulties. The research group included four males, aged 16-19, referred by the school's media

teacher based on interest in the project and a history of good behavior. The group met after

school twice-weekly for six weeks. Each member created a video utilizing green screens to

virtually interact with unconscious processes and to create new experiences based on dreams,

daydreams and fantasies (Ehinger, 2009).

        In the initial session, participants were introduced to the concept of the research and each

member created a storyboard to outline their intentions for their project. Participants' ideas

included: a break dancing video, a professional wrestling fantasy, a stop-motion space adventure,

and the reconstruction of a recent dream. The study describes in detail the unique processes of

each group member over the course of the following six weeks as they engaged in creative problem solving, storytelling, collaboration and the mastery of new skills. Visual art, music, dance, writing and dramatic enactment was utilized in varying degrees to bring their ideas to life (Ehinger, 2009).

The purpose of this research was to explore the viability of utilizing green screens and digital video as an art therapy tool with this population, rather than to gather data about specific therapeutic outcomes; however, the researcher observed improvements in self-confidence, self-efficacy, cooperation, and tolerance of other perspectives amongst the group members as a result of participation. Group members openly reported pride in the work they had completed during the showing in the last session, and were given a DVD with each member's video. One member announced that he would be using the work as part of a scholarship application (Ehinger, 2009).

Access to digital video cameras, computers with video editing capabilities, green screens, and therapists with a strong working knowledge of digital video technology is undoubtedly rare in schools or organizations serving students from underprivileged backgrounds. Despite these limitations, the study presents a solid theoretical framework for utilizing contemporary video technology as a primary therapeutic tool to engage adolescents in the creation of multi-modal artwork in the service of promoting self-efficacy, self-expression, collaboration, and creative problem solving (Ehinger, 2009).

Art from Ashes: Phoenix Rising. Art from Ashes (AfA) is a non-profit organization based in Denver, CO that pairs with public schools, juvenile detention centers, and treatment centers to offer poetry-writing workshops to urban youth from low-income communities. The curriculum of the Phoenix Rising workshop is intended to be therapeutic (though explicitly not therapy) and seeks to promote self-efficacy, positive peer relationships, and multicultural

competency in an effort to buffer economically disadvantaged youth from potentially negative

academic and social outcomes. To evaluate the efficacy of the program researchers recruited 40

middle school students from a public housing neighborhood to participate in the study. All

participants were considered low-income and identified with racial and ethnic minority groups;

the majority were recent immigrants and/or refugees. Effects were evaluated using the Morgan

Jinks Student Efficacy Scale and a survey designed by AfA to assess social competence and

attitude toward academics (Forrest-Bank, Nicotera, Matera-Basset & Ferrarone, 2016).

The Phoenix Rising groups met after school for two hours, twice weekly, for four weeks.

Each group was structured around a specific topic (i.e., legacy, identity, childhood experiences),

which was introduced with the performance of a relevant poem by a guest poet. Two

professional poets and one AfA staff member with backgrounds in social work facilitated two

groups containing approximately 20 youths each. The only intervention used in the workshop

was the introduction of a prompt by facilitators, after which the participants were allotted three

minutes of time to write. An opportunity to share and discuss occurred after the writing period;

this process was repeated 3-6 times per group. At the conclusion of the 4-week program

participants were invited to perform their poetry to an audience of family and community

members (Forrest-Bank et al., 2016).

The results of this study were inconclusive: Group A showed significant improvements in

self-efficacy and social competence, but Group B did not. The variation in results was considered

to be due to differences in ethnicity and gender composition between groups, inadequate tools

for measuring ethnic and racial identification, and a less permissive attitude regarding language

and behavior norms amongst the interdisciplinary facilitators in Group B. What this appears to

indicate is that although the facilitators in both groups were aligned toward promoting common

goals of self-efficacy and social competence, adopting a more relaxed and accepting tone with adolescents may improve outcomes (Forrest-Bank et al., 2016).

           Dance Therapy for Social-Emotional Skills. Panagiotogopoulou (2018) investigated the effects of a school-based dance therapy program on the development of social and emotional skills in adolescents at a public high school in Greece. The goals of this study mirror those of targeted resiliency-based programming, while offering important insights into how preventative arts-based mental health groups can be implemented *universally* within secondary schools. Participants for this study were not selected on the basis of low-SES or historical challenges with social/emotional/behavioral skills, rather, the program was established to determine the impact of dance therapy on the internalizing, externalizing, and prosocial behavior of adolescents in general. Offering supportive mental health programming to all students is ideal; inclusive design both minimizes stigma associated with mental health care and allows schools to reach students that may be struggling socially or emotionally but are not expressing it externally (Panagiotogopoulou, 2018).

           A semi-experimental design was used to test the hypotheses that involvement in a school-based dance therapy program would a.) improve students' social and affective skills, and b.) improve these skills more than students in the control group. Participants in this study were between sixteen and seventeen years old and belonged to two intact high school classes from lyceums in rural towns in central Greece. Eleven students were included in the experimental group, which met once weekly for twelve weeks. These groups were facilitated by a registered dance therapist, and assisted by the school's physical education teacher. Twelve students comprised the control group, who participated in regular school programming for the duration of the study. Quantitative data was gathered via pre- and post-study completion of Goodman's

(2010) Strengths and Difficulties questionnaire for adolescents, assessing emotional, conduct, and peer relationship problems, and hyperactivity/inattention. Qualitative data was gathered via an evaluation sheet completed by the dance therapist after each meeting, which sought details about the music used, the events that took place, and any verbal or nonverbal changes observed in the participants (Panagiotogopoulou, 2018).

Both hypotheses were confirmed qualitatively and quantitatively. As the group progressed the researcher observed marked decreases in conduct problems, hyperactivity, inattention and social conflicts and improvements in the participants' ability to improvise and engage creatively with the space and each other. By the eighth session, described as a "landmark" (p.30) in the research, participants had begun arriving early to help set up the room, were more active and engaged during the group, and were independently connecting their experiences in group to their everyday lives. A post-study examination of between-group data revealed a surprising and extremely important observation; while measures of extrinsic problems and skill development remained at baseline in the control group, measures of intrinsic problems (emotional symptoms and peer relationship conflicts) actually deteriorated (Panagiotogopoulou, 2018). Panagiotogopoulou's (2018) study was the only research found on this topic to examine effects via a quasi-experimental design. Beyond understanding the benefits of offering resiliency-based arts groups, more research must be conducted to examine the potential deficits incurred by not doing so.

Implications for expressive arts therapy. Bridging the gap between the existing research on single arts modality programs and the design of future intermodal expressive arts therapy programs requires consideration of the strengths and limitations of each arts modality in relation to the development of positive peer relations, self-efficacy, and coherence. The studies

of Panagiotogopoulou (2018) and Wood, Ivery, Donovan & Lambin (2013) demonstrate how

dance/movement and music therapy interventions utilizing rhythmic entrainment and structured

skill-building activities to achieve a shared goal promote positive peer relationships, particularly

in the early stages of short-term group work. The Art Therapy Connection offered a strong

example of how visual art can also promote group identity when approached as a collaborative

process (Sutherland, Waldman & Collins, 2010). Expressive arts therapy programs may benefit

from harnessing the unifying power of rhythm through music and movement to scaffold

collaborative projects in other modalities that favor more individualized reflection and

expression.

The Art from Ashes: Phoenix Rising poetry workshops offered a useful example of how

strong limitations can be utilized within directive interventions to promote an immediate sense of

self-efficacy when exploring unfamiliar arts modalities. By allowing participants only three

minutes to write a poem on a given topic, the pressure to perform was eliminated and playful

engagement ensued (Forrest-Bank, Nicotera, Matera-Basset & Ferrarone, 2016). The structure of

this arts intervention can easily be applied to any other modality, and may be particularly useful

when a facilitator encounters resistance due to a perceived lack of aptitude. This activity could be

used as a warm-up to intermodal transfer, as a way of reflecting on other art experiences, and/or

could be integrated as an opening or closing ritual within expressive arts therapy groups.

The two groups that appeared to offer participants the strongest sense of coherence, a

concept defined by Waaktaar et al. (2004) as "The ways in which people cognitively and

emotionally appraise themselves and their situation (p. 173)," were those that focused on

storytelling and performative arts from Ehinger (2007) and Bernstein et al. (2014). While not

explicitly framed as expressive arts therapy, the use of the arts in both groups was wholly

interdisciplinary. This speaks to the unique capacity of expressive arts therapy to integrate the full range of sensory modalities into the creative process and the direct link between sensory integration and a cohesive sense of one's self in the world (Levine and Levine, 1999).

Discussion

The high risk for negative social, emotional, behavioral and academic outcomes amongst adolescents from economically disadvantaged families is well documented, yet little has been done on a systemic level to assist public secondary schools in offering the preventative mental health care that this population needs. There is considerable evidence that resiliency-oriented arts-based programs offer significant positive effects on the most pressing mental health needs of high-risk adolescents including stress reduction, mood regulation (Lindsey, Robertson & Lindsey, 2018), peer relationships and self-esteem (NEA, 1998; Wood et al., 2013) but disagreements remain about best practices for the delivery of preventative mental health care in general within the public school system (Cefai & Cavioni, 2015; Kourkoutas, Vitalaki & Fowler, 2015; Overstreet & Matthews, 2011). This research was intended to gain insight into how arts-based programs in a variety of modalities have been utilized by public schools to meet the mental health needs of economically disadvantaged adolescents in an effort to inform future research specific to the modality of expressive arts therapy. It was anticipated that information about the best applications of individual modalities relevant to the identified needs of this population would be gleaned through this investigation. However, as research progressed it became evident that the vast variation between the design of arts-based programs relevant to this specific topic and population was likely undermining the ability of schools to determine the value of these programs as a whole. If convincing arguments are to be made to secure funding for the implementation of future resiliency-oriented programs based in expressive arts therapy, the

design of these programs must be informed by a thorough, cross-modality examination of the impact of group duration, product/process orientation, and facilitator training on program effectiveness.

The inconsistency with which arts-based programs are designed to serve the needs of economically disadvantaged adolescents can be observed in the contrast between PlayWrite (Bernstein et al., 2014), Art from Ashes (Forrest-Bank et al., 2016), and Art Therapy Connection (Sutherland, Waldman & Collins, 2010). The PlayWrite and Art from Ashes programs were structured as short-term intensive workshops facilitated primarily by local artists, while Art Therapy Connection had a designated space within the school, met once weekly for the full school year during regular school hours, and was facilitated solely by registered art therapists and art therapy interns. Results clearly indicated that the Art Therapy Connection was the most valuable in terms of socio-emotional and academic outcomes, but programs of its kind are few and far between. Art Therapy Connection was, in fact, the only year-round program encountered in the literature. Considerably more research is needed to understand the effects of long-term arts-based mental health programs in schools and the barriers that prevent these types of programs from widespread use in high-needs districts.

That short-term programs dominate the literature on this topic is a reflection of what is realistic, rather than ideal (Forrest-Bank et al., 2016), but determining the ideal *minimum* length of time required to observe lasting positive change is necessary. Hean & Aronsen's *Handbook of Child and Adolescent Therapy* (2016) defines school-based psychoeducational groups as those that "offer interventions for students who may be at a higher risk for negative or social-emotional outcomes," (p. 208) and recommends that adolescent groups meet for 9-12 sessions, once weekly, with efforts made to align the duration of the groups with the established term periods of

the school as much as possible. The ten-week Australian DRUMBEAT program (Wood et al., 2013) and the twelve-week Greek dance therapy program (Panagiotogopoulou, 2018) offered well-researched evidence of the efficacy of resiliency-oriented arts groups designed to conform to a psychoeducational group model, as opposed to the less effective intensive workshop model or the less accessible year-round therapeutic group. By designing groups to run in quarterly cycles within regular school hours it may be possible to reach more students each school year with fewer facilitators, while still offering each group a sufficient period of time to experience lasting development.

Whether or not to include a culminating performance or art show in the format of the groups is another important consideration in program design. Because programming that integrates the family and community is considered to be the most effective for imparting long term benefits to adolescents (Luthar, Cicchetti & Becker, 2000; Panagiotogopoulou, 2018), offering an event to view art made in therapeutic groups may be an impactful way to garner interest and support from beyond the school environment. From one perspective, the opportunity to be witnessed in a new role, to share a cultural experience with the broader community, and to work together as a group toward a common goal may be beneficial to the self-concept of marginalized adolescents (Forrest-Bank et al., 2016). From another, this author hypothesizes that the anticipation of a culminating performance may put undue pressure on the participants to focus on the product rather than the process of their work. It is revealing that each of the groups facilitated primarily by artists culminated in a performance open to the broader community, while the groups facilitated primarily by therapists did not, although the rationale behind the therapists' decisions regarding this consideration was not discussed.

The design of Ehinger's (2007) study, Exploring Dreamspace, provided useful insight into how the anticipation of a completed product can be effectively utilized to inform the therapeutic process, without any expectation that product be shared with anyone outside of the group. By frontloading discourse with a clear expectation of a completed product at the end of six weeks, Ehinger provided the members a goal to work towards but did not add any undue stress through performance anxiety or fear of judgment. Without their final product in mind participants may not have found the motivation to learn this highly specialized, technology-based arts process, and missed opportunities to develop the skill-mastery, creative problem solving skills, frustration tolerance, and pro-social skills integral to healthy adolescent development. The design of Exploring Dreamspace is particularly relevant to expressive arts therapists because the product created inherently required the use of multiple arts-modalities and could easily accommodate a more intentional application of intermodal transfer. The field of expressive arts therapy would benefit greatly from further research into how technology can be utilized with adolescents to promote intermodal art-making and increase engagement in therapeutic processes.

The most surprising finding in this research was the wide range of professional training amongst group facilitators. This author contends that facilitators of arts-based mental health programs should be professionally educated in both mental health and the arts to properly support participants, but this is often not the case. Pairing local artists with social workers and/or counselors to co-facilitate groups appears to be a popular strategy for integrating the arts into school-based mental health programming in the absence of trained arts therapists, but as Art from Ashes (Forrest-Bank et al., 2016), and PlayWrite (Bernstein et al., 2014) demonstrate, the effectiveness of this approach is unclear, at best. PlayWrite was the only program highlighted that did not utilize trained counselors or social workers within groups at all, instead consulting

with a school counselor only when specific issues arose. It is unlikely to be a coincidence that the

significant trauma histories of the participants in this study were activated in ways that were

ultimately considered to negate the intended benefits of the program. Despite the best intentions,

inviting artists without comprehensive mental health educations to facilitate groups for

populations with numerous mental health needs appears ill advised, and potentially detrimental.

School counselors without professional training in arts-based modalities generally report

feeling comfortable utilizing the arts with younger children, but they tend to be reluctant to

incorporate the arts into work with adolescents (Wilson & Ziomek-Daigle, 2013). This may

account, in part, for the reliance on outside organizations to provide arts-based mental health

programming in secondary schools. Currently, only about 12% of registered art (Gonzalez-

Dolginko, 2018) and music (Gillespe, 2018) therapists are employed by public schools; statistics

within less common modalities are unknown. Of those employed, only about 5% are operating as

mental health counselors (Gonzalez-Dolginko, 2018; Gillespe, 2018). In the majority of cases,

arts-based therapists are utilized in schools as arts educators, making their curriculum beholden

to government standards, or social workers and special education teachers, making their services

accessible only to students with disabilities and/or needs identified within an individualized

treatment program (Gillespe, 2018).

A major barrier to employing registered arts-based therapists as school counselors is the

discrepancy between the educational requirements for licensure in school counseling versus

clinical mental health counseling. In the United States, graduate level programs granting degrees

in arts-based therapeutic modalities are designed to conform to state requirements for clinical

licensure. Diversifying graduate programs to offer a direct pathway toward school counseling

licensure would allow arts-based therapists to participate more actively in the design and implementation of mental health care in public schools.

An important limitation within this research is that, with the exception of Panagiotogopoulou's (2018) dance therapy study, the examples of programs highlighted were conducted solely with adolescents living in urban environments. This was not an intentional decision by the author, but rather is a reality of the literature available on this topic. Although the majority of adolescents from low-income families in the United States reside in rural and suburban areas (NCCP, 2018), there is limited research on arts-based preventative mental health programs in rural and suburban schools. This disparity is considered to be due to the physical location of universities and non-profit organizations conducting research on arts-based programming, coupled with the extremely high concentration of economically disadvantaged youth that can be found within certain urban school districts. It is likely that the mental health needs of underprivileged youth differ between urban, suburban, and rural communities, particularly in relation to daily stressors. In urban communities, low-income status is far more likely to apply to individuals who identify with racial and ethnic minority groups (NCCP, 2018). Arts-based facilitators working within these communities must be sensitive to cultural considerations relative to aesthetics, arts engagement, and appropriation within interventions, the role of power and privilege within the client-therapist relationship, and the effect that ongoing experiences of racism and oppression have on the mental health and behavior of the individuals they are working with (Forrest-Bank et al., 2016; Sutherland, Waldman & Collins, 2010). More research is needed to understand the mental health effects of low SES on adolescents from racial and ethnic minority groups, adolescents in rural and suburban communities, and how the arts can be best utilized to meet the unique needs of these populations.

Growing up in a low-income household is a significant risk factor for a variety of mental health challenges, but it is by no means destiny. Delivering quality resiliency-based mental health care through the public school system, which has unprecedented access to underprivileged youth, can serve as protection from predictable negative outcomes without requiring psychological diagnoses or academic labels. Adolescents from low-income families represent a segment of the population particularly in need of accessible preventative mental health care, as the challenges encountered during this developmental period can have devastating and, far too frequently, mortal effects. The quantity and diversity of preventative mental health programs that have been offered to disadvantaged adolescents internationally over the last decade indicates that schools are becoming more invested in their responsibility towards this critical cause.

Group arts-based programs have gained recognition and acceptance in schools for their ability to foster engagement in the therapeutic process without stigmatizing students through an overt appearance of "therapy." Expressive arts therapy represents the only arts-based modality that has yet to be researched within this context, but because it inherently offers the opportunity to explore a variety of arts disciplines it may be especially appropriate for supporting adolescents, who require novel and diverse experiences to inform their development of healthy, unique, and coherent identities. Expressive arts therapists interested in creating intermodal resiliency-based programs for public schools have the advantage of utilizing data from a breadth of cross-modality research, however, all arts-based practitioners seeking funding for school-based mental health programs in low SES communities would benefit from more comprehensive research on the impact of group design on therapeutic efficacy.

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