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Abstract

Current treatments for youth in residential treatment incorporate aspects of behavioral based and psych-educational based approaches with point and level systems, cognitive behavioral therapy, psychiatric services, and psychopharmacological treatment. However, research is lacking on improving the agency, motivation, and motivating factors of the therapeutic process for children in residential settings, specifically adolescent boys. Art therapy with a relational and person-centered focus may be an influential alternative treatment to motivate and engage this population. Within this body of research, the areas of art therapy, trauma-informed practice, relational-cultural theory, person-centered approaches, and the C.A.R.E. model are explored as treatment methodologies with adolescent boys in residential care. Through a thorough investigation of the research, a framework of treatment is created that takes into consideration the main content areas of this literature review and relates to the integration of environmental, emotional, and physical factors all considered within a person-centered and relational lens while utilizing art therapy.

Keywords: residential treatment, adolescent boys, art therapy, person-centered, relational, environmental, trauma-informed

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Introduction

According to the United States Department of Health and Human Services

Children's Bureau there are currently 400,000 children in the foster care system in the

United States and close to 700,000 children served on a yearly basis. Of those 400,000

children, there are currently 54,407 children and youth not in familial placements and

instead living in residential programs. At a staggering figure of 62%, the leading

circumstance associated with the removal of the child from their parent or guardian is

neglect. Other prevalent causes of removal are drug abuse of the parent, the caretaker's

inability to cope, and physical abuse of the child (U.S. Department of Health and Human

Services, 2018). Almost all of these children removed from their home have experienced

or witnessed traumatic events, leading to one or more mental health diagnoses including

depression, anxiety, Post Traumatic Stress Disorder, conduct disorders, and attachment

disorders (U.S. Department of Health and Human Services, 2018). Some of the key

symptoms of these diagnoses are low self-esteem, isolation, and resistance and lack of

engagement in community and social experiences. This has a devastating impact on the

overall developmental health for the individual in addition to a larger social and

economic impact on society. Current treatments for youth in residential treatment

incorporate aspects of behavioral based and psych-educational based approaches with

point and level systems, cognitive behavioral therapy, psychiatric services, and

psychopharmacological treatment. However, research is lacking on improving the

agency, motivation, and motivating factors of the therapeutic process for children in

residential settings, specifically adolescent boys. Art therapy with a relational and person-centered focus may be an influential alternative treatment to motivate and engage this population. Within this body of research, there is interest in exploring the areas of art therapy, trauma-informed practice, relational-cultural theory, person-centered approaches, and the C.A.R.E. model as treatment methodologies with adolescent boys in residential care.

Residential Care and Adolescent Boys

Residential care consists of community-based group homes or campus-based residential treatment centers. Residential facilities are live-in treatment centers that provide "out of home care placement" for child and family serving social service systems concerning public child welfare, juvenile justice and probation, and mental health (Child Welfare, 2019). Residential care provides youth with acute mental health diagnoses, behavioral struggles, and/or histories of disruptions from less restrictive settings a home and foundation in their tumultuous lives. It is estimated that approximately one third of adolescents placed in foster care under the guardianship of the state and child welfare agencies live in group homes or some form of residential care facility (Yampolskaya, Mowery & Dollard, 2014). In residential care, trained staff and clinicians work with children in a highly structured environment in order to best address the specific needs of the children. Residential treatment centers can be public or private entities and provide a wide range of services in order to address the vast needs of their clients (Child Welfare, 2019). These services include therapeutic intervention for children and families, medical services, and educational services. Placement in residential care is often used as a last

resort option, once all other services are considered ineffective or not addressing the needs of the child. Ideally, residential treatment centers should be working from an evidence based and trauma focused lens while consistently keeping up with comprehensive assessments of the clients served in order to track progress and the needs of the client as they develop and change (Yampolskaya, Mowery & Dollard, 2014). In an effort to synthesize the concept of residential care, Whittaker, Del Valle, and Holmes (2014) described it with the following definition, "'Therapeutic residential care' involves the planful use of a purposefully constructed, multi-dimensional living environment designed to enhance or provide treatment, education, socialization, support, and protection to children and youth with identified mental health or behavioral needs in partnership with their families and in collaboration with a full spectrum of community-based formal and informal helping resources" (p. 24). This definition brings to light the many aspects of residential care that are all part of the treatment process for individuals placed in these settings.

Although the goal of residential care is to provide treatment, stabilization, and support for individuals who meet this level of care, research shows there are some negative effects that can coincide with long term placements (Johnson, Strayhorn & Parler, 2020). Johnson, Strayhorn, and Parler (2020) report that some of these negative effects are various challenges experienced in school while in placement and developing the independence to transition into adult life when placement comes to an end. Johnson et. al. (2020) state that there is a higher risk of educational failure for youth in foster care or residential treatment because of the myriad factors that may have brought them to placement to begin with. These factors include experience of complex trauma, issues

related to mental health, reported disproportionate placement in special education

settings, and higher rates of expulsion and suspension. Those in residential treatment

also have a lower rate of graduating from high school compared to those not involved in

the system (Johnson, Strayhorn & Parler, 2020).

Oriol, Sala-Roca, and Filella (2014) looked into the emotional difficulties faces

by adolescents in residential care and the disparities between gender from the perspective

of a binary gender lens. Using a quantitative research methodology, Oriol et. al. (2014)

sought to identify if differences in emotional competences was a result of the effects of

institutionalization or coming from a disadvantaged family environment. The sample

population consisted of a total of 152 adolescents from Catalonia in Spain that were then

divided into three groups. These groups were determined by those who were in

residential care, those who were in a typical secondary school (described as the

"normative" population), and those who had involvement with social services (described

as the "disadvantaged" population) (Oriol, Sala-Roca & Filella, 2014). Although the

results yielded no significant differences in the level of emotional intelligence among the

three groups, the study's analysis by gender determined that boys in residential care

scored significantly lower than those in the normative and disadvantaged groups. It was

also evident that the adolescent boys in residential care scored lower on general mood

and stress management ability (Oriol, Sala-Roca & Filella, 2014).

Current Treatment Models in Residential Care

If there is one factor that is similar across all approaches to therapeutic residential

care, it is the challenge in attaining effective positive change in one or more aspects of a

client's presenting problems from time of entry in a residential treatment center to the time of exit. More so, is achieving "enduring change", or change that continues over time after a client has discharged from residential treatment and is back in the community. There are many aspects to consider when trying to initiate positive change that is effective and long lasting, these include treatment methodology, the ecology of the client being served, and how to appropriately assess or measure progress. (Whittaker et. al., 2014, p. 15).

The CARE Model

The Children and Residential Experiences (CARE) practice model in residential treatment is a framework of practice that moves away from typical behavioral based treatment models that have been used in this field of practice until quite recently. The CARE model consists of six basic principles that allow the opportunity to create conditions for change in the residential setting. These six principles are "developmentally focused, family-involved, relationship-based, competence-centered, trauma-informed, and ecologically oriented" (Holden, 2009).

The principle of developmentally focused work speaks toward the same needs and basic experiences that are essential for all children to grow and move successfully into adulthood. However, more than that it considers the additional support necessary for children in residential treatment in order to move past life experiences that may have negatively impacted their development. This principle looks at how to meet a child where they are at developmentally and then model appropriate skills they need to progress forward. Family-involved, the second principle of CARE, is directed at strengthening the

family relationships that exist in the child's life by involving parents, guardians, or other

significant adult figures as much as possible in the treatment process. Examples of this

would be consistent family therapy, planned home visits, or helping clients write letters

to family members. The next principle, relationship-based, is identified by Holden

(2009) as "the most significant task in residential care work" (p.19). Building

relationships with residential staff in the milieu, in addition to clinicians and other core

team members, fosters the development of competencies for children in care connected to

forming meaningful relationships into their adult lives. In building these relationships it

allows room for children to create healthy connections, develop trust, and a sense of

safety that will be a source of comfort when needing to face obstacles over the course of

treatment. The fourth principle of CARE, competence-centered, is related to "the

combination of skills, knowledge, and attitude that each child needs to negotiate

effectively with everyday life" (p. 20). This principle is centered upon the individual

goals of the clients as well as the motivation to reach those goals. The competence-

centered principle constantly circles back to the conflict resolution, problem solving,

social skills, and life skills in the realm of residential care. Trauma-informed is the next

aspect due to the significant proportion of children in residential care having experienced

substantial complex trauma that has deeply impacted their growth and development.

Holden (2009) comments, "Maintaining an environment with a culture of nonviolence

and safety is essential if children are to feel safe and are to learn new responses to

stressful situations" (p. 21). CARE maintains the perspective that resiliency is present in

each individual and can be cultivated to help in overcoming trauma or pain-based

behaviors. The final principle of this practice model is ecologically oriented. The

environment of a child has a momentous impact on their growth and development, so

therefor the environment of a child should be reflective of that which supports growth

and development. "It is much easier and more reasonable to change the approach or

manipulate the environment or activity, than to demand that the child make a change that

may not be within his or her capacity…" (p. 22). The principles of CARE are meant to

relate to both the physical and emotional needs of children in residential treatment as well

as encourage them to function within their environment in a practical way.

Complex Trauma and Adolescence

The National Child Traumatic Stress Network (NCTSN) defines complex trauma

as "both children's exposure to multiple traumatic events- often of an invasive,

interpersonal nature- and wide-ranging, long-term effects of this exposure. These events

are severe and pervasive, such as abuse or profound neglect". The events of trauma often

occur early in life and therefore interfere with the various aspects of childhood

development and identity formation. Attachment issues often arise in those effected by

complex trauma because the traumatic events usually occur with a caregiver close to the

child (National Child Traumatic Stress Network, 2020). Dysregulation presents itself

across many areas such as behavioral, emotional, interpersonal, physiological, and

cognitive functioning (Greeson et. al., 2011).

Art Therapy

Definition of Art Therapy

Although art therapy is a recognized approach in the field of mental health, it can be difficult to describe with a single definition. The Merriam Webster dictionary (2020) defines art therapy as "therapy based on engagement in artistic activities (such as painting or drawing) as means of creative expression and symbolic communication…" (2020). Several seminal authors in the field have found various ways of describing and defining art therapy through process-driven explanations.

Malchiodi (2007) defined the field of art therapy and the therapeutic processes of art itself in the simplest of terms. She stated, "…there are other purposes for art, ones that are connected to self-understanding, a search for meaning, personal growth, self-empowerment, and healing" (p. 2). She reflected on the historical aspects of art in which the cultures and peoples throughout time were solely defined by the art they left behind. Malchiodi highlighted the vastness of art in terms of emotion, how any feeling can be conveyed through the art making process and assist individuals with reflection on life experience. She described art therapy as the culmination of two distinct disciplines, art and psychology. She specified how, "aspects of the visual arts, the creative process, human development, behavior, personality, and mental health, among others, are important to the definition and scope of art therapy. Art therapy brings together all of these disciplines, making it difficult to understand at first glance" (p. 4). Judith Rubin (2016) describes art therapy as beginning and ending with the art itself. Rubin speaks of two other vital elements that are essential to the practice of art therapy. She explains how, "they have to do with what happens when people create art -*symbolizing*- as well as what happens when people perceive art –*seeing*-. Both are ways of making and finding meaning through creative expression" (p. 17).

Art therapy pioneer Edith Kramer (2000) sought to clarify the roles of process and product when utilized properly in the art therapy practice. There is often an over generalized understanding of this concept in the art therapy field as process being the focus and product the unnecessary end point. Kramer stated, "…this implies a dichotomy of product and process. But in art, product and process are one." (2000, p. 36). This statement referenced the common belief that product and process are two separate entities, when in reality (or in the opinion of Kramer), they have the ability to work as one in many aspects, especially within the methods of art making. Kramer described the necessity of focus on the process in art therapy practice as a way to stray from the idea of perfection that resides in most adolescent and adult minds. Spontaneity and letting go are integral in the art therapy practice and they exist in the process of art. However, planning and thought does need to be executed to a certain extent by the artist/client in order to have effective and beneficial treatment, this means having some sort of product in mind. Kramer concluded, "when concentration on process results in systematic neglect of or disrespect for its natural culmination- the product – the patient is deprived both of his goal and of the reward for his labors" (p. 38).

Art Therapy with Adolescents

Bruce Moon (2012) focused on using art as therapy with adolescents and the many facets of the adolescent that lends this population to art making and the creative process. Moon (2012) highlighted and delved into aspects such as adolescent development, metaphoric perspective, the issues of interpretation, relating to artwork made by adolescents, how an art therapy studio should be organized, and what he

identifies as "the four phases of at therapy treatment" (p.99). These four phases are the resistance phase, the imagining phase, the immersion phase, and the letting go phase. The phases can be related to the process of art making as well as the therapeutic process as a whole. Moon viewed adolescent behavior as "metaphoric dramatic enactments-performance art works that reveal the struggles, concerns, and angst" (2012, p.5). All of Moon's work stands upon his core belief "that art therapy is one of the most significant treatment options for adolescent clients" (2012, p.268).

Moon relates much of his work with adolescents to the four phases of art therapy treatment identified. He also notes that these phases are not linear when working alongside adolescents, as development and growth often is not. Moon states, "In the reality of the therapeutic arts studio, there is an ebb and flow among the phases that is rather like a spiral, distinctly nonlinear" (2012, p.99). This perspective allows room for the creative process, incorporating various media and methods into the work, while still holding the space with structure to support the journey of the client. Accepting and exploring the resistance phase is an integral part to working with the adolescent population as is being able to identify resistance in its many forms. It is a vital part of the therapeutic process for the adolescent to experience the therapist as someone who honors, accepts, and is able to work through the resistance as it arises however challenging or difficult it may be (Moon, 2012). A main technique that Moon uses in working with the resistant behaviors of adolescents is viewing them as performance pieces in order to allow for necessary space and distance. Moon comments, "thinking in this way also helps me to remain somewhat detached, and to not take personally the overwhelming anger and resentment that often accompanies adolescents in therapy" (2012, p. 129).

Providing experientials and directives that appear unusual or interactive to the client can often be a way of encouraging engagement in the therapeutic art making process with adolescents. Implementing experientials that use various media, building upon different sized surfaces, and providing opportunity for exploration with novel materials that engage different senses can be a springboard for involvement in art making. An example of this is altered book making with adolescent clients.

. There are many artistic methodologies and media that can be integrated when creating an altered book no matter the artistic skill level of the client. The concept of freedom of expression and making art with little to no rules are aspects of the altered book that make it so appealing to adolescents (Chilton, 2007). Chilton (2007) comments, "In altered books, the book itself provides an inherent structure or framework. The bound pages are already filled with text and possibly images, thus ameliorating the classic struggle the artist undergoes when facing a blank page. Each page within the book offers an opportunity to react to and to explore the text and/or images that are present. Inspiration may strike when the artist finds a pre-printed word, letter, or image on the page which becomes an interesting background or focal point that generates an artistic response" (p. 60).

Working in an altered book is something to be done usually over an extended period of time, so it is a good place to mark progress or see the journey of the client as they create during their healing process. They can be worked on in all types of settings, individual and group, as well as on the clients own time as something to bring into the therapeutic space and discuss. Chilton identifies the book as an archetypal symbol across cultures and therefor can be applied to clients of various cultures in different ways

depending on the meaning to each individual. Chilton (2007) writes, "The interactive quality of altered books lends itself to community building. Rich in symbolic meaning, altering books can even be a symbolic rebellion against the status quo, thus making it a particularly suitable art form for adolescents. In altered books, the art object acts as a metaphor for how our lives are altered by experiences" (p. 62).   Art therapy is a method at times used to give voice to those who have difficulty expressing themselves authentically, as can be seen in working with adolescent boys. The altered book directive is an engaging process that would allow those suffering to express themselves creatively, nonverbally, and freely without judgment in order to foster understanding of the self and make strides on the path toward healing.

Working within the modality of art therapy with adolescents provides the distinctive opportunity to engage clients in ways that other therapeutic approaches cannot. In the art therapy studio space clients and therapists have the chance to take advantage of working on a creative, visual, kinesthetic, and tactile level that incorporates the senses more actively. This is why it is important to set up the art therapy studio space in a way that focuses both on the art and on the ability to foster relationships. Within the art therapy studio the art making and the therapeutic relationship can hold equal space (Moon 2012).

Art Therapy in Residential Treatment

Given the range and scope of approaches and philosophies, art therapy has the potential for far-reaching and widespread effectiveness through the many creative approaches it contains when working with individuals in residential treatment. With a

focus on the creative process instead of the final product and the opportunity to explore

myriad media, art therapy provides an alternative approach to typical talk

therapy/psychotherapy. There is potential to cultivate creative expression, encourage

identity development, promote resilience, and foster engagement in the therapeutic

process when implementing an art therapy methodology. Rogers (1995) commented that,

"the monster of fear can be transformed to compassion. The angry, violent, creature

inside of each of us can become our energy for creativity and positive action" (p. 24).

Rogers exhibited how creativity working alongside self-exploration, community, and

connection has the power to "connect us to the world…with compassion" (p. 9). Roger's

words and insight into the therapeutic creative process shed light on the power of the arts

and their distinctive place in promoting wellness as a mechanism for engagement.

Currently, there is some compelling research in the field related to the

effectiveness of art therapy groups with children and adolescents in specific populations

such as youth from diverse backgrounds and those involved in residential care (Jang and

Choi, 2012). However, there remains a strong need for more evidence in the field in

order to prove the effectiveness and impact of utilizing art therapy with adolescents from

diverse backgrounds. Jang and Choi (2012) reported on the process and results of a clay-

based group art therapy program for adolescents identified as being of low social

economic status. The purpose of the study was described as a way to "see if adolescents

would feel more confident in controlling their feelings…if this experience would be of

any benefit in improving the ego-resilience of low SES adolescents" (p. 246). Through

their work they discovered an increase in ego-resilience for those who participated in the

group. "On the whole, clay - based group art therapy proved that clay as a pottery

material had the effects of causing emotional loosening and positive interactions among the participants" (p. 249). This study is a step toward proving the effectiveness of clay as a medium and valid group art therapy technique.

In addition, Mullen, Buttignol and Diamond (2005) discuss how arts-based research and arts-based representations can be utilized to positively effect the mental health of adolescents and "generate creative healing energy" (p. 2). Working from a constructivist epistemology, Mullen, Buttignol and Diamond present the case of Kal, a 15-year-old adolescent male who was in treatment for three months in the pediatric mental health unit of a hospital after attempting to commit suicide. Mullen, Buttignol and Diamond state, "by representing self and others as characters in stories, arts-based inquiries seek to help researcher-caregivers to engage more productively with their clients. Arts-based forms, such as self-narratives and depictions of others like Kal, can include written and performed monologues that provoke the client's as well as the caregiver's development" (p. 12).

Using art therapy in treatment with adolescent boys in residential care facilities has the potential to keep the therapeutic process and therapeutic relationship engaging and motivating for individuals. The use of various materials, media, and experientials in art therapy presents an opportunity to explore struggles of the client from different perspectives. Classic interventions such as painting, drawing, or building with clay can be a jumping point to more active and engaging experientials such as altered book making, collage, and large-scale works. Implementing art therapy as part of the overall treatment plan of the client can decrease pressure on the client to talk about personal, triggering, or vulnerable topics directly and instead communicate through the art process

or product. Engagement in the creative process is engagement in the therapeutic process, it is a mechanism that fosters the growth of healthy relationships with self and other, leading to potential progress toward the goals of the client and increased feelings of agency overall.

Relational and Person-Centered Approaches to Potential Frameworks in Residential Treatment

A Person-Centered Approach

Person (or client) centered therapy is part of the humanist approach and was first developed by Carl Rogers in the 1940s and 1950s. Rogers believed that everyone contains a self-actualizing tendency to develop our potentials and that this could be best accessed through the person-centered approach. This therapeutic method is a form of talk therapy that is non-directive at its core and focuses on unconditional positive regard. Three qualities are necessary in a person centered therapist; genuineness, empathy, and unconditional positive regard. There are often times periods of silence in this form of therapy, but that is contently accepted as it is allowing time for the client and therapist to sit with thoughts and feelings (Deggaes-Whitte, 2010). A person-centered approach takes into consideration where the client being treated is at in the present moment and works alongside them to build a therapeutic relationship that assists in the individualized healing process.

Relational Cultural Theory

Duffey and Trepal (2016) described relational-cultural theory (RCT) as an approach and therapeutic methodology that is geared toward creating "growth-fostering relationships" (p. 379) and therefore, integral to the counseling field as the relationship between therapist and client is fundamental to the therapeutic process. Originally established by Jean Baker Miller, Irene Stiver, Jan Surrey, and Judith Jordan, relational-cultural theory consists of five core concepts known as "the five good things" (Jordan 2010, p. 25) that should be present in all positive and productive relationships. These five concepts are: "a sense of zest; a better understanding of self, other, and the relationship (clarity); a sense of worth; an enhanced capacity to act or be productive; and an increased desire for more connection" (Jordan 2010, p. 25). RCT stands out in comparison to other therapeutic approaches because it is centered upon the idea that connection and authentic relationships are key to growth and development, not individualism and autonomy as much of western culture is focused on. Duffey and Trepal (2016) state, "growth does not occur in a series of stages" (p. 380), and that "RCT brings focus to multiculturalism, relationship, wellness, and mental health" (p.381).

Relational cultural theory, an approach with the concept of strong authentic relationships at its core, could prove to be a significant and beneficial approach in working with adolescent boys in residential care. Connection and attachment are key factors that are often lacking in the lives of this population due to their histories and experience with complex traumas. Building positive relationships consisting of trust and authenticity is a basic need of all human beings, but especially those vulnerable populations that have not yet had the opportunity to form secure attachments. Approaching the therapeutic relationship with the core concepts of relational cultural

theory in mind and yet still holding the strong boundaries that are necessary for the safety of clinician and client has the potential to motivate the client to remain engaged in the therapeutic process. The client would have a person, or multiple staff/clinicians, to seek out when in times of need or crisis. Knowing that there is at least one staff or clinician in a residential facility that a client connects with could lead to that client "buying in" or remaining more engaged in their treatment, promoting feelings of agency and a desire to progress toward therapeutic goals.

Method

In choosing to do a literature review this process consisted of searching for literature and case studies related to the selected topic. Various articles, academic journals, books, and textbooks were searched for utilizing different research methods including quantitative, qualitative, and arts-based research. Using the Lesley University Library website and databases, resources were discovered by using the following search terms: "Therapeutic approaches with adolescents", "Therapeutic approaches with adolescent boys", ""Relational cultural theory and art therapy", "person centered art therapy", "Art therapy and complex trauma,", "Art therapy and at risk youth,", "Art therapy with adolescents,", "Art therapy with adolescent boys,", "Adolescent boys in residential care", "resilience AND adolescence AND art therapy", "Current treatment approaches in residential care", "Behavioral methods in residential care", "Trauma informed residential care", "The CARE model in residential treatment", and "Enhancing engagement in the therapeutic process.". Texts in relation to the field of art therapy in general and utilizing art therapy with adolescents, as well as texts on relational cultural

theory, person centered approaches, and trauma informed approaches were read through and utilized in this research as well.

Research findings were kept track of by downloading PDFs of the relevant and substantial articles found and then organizing them into topic related folders. Search terms were noted in order to refer back to which were beneficial and resulted in multiple findings, and those that were not beneficial and resulted in minimal to no findings. There were gaps prevalent in the research process that are important to take note of, and now provide ideas for future research, and what needs to be more prevalent in the field. The process of reading articles usually began with initially skimming over the content to determine if they were relevant or contained enough applicable information. Those that were determined to be of significance to the research were then read more thoroughly, and notes were taken on the content that seemed to be most connected to the topic of research.

Results

Through the preceding research, major areas of concern in the literature arose in relation to engagement and the therapeutic process when using art therapy with adolescent boys in residential care. These significant areas of content are as follows: multi-layered treatment methods as they relate to this specific population, the necessity for a person-centered and relational based approach when working with these individuals, and population specific art therapy techniques that can be utilized both in the individual and group context.

The Multi-layered Treatment Method

Multi-layered treatment approaches that consider the physical, emotional, and environmental aspects of treatment such as the Children and Residential Experiences (CARE) practice model (Holden, 2009) provide a structure for healing that moves away from the more traditional behavioral based methodologies used in residential treatment. This change in the overall treatment framework creates the opportunity to provide positive and longer lasting conditions of change in the residential setting. CARE focuses on the six principles of "developmentally focused, family-involved, relationship-based, competence-centered, trauma-informed, and ecologically oriented". When CARE is utilized effectively, these six principles are implemented into the training and approaches of clinicians and staff as well as the treatment plans and goals of the clients (Holden, 2009).

A Person-centered and Relational Approach

The implementation of a person-centered therapeutic approach takes into consideration where the client stands in the present moment in their treatment process. The clinician works alongside the client in an effort to provide genuineness, empathy, and unconditional positive regard (Deggaes-Whitte, 2010). Taking the person-centered approach a step further, relational cultural theory (RCT) is a therapeutic methodology that identifies the relationship between client and clinician as integral to the healing process. This is applied as a way to cultivate "growth-fostering relationships" in all aspects of the client's life (Duffey and Trepal, 2016). RCT is centered around five core concepts that relate to understanding the self and other through a more compassionate

and authentic lens in order to put the concept of connection and relation to others as central to the healing journey (Jordan, 2010). By working from this person-centered and relational lens with adolescent boys in residential care, the notion of connecting and relationships is a core concept that is initially fostered in the therapeutic relationship and can then be mirrored in navigating daily life.

Art Therapy Techniques

Art therapy has been described as a mode of creative expression and symbolic communication that uses art to connect with self-understanding in the therapeutic process. It is a culmination of the art and psychology disciplines as a means to healing for individuals in need (Malchiodi, 2007; Rubin, 2016). There is a spectrum of working within and between the process and the product in relation to the art making that occurs in art therapy. How this is executed should be concerned based on the needs of the client (Kramer, 2000). Moon (2012) identifies art therapy as one of the most noteworthy treatment approaches for adolescents seeking mental health care. Moon notes that working alongside adolescents in this work is not linear, just as development and growth are not. Working within the phases of resistance, imagining, immersion, and letting go that Moon (2012) identifies as they arise, allows space for the creative process to take hold while utilizing various art media and methods and still holding structure to support the journey of the client. Specific techniques such as altered book making (Chilton, 2007) and the use of clay in art therapy groups for adolescents (Jang and Choi, 2012) are showing promise as proven mediums in individual and group based art therapy work. These mediums have the potential to be engaging and interactive, providing

metaphorical, symbolic, and kinesthetic experiences for adolescents in treatment

(Chilton, 2007; Jang and Choi 2012).

Discussion

According to the United States Department of Health and Human Services (2018)

there are currently more than 54,000 children and youth in non-familial placements

known as residential programs in the United States. The leading cause of placement into

these programs and out of the care of the guardians is identified as neglect. The vast

majority of these children have experienced traumatic events in their lifetime leading to

one or more mental health diagnoses. Central symptoms of these mental health diagnoses

include low self-esteem, isolation, and resistance or lack of healthy social and community

engagement. The overall developmental health of individuals in this position is

significantly impacted and contributes to a larger social and economic influence on

society (U.S. Department of Health and Human Services, 2018).

Traditionally, treatment in residential facilities has focused on behavioral and

psycho-educational approaches, but in recent years there has been a shift to more

relational based approaches that are proving to have more long-term positive effects, such

as the CARE model (Holden, 2009). Despite this shift, research is still lacking on

improving the agency, motivation, and motivating factors of the therapeutic process for

youth in residential treatment, specifically adolescent boys. Art therapy with a relational

and person-centered focus has the potential to be an influential treatment option to

motivate and engage this population in their healing process. The literature review

highlighted areas in the research that aided in developing a possible treatment framework

for utilizing art therapy with adolescent boys in residential care. These significant areas

of content are; multi-layered treatment methods such as the CARE model (Holden, 2009)

as they relate to this specific population, the necessity for a person-centered and relational

based approach when working with these individuals, and population specific art therapy

techniques reflected in Moon's (2012) and Chilton's (2007) work with adolescents that

can be utilized both in the individual and group context. It is also important to recognize

what is lacking in this field of research and what should be considered for future studies.

There is currently limited information on the impact residential care has on individuals at

different stages of development, the impact and differences that exist between individuals

that identify as males compared to individuals that identify as females in residential care,

and the exploration and effectiveness of implementing alternative treatment methods

within residential care such as the art and expressive therapies.

Transferring Findings into a Clinical Framework

The key attributes of this framework take into consideration the main content

areas of this literature review and relate to the integration of environmental, emotional,

and physical factors all considered within a person-centered and relational lens. The

chart featured below (Figure 1) is a visual representation of the framework.
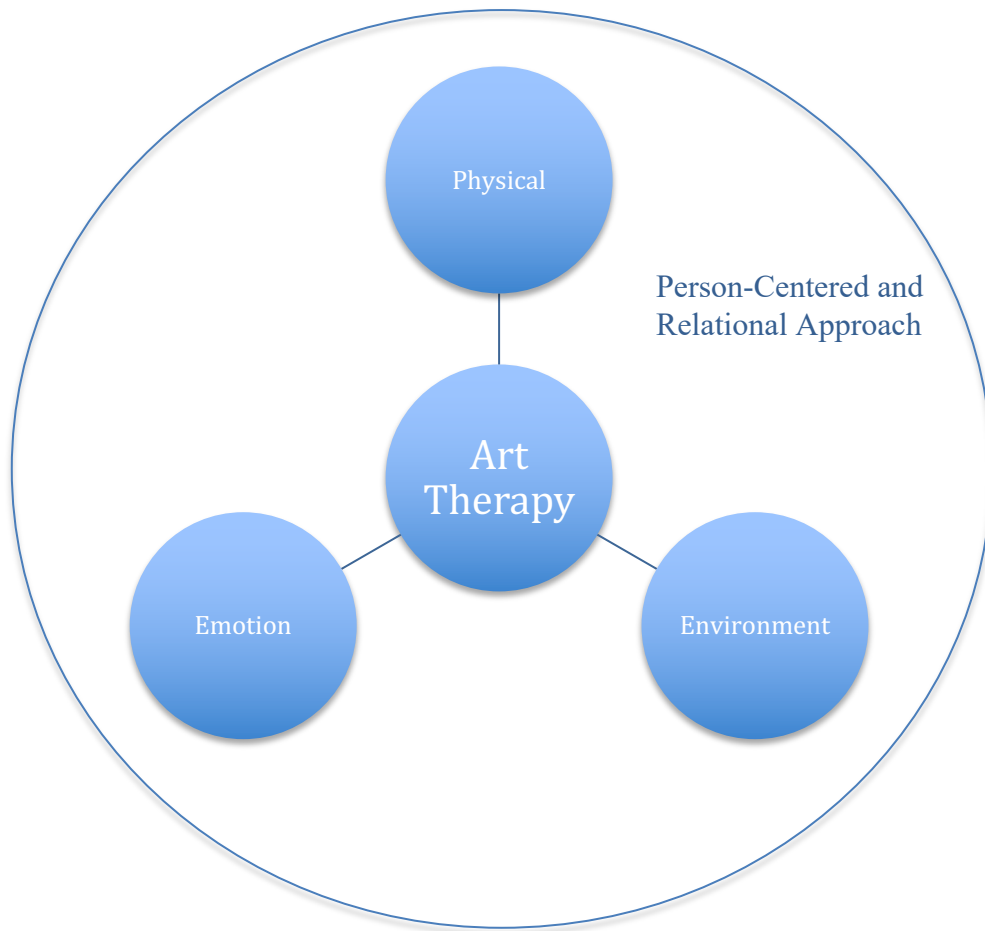
Figure 1. A Framework demonstrating an Integrated Person-centered and Relational

Approach

This framework centralizes on the concept of art therapy as a significant

intervention for adolescent boys in residential care with the potential to increase

engagement and agency in the therapeutic process. This framework would consider the

environmental factors such as the set up and structure of the art therapy studio space,

accessible materials and mediums, and availability of the space all in an effort to create a

welcoming and safe environment for therapeutic work to take place.   Emotional factors

would be considered by having check-ins to begin each art therapy session and a closing

activity at the end of each session in order to help provide structure, routine, and monitor

any changes that may occur in emotions or feeling states throughout the session.

Physical factors of the client would be considered by observing energy levels and noting

any expressed feeling states to assess if a more kinesthetic/sensory or cognitive based

experiential should be introduced. These three factors (environmental, physical, and

emotional) clearly relate and can overlap with one another and would further be

connected by bringing all aspects back to a person-centered and relational approach.

The use of art therapy as a framework for treatment with adolescent boys in

residential treatment has the potential to increase engagement in the therapeutic process

and the journey toward healing with these individuals as well as provide a space to foster

healthy and authentic relationships. By providing a safe and structured studio space with

various materials, media, and experientials there is an opportunity to explore struggles

and strengths of the client from a novel lens. Classic interventions such as painting and

drawing can lead to more active and engaging interventions such as altered book making,

collage, clay exploration, experimentation with large-scale works, and building structures

with found materials. To conclude, taken together, the studies from the review, and

results show that, engagement in the creative process is also engagement in the

therapeutic process. It is a mechanism that fosters the growth of healthy relationships

with self and other, leading to potential progress toward the goals of the client and

increased feelings of agency overall.

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