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ABSTRACT

This paper describes the services and activities of the Orion Center, a drop-in day-use facility for homeless and runaway youth in Seattle (Washington). Orion Center uses experiential therapy and adventure-based activities to develop trust, promote fun and relationship building, and facilitate growth and healing among this homeless population. A recreation group that meets weekly has become an excellent way to hook youth into other services. The trick is to make the experience meaningful enough that they come back for more. The experiential activities used are purposeful, proactive ("doing" activities), prosocial (interactive), and sequenced. Processing the experiential experience consists of four steps: the actual experience of the activity, observation by participants of what took place, generalizations about what took place, and consideration of how to apply what was learned from the activity to other life activities. Three group activities/games used as ice-breakers are described: "Have You Ever?"; "What Are You Doing?"; and Gusano/Worm. Traditional "talk therapy" has not proved effective with this population, but three techniques are useful in helping individuals tell their story. These techniques are shared story (nondirective group storytelling), human sculpting (a nonverbal activity), and journal writing. (SAS)

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EXPERIENTIAL THERAPY WITH HOMELESS, RUNAWAY AND STREET YOUTH

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Abstract

Experiential therapy, though a wonderful tool, can be a challenge with any youth. Add to the equation homelessness or general lack of a stable living situation and the challenge grows. The objective of this workshop is to educate people about this population and discuss how to adapt the experiential model to better serve them. Initiatives and games will be presented with the emphasis on trust and how to help them tell their story.

Defining Homeless Youth

Homeless youth are individuals between the ages of 11 and 21 who are without safe, stable housing or appropriate supervision. The National Network of Runaway and Youth Services classifies homeless youth in four categories:

- Children with Parents: Homeless families.
- Runaways: More than one night away; about 40% expelled from home or "throw-aways"; often many prior foster placements.
- Street Youth: More than 2 weeks away; street dependent; often involved in survival sex, criminal activity, and alcohol/drug abuse; 75% physical/sexual abuse; 60% clinical depression.
- Systems Youth: Behavior disorder/emotional disturbance; multiple placement failures, often in and out of detention facilities.

In Seattle alone it is estimated that 800 to 900 youth live on the streets at any one time. Adding to that the approximately 1,300 youth in State Out-Of-Home Placements and the approximately 5,000 youth reported as runaways each year leaves us looking at a serious and steadily growing problem in King County (Housing, Human Services and Education Committee, 1994).

Services

The Orion Center is a drop-in day-use facility run by YouthCare and Located in Seattle, WA, USA. From 9:00 a.m. to 6:00 p.m., Monday through Friday, youth fitting all the above descriptions come by to work on their GED, take a shower, meet with a case manager, eat a meal, receive health care services, attend a support group, or just make contact with other youth in similar situations. They are often hooked up with other services in the community for counseling, housing, education and employment. Thus they are multi-system clients. In 1994 alone YouthCare served over 4,000 youth. Most of them are runaways, throwaways, and youth involved in gangs and prostitution. The demographics on clients served last year break down as follows:

- 75% to 80% report physical and/or sexual abuse
- 68% of the young women have been, or are, pregnant
- 36% of these youth have attempted suicide (14% is the national norm)
- 95% have or are abusing alcohol and drugs
- 58% have significant emotional/mental health issues

When looking at these statistics we ask ourselves "what works for these youth"? Certainly consistency is at the high end of needs. With their lives so chaotic and unstable, having a consistent program like the Orion Center, or a consistent service through a community clinic, can make a huge impact. Obviously enough, we have also found trust to be a key element towards facilitating any growth or healing with this

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population. Experiential therapy and adventure-based activities provide an excellent road to develop that, and are much "quicker" than traditional case management or counseling.

The Experiential Model

We define experiential therapy as "any group or individual activity that provides an opportunity to learn, grow or heal by doing." It provides a metaphor that can be applied to one's personal life. With homeless youth we use experiential therapy as adventure-based activities outside the city or facility, in therapeutic groups, and as an addition to more traditional treatment.

To be able to engage these youth in any activity, whether it be through art, sailing, theater, writing, hiking, rock climbing, camping, skiing, horse-back riding, music, games, ropes and challenge courses, or straight-up therapy, we have tried it and continue to do it. What we have found consistently lacks in these children's lives is a safe environment with appropriate risk and challenge to play in. At the Orion Center there is a recreation group every Thursday. This group has become an excellent way to hook youth into services that otherwise have refused to meet with a case manager or use any of the other services available there. Though a person may not want to go into the school, they may be talked into coming along to the indoor rock climbing gym ("just to watch") and from there the relationships begin. Because this is a drop-in center we do not have the luxury of counting on the same group of youth every week. Some clients we may only see once a month or less. The trick is to make that experience meaningful enough for them to be coming back for more.

The four components of experiential learning are:

1. That it be purposeful; have a goal.
2. That it be proactive; a "doing" activity.
3. That it be pro-social; interactive.
4. That it be sequenced.

Given that our first two goals with new clients are to build trust and have fun/play, we are flexible with these components. We start out with very small, achievable goals and consider that even if a child just comes and doesn't participate, they have been successful. We have found that the van ride to an activity in and of itself constitutes a "pro-social, interactive" experience, as they learn the rules and expectations of being in a group. Sequencing is looked at from the perspective of first discussing the upcoming activity with youth, facilitating a commitment to participate from them, holding any necessary groups in advance to go over safety, rules, expectations etc., enlisting help to make lunches, pack van or whatever needs to be done, the actual van ride, and so forth. In essence it is everything leading up to the actual activity, including the activity itself and any follow-up that happens afterwards. One rule always holds true - that as clinicians we cannot be attached to outcomes; we must always be ready to change the entire plan and start over.

Processing the "experiential experience" is crucial to facilitating any lasting growth or change; the application of the experience to the real world. The Model of Experiential Learning uses a four-step process to debrief an activity (Prouty, Radcliffe, Schoel, 1989).

1. **EXPERIENCE:** Preceded by the Full Value Contract, this is a "challenge by choice" activity.
2. **OBSERVATION:** The "What?" part of processing. Participants describe specific behaviors, events, or actions they observed.
3. **GENERALIZATIONS:** The "So What?" part. "So what does this have to do with ..."? "What happens when..."?
4. **APPLICATION:** The "Now What"? part. "How are you going to apply what you learned to your life"? "How does this relate to other experiences like this you have had, and how can you use this experience to have it be different next time"?

All of these steps are fueled by goals which, depending on the activity or intent, we will have the individual come up with, the group come up with, or we will tell them what it is, (i.e., "the purpose for playing this game right now is to learn a little about trust, and have some fun together.").

As with the four components of an experiential activity, we are flexible and adaptive with the debriefing model. One-word processing seems to work well for getting things going ("OK let's go around the circle and everyone say one word that describes what just happened"). As much as possible when we use metaphors that are applicable to their lives, we find they are much more willing to be engaged in a discussion afterwards. Photographs are an excellent way to refer back to an experience. Because many of these youth don't have interested families waiting at home to hear about what happened, giving them photos, or putting them up in our agencies (with their permission) is a way to give recognition and tap feelings of the experience again. Opportunities to continue processing the experience sometimes days or weeks later have to be grasped at all times. The trust that was developed can be capitalized on to help move this youth forward.

Experiential Activities

As mentioned earlier two of our most important goals are to establish relationships/trust with these clients, and to share laughter and fun together. Listed below are three activities/games which can be good ice breakers, and/or constitute a whole group in and of themselves. Most importantly, we have found them to work with this population in that people are engaged and often request to "do it again" in other groups.

"Have You Ever?" Five or more participants. Group sits on chairs or stands on tape in a circle with one person standing in the middle. Person in the middle says "have you ever..." and finishes the sentence with something they have actually done. Those participants in the circle for whom this statement is also true must move to another space. The person in the middle is also moving to a space; the one left without a space is then in the middle. A situation to watch out for is people sharing inappropriate things (i.e., sexual). This can be an opportunity to discuss what's appropriate, sort of setting up the rules as you go. Or it may make more sense to step in as the leader and say, "Nope, give us another one." The leader can also sway the path of the group when in the middle by asking feeling questions like "Have you ever been sad, or proud, or mad?" The intent of this activity is to recognize that other people have had similar experiences, hence initiating relationship building and trust. In addition there are always squeals of laughter as the individuals scramble to get to a space.

"What Are You Doing?" Five or more participants. Group stands in a circle; one person starts by miming an activity (e.g., brushing their teeth), the person standing next to them asks "(Name of person) what are you doing"? Person responds by saying they are doing something completely different from what they are acting out (e.g., fishing). This new person now begins acting out fishing, and the person next to them asks them what are they doing. This process continues around the circle several times; it often takes at least one go-around for everyone to get on board as to how it all works. Again there are often people who will say inappropriate things. At the point this happens rules can be made, or it can be set up in advance that if someone tells you they are doing something you are not comfortable acting out, you can then ask them to "give you another one." The less special attention that can be paid to this, the more the game can keep moving the better. Often a discussion about how people's actions don't always match their words may ensue. This one is also great for laughs and bonding.

Gusano/Worm Four or more people. This is an initiative that has the elements of trust, communication, inter-dependency and responsibility. People line up with their hands on the shoulders of the person in front of them. They are then told that they are a caterpillar or worm whose eyes are in the back, therefore everyone except the last person must close their eyes (blindfolds can also be used). The way the eyes of the worm communicate to the rest of the body is by tapping on the shoulders of the person in front of them; that person then has to pass the message on to the next person, that person to the next, and so on, until the person in the front of the line gets the order. The directions are as follows: Tapping on the right shoulder means go right, tapping on the left shoulder means go left, tapping both hands together means

go forward, and a hand on the top of the head means stop. There is no talking during this activity. An incentive such as a bag of candy that the worm is chasing can add a fun element (a leader walks around in zig zags and turns, carrying the bag of candy for the "eyes" to follow). This activity can also be used to go somewhere, such as out to the van for an outing, or on a trail in the woods. Processing this is crucial, paying close attention to the issues of trust, inter-dependency, and communication.

Helping these youth "tell their story" has become an ever increasing focus of work with this population. Traditional talk therapy has not proved very effective, yet they have so much to share and tell. The following three techniques are ones we have found success with, and we are always looking for more.

Shared Story The leader collects a number of items, depending on the group size (four or more people); there should be at least enough for each person to choose two. These are laid out in the middle of the group on a table or the floor, depending on how you are seated. The items should be a variety of things such as: a pen, matches, glasses, book, shoe, rubber band, money, tooth brush – basically whatever you can find. The group is going to tell a story using these items, so if you're intentionally looking for a theme, you can "stack" the items too. This is a non-directive activity in that the group is told they are going to make up a story using the items in front of them and each person will get at least two items. A volunteer to go first is asked for, they choose an item, and take it off the table as they open the story using the "prop" as a feature in their telling. It may be decided in advance that the order should go in a circle, or people should indicate they are ready to go next, and that person will nod when it is their turn. Every so often the leader should summarize where the story is at to keep people focused and to bring it together. A participant can also do this. Being non-directive lets the story go where it will, no matter how gruesome or violent that may be. At the end someone puts the story all together, and a discussion about it follows. Questions such as "did you like the ending?", "what was your favorite part?", "what would you change about it?" are all helpful. In some instances it may be appropriate to follow-up individually with people if you have concerns. Another variation on this is to ask people what they have in their pockets and have everyone put two things on the table, or to collect two things of their choice from the room.

Human Sculpting Four or more people. This is a nonverbal activity where the leader is giving clear directions. One or two people are chosen to stand aside. A piece of tape, paper or something is put in the middle of the floor indicating the center of the sculpture. The group is instructed that, as they are pointed to, they are to go strike a pose in the area indicated. One person at a time goes and people are to position themselves around or near others as they are called on to join the sculpture. The choice to touch another person or not is up to them. The one or two people left out first give the sculpture a title, and then give a description as to what the relationships are like between the players, what just happened, what will happen next, etc. This activity can be done over and over with variations such as having people make a noise as they approach the sculpture to join it (helps to be more spontaneous about positioning), or have members of the sculpture tell who they are and what their relationships are to the other people. This activity, like the shared story, can give people a chance to "tell their story" without being too obvious.

Journal Writing Journals are a wonderful addition to any group. However, for those clients who are intimidated by writing, or simply don't like to write, they can just end up being a struggle. Using the journals as a tool for communicating has proved very effective. At the end of a group the journals are passed out (pre-decorated by the individuals with their names on them) and participants are asked to write or draw regarding a certain theme. For those resistant ones, they can draw a face indicating how they felt about the subject, or not do anything at all except date it and sign their name. The important component is that one of the group facilitators will write back to them in the journal and comment on "what they think the person may have been feeling," or ask them a question, or give them a compliment such as "you had a great point when you said..." Once the participants catch on that someone is paying attention to them and writing back to them, they automatically become interested and often eventually begin writing back in response. These journals can become incredible communication paths between the client and counselor.

Summary

Using experiential therapy with homeless youth can be an effective path towards initiating trust and relationship building. Remaining flexible at all times, and grasping those moments when growth may happen, are key. Trying to find those activities that really work with this population is an ongoing process. We encourage people to remain aware of the issues of homeless youth; be on the look-out for them in your schools and communities, and let us know if you "find something that works."

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