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Art Therapy Connection: Encouraging Troubled Youth to Stay in School and Succeed

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Abstract

This article describes the theory and practice of Art Therapy Connection (ATC), an inner city, yearlong school art therapy program in Chicago, IL, for students identified as being at risk of failing grades 3–12. The ATC program helps to address the mental health needs of students living in impoverished communities and the constant threats they experience on a daily basis. It utilizes an Adlerian art therapy approach, with an emphasis on developing group identity, group cohesion, and cooperation. In turn, a feeling of belonging and trust can be established through social interest so that students feel encouraged to stay in school and succeed. This article explains the program's goals and objectives, typical art directives, and informal outcomes.

Introduction

Chicago inner-city schools lack the necessary psychological support services to provide for the overwhelming number of children who need mental health care. According to the Illinois Children's Mental Health Task Force (2003), 70% to 80% of Chicago Public Schools children in need of help do not receive appropriate and necessary mental health services. Many students with emotional, behavioral, or social interaction problems drop out of school before graduation. Art Therapy Connection (ATC) was co-founded by the first author as a nonprofit organization that was created to meet the mental health needs of these students and to encourage them to stay in school. Since its inception in 2002, ATC has served over 1,000 students in the Chicago Public Schools district.

ATC therapists use a supportive, Adlerian approach to art therapy that helps to develop social skills, such as group identity, group cohesion, and cooperation. Adler theorized that the feeling of belonging could only be won by being involved in life, and by cooperating and being useful to others (as cited in Lemberger & Milliren, 2008). Self-esteem and self-confidence emerge from this feeling of belonging. It was with the goal of encouraging social interest that ATC therapists designed a program that not only would meet the mental health needs of troubled youth but would also enhance these students' feelings of belonging, and thus encourage them to stay in school and succeed.

Although Adler generally is not identified in the literature of school counseling with troubled youth, his theories of child development and education are well known (Lemberger & Nash, 2008). In 1914, Adler opened a child guidance clinic in Vienna for the purpose of helping parents and teachers, a model that is still relevant to the work of educators, parents, and therapists (Froeschle & Riney, 2008). Rudolf Dreikurs, a close associate of Adler, founded the Alfred Adler Institute (now the Adler School of Professional Psychology) in Chicago. His wife, Sadie "Tee" Dreikurs (1986) lived and worked at Jane Addams Hull House in Chicago for many years, where she designed ways to use art making with delinquent children.

Ansbacher (1992) wrote that *gemeinschaftsgefühl* (community feeling) is an Adlerian concept defined as an all-encompassing feeling toward others and the self, inanimate objects, the present and future, and the community of humankind. When action and progress benefit humankind, they are socially useful. Community becomes a direction-giving ideal and social interest becomes the action line of community feeling. Establishing a sense of belonging through social interest, thus, is an important component of human development. Social interest can help students overcome feelings of inferiority that lead to poor behaviors and emotional problems. By offering alternative solutions to overcome inferiority, giving encouragement, and promoting social interest, students are encouraged to make constructive changes in their beliefs and behaviors (Adler, 1964; Lemberger & Nash, 2008).

Social interest is an innate ability but it needs to be adequately developed in order to solve the problems involved with living. It can be understood as a measure of one's willingness to contribute to and cooperate with the social order of life in the spirit of social equality. With social interest there is a desire for human relationships that are mutually satisfying, ones that provide stability and connection. Respect and constructive participation in life are critical factors in determining whether a student is able to feel a sense of belonging and safety, both of which reduce fear and allow learning to take place (Froeschle & Riney, 2008).

Empirical research is inconclusive thus far regarding the benefits of Adlerian art therapy and behavioral change in inner city schools; more studies need to be conducted (Froeschle & Riney, 2008). Other research has found that when there are

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constant threats to a child's well-being—such as chronic exposure to violence, neglect, and sexual or emotional abuse—stability and safety are threatened and the child's capacity for learning is adversely affected (Shore, 1997). Prothrow-Stith and Quaday (1995) claimed that "when our children's ability to learn is being dangerously undermined, the foundation of our society is being damaged in a manner that cannot be easily repaired" (p. 27). Interventions must begin early in order to help children develop social interest so that they can manage their anger, resolve conflicts peacefully, and show empathy to others (Massey, 1998).

Every aspect of the human experience is also shaped and influenced by culture. Cross-cultural therapy refers to therapy in which the therapist and the client are culturally different because of socialization patterns and behaviors long established from their histories, traditions, values, language, economic status, and communication styles (Coseo, 1997). Existing literature on cultural diversity makes it clear that it is our responsibility as therapists to understand our own cultural values and prejudices when working with students who are culturally different from us (Coseo, 1997). Otherwise, the beliefs, stereotypes, prejudices, and expectations we hold as therapists, whether conscious or unconscious, may enter into the therapeutic session and negatively influence the therapeutic relationship (Coseo, 1997). As in all therapy, the projection of a personal theory of behavior and values onto others must be avoided (McNiff, 1984/2009).

The majority of art therapists who come into the ATC setting are from a different cultural reality than the students with whom they work. They are committed to working in urban public schools, mostly in socioeconomically disadvantaged areas where simply meeting the basic educational needs of the students is a struggle. This is not necessarily due to a lack of dedication amongst a school's teachers, although this can also be an issue. The physical decay of some of the school buildings stands as a symbol of the deprivation surrounding its students. Of the families living in areas served by ATC, 82.5% to 100% are living at or below the federal poverty threshold. Living in communities where there is poverty, unemployment, reliance on welfare, and exploitation can result in powerlessness and a lack of self-worth and self-esteem. Violence and social aggression carry over into the school building and into the classroom (Froeschle & Riney, 2008).

The population in some of Chicago's public schools is 100% African American, whereas in other schools there is a mix of Hispanic, African American, Caucasian, and Asian American students. Cultural diversity between the students and the therapists in the ATC program does not seem to have interfered with the art therapy process. As therapists, we know that there are regularly strong ethnic and racial differences; however, we also have observed that children often do not appear to feel those differences when engaged in creative work. As McNiff (1984/2009) asserted, "cross-cultural commonalities are much more apparent than differences" (p. 101).

Students understand the use of power and oppression and they rebel against it, but if the invitation to express freely is given in an environment of safety, many students respond to kindness and friendship regardless of race, gender, or ethnicity. In the ATC program, we have found that race and gender are not obstacles for the student provided the therapist is able to understand and validate the world as the student experiences it. This assertion is based on the principle that "all individuals are worthy of respect and appreciation because they are human beings" (Vontress, 1988, p. 76) and therefore "therapy is approached with sensitivity to differences" (McNiff, 1984/2009, p. 103). The student learns to trust another person who is not a primary caregiver, who can form an attachment in the context of the therapeutic relationship (Robbins, 1987). McNiff (1984/2009) has "consistently found that only through respect for differences can we establish strong and trusting relationships" (p. 104). One goal of the ATC program, with regard to cultural differences, is for students to learn to come together in a group, to cooperate, and to create new meaning for their lives without sacrificing their uniqueness as individuals (Dreikurs, 1986). As the students and therapists learn to understand each other, distrust and resentment are minimized and cultural exchange is possible.

The Art Therapy Connection Program

ATC was designed to be a yearlong in-school art therapy program to reach those students who have limited or no access to mental health care. ATC therapists work with children and teenagers to develop self-awareness and self-management skills by integrating art and creativity with therapy (Collins, 2008). Even though ATC is an approved and qualified vendor for the Chicago Board of Education, we must raise all of the money ATC needs to support programming. Funding sources include foundations, corporations, federal grants, and individual donors. Two ATC fundraisers, the "Chalk Fest" and the "Art and Soul" benefit, have contributed nearly one third of ATC's annual revenue to date.

ATC started with one school and one art therapist providing a yearlong art therapy program for 100 children. These children had been referred to the ATC program by their teachers and school staff. As the organization has grown, we have been able to employ full-time and part-time art therapists. We also provide a yearlong internship site for Chicago area graduate art therapy students. In addition to the in-school art therapy program, ATC also offers an expressive arts program in a Chicago public park every summer. Through both programs, troubled youth are encouraged to stay in school and to make progress toward social, emotional, and academic success.

Student Referral Process

ATC therapists help teachers, support staff, and administrators learn to observe students for attitudes and behaviors that could indicate that a student is having difficulty and might benefit from being in the ATC program. Obviously, poor grades, truancy, and uncooperative behavior can indicate such difficulty. Other behaviors might include being inattentive and withdrawn, unusually sad, defiant, negative, disrespectful, aggressive, or attention seeking. Once

students are referred, parental or guardian permission is required for them to attend ATC groups.

An evaluation assessment is then conducted to learn about and understand each student so that he or she may be placed appropriately in groups or in individual sessions. For the art assessment, students are asked to draw and to talk about how they see themselves, how they think others see them, a problem in their life, an unexpressed anger they have, and a wish they would like to see come true. Groups are organized based on this information. Students need their classroom teacher's permission to be able to attend the ATC program for one hour weekly without missing important class work. ATC therapists communicate regularly with the student's teacher, which helps to provide continuity in service for the youth. The synergy with the art therapists, staff, and teachers offers a model of cooperation that the students witness.

Group Art Therapy

We know that neither biology nor environment is destiny; we have choices about what we will or will not do. ATC philosophy is based on the belief that humans are social beings who are socially motivated, that we are always in the process of becoming and actively creating our own reality. The group has always been the natural setting, whether it is composed by family, classmates, peers, or work colleagues (Ansbacher & Ansbacher, 1956). The art therapy group serves as a social microcosm.

Group interaction along with the art created reveals important issues that group members struggle with in their daily lives. Eventually, as students begin to feel a sense of belonging, they become sensitive to the needs of others, as well as to their own needs (Dreikurs, 1986). This is one reason why offering group art therapy in the school environment is so important. A program that offers successful and rewarding experiences to students encourages them to stay connected, change their attitudes, stay in school, and attend group.

When students begin to see more clearly how they relate with one another in the group they gain awareness of the roles they bring to their interactions with others, whether with family members, friends, teachers, or even strangers. Group art therapy can help a student move away from self-focused, uncooperative, or inconsolable behaviors. He or she can choose instead to focus energy on what Adler called the life tasks: work (school), friendship, and intimacy (Adler, 1929). Students learn by understanding the natural and logical consequences of their behavior, not by being forced to change. As students begin to move from feeling discouraged to feeling encouraged, they become more open, actively creative, and receptive to learning.

The Therapeutic Relationship

The best predictor of a client's success is still the relationship or alliance between the client and therapist (Hawkins, Catalano, & Miller, 1992). No one model of therapy is considered more successful than another. Hawkins et al. (1992) found that various theories, methods, and medications that have been touted over the last 40 years account for only .08% of success in helping clients move in a more positive or useful direction. In our experience, the client is the agent of change—nothing else. An alliance with a competent, caring adult predicts positive outcome, and this finding is consistent with what the students tell ATC therapists.

We assert that the strong relationships that are developed during art therapy make the biggest difference in the student's life and well-being. With this kind of connection, the child's cognitive and social development can leap ahead, even when there is much adversity. Of course, different methods to promote this alliance are needed when working with 4-year-olds as compared to 14-year-olds (Masten, 1994). For example, Jamal (pseudonym), a third grader living in the Cabrini Green Community in Chicago, was a child with a great deal of anger who got into trouble with his teacher every day. He was suspended on a weekly basis. After participating in art therapy Jamal began to calm down and open up. Every morning Jamal would go to the art therapy room and check in with the art therapist. When asked what the daily check-in meant to him, Jamal replied, "You are my mother at school." As the relationship grew between Jamal and the art therapist, she learned that his mother was in prison with a life sentence. Jamal found a place of belonging and a safe, caring, and nurturing environment with ATC, something he knew he was missing in his life (Collins, 2006).

Art is the Language of Expression

Art reflects life with the reality of change and its many choices. Feelings that a student is unable to express verbally often can be released while creating art. The way an idea or experience is expressed gives the student and the art therapist clues into understanding what the student is experiencing and feeling. Arnheim (1966) believed that art is "the expression of an attitude toward life and an indispensable tool in dealing with the tasks of life" (p. 41).

In combination with the structured ATC program, students are encouraged to express their emotions on a wall covered in paper in each of the art therapy rooms. In this safe environment, students have used the Anger and Frustration Wall (or, simply, The Wall) to express publicly and anonymously all the things that are troubling them at the moment. Students are required to follow four basic rules when drawing on The Wall, especially because The Wall is not entirely private: (a) do not sign your name or write anyone else's name, (b) no swear or cuss words, (c) be respectful of other students' work, and (d) no gang signs or symbols.

Klorer (2000) wrote that "children will gravitate toward forms of expression that will help them to communicate feelings safely" (p. 242). Respecting a student's right to feel angry, sad, or frustrated and then allowing the expression of those emotions can help the student feel more connected with his or her friends and community, and possibly help raise the student's self-esteem. ATC therapists have found that The Wall is an effective means to minimize and even prevent troublesome,

aggressive behavior before these students find themselves in trouble with their teachers, the school, or the law. Prevention is always a priority, but is difficult to measure.

Everyone is subject to feelings of helplessness at times, but not usually to the extent that dreams for the future are lost. Some students are able to see, through the art they create and with the therapeutic process, that it is possible to change an adverse set of circumstances. They can ask, "What if . . . ?" and begin to actively take charge of their lives, to start questioning rather than passively living in a world where they are constantly being subjected to victimization. They can learn what it means to respect human rights and to find a democratic approach to solving problems and making dreams come true. "The capacity to imagine change and the capacity to implement change" through art making and sharing can have a significant outcome on the rest of their lives (Gersie, 1995, p. 211).

Program Goals, Art Directives, and Objectives

The Art Therapy Connection's goals, directives, and objectives are designed to encourage group identity, group cohesion, and cooperation. One of the program's two primary goals is to encourage the development of social interest (caring for self and others) in order to foster respectful, supportive, and positive relationships among students, therapists, school staff, and parents. An example of an art directive is the "Hand Mural," which carries out the objectives of being able to participate, defined as each student spontaneously and voluntarily contributing to the group, and to make an attachment, defined as developing a relationship and connection with peers and art therapists within the group. Art therapists give the following directive: "Trace your hand on a piece of paper and then cut it out. Create an image or images on your hand that represent what you are willing to tell us about yourself." Each student who is willing places his or her hand on a large piece of paper, helping to create a "Hand Mural." The group decides on a title for the mural, and then has a discussion that includes sharing, getting to know one another, and deciding what the art experience means to them. This experience has been effective for helping students build confidence and increase their sense of belonging, leading to social interest by developing a framework for cooperation.

Another art directive to encourage social interest among older students is "Draw A Road," in which students are asked to "draw a road that best represents you if you were that road." Discussion follows with reflection on such questions as "Where is this road coming from?" "Where is this road going?" "How will you get there?" "Who is going with you?" "How long will it take?" and "What will you find when you get there?" Participation in this art experience helps students recognize the uniqueness of each individual, become aware of the subjective and metaphorical meaning in their drawings, provide support to each other, be aware of choices and the ability to make changes, promote and possibly provide useful coping skills for "real-life" problems, and find hope for the future.

The second primary goal in the ATC program is to model and teach useful emotional regulation, anger management, and coping skills for real-life problems in order to encourage responsible and positive behavior. The objectives include cooperation, defined as demonstrating mutually beneficial behavior within the group, and trust, defined as the firm belief in the reliability, truth, ability, or strength of peers and art therapists. An effective art directive for this goal is to ask the students to "create a form with a sculpting medium that expresses a feeling without telling anyone what that feeling is." When the sculptures are complete, each group member goes from one sculpture to the next with a piece of paper and tries to identify the feeling in the form. During the discussion that follows, the group members talk about how feelings can take a form that others can recognize, how we create emotions based on what we tell ourselves, and how we can have empathy for others once we understand what they are feeling and for what purpose. This experience addresses the objectives of helping students to become more self-aware, to trust others in the group with their feelings, to show respect and empathy for what others are feeling, and to learn to take responsibility for the meaning and response they give to their life experiences.

In the "mandala" art experience, students are given a piece of paper with a circle printed on it, and together the group members discuss how they each can find a place of peacefulness inside that can be related to the center of the circle. Students are told to create a place of safety within the circle and to surround it with how they understand what is going on in the environment where they live. The objective for this exercise is to help students separate what they can control from that over which they have no control.

Mask making is an art experience in which students put feelings that they usually hide on a mask form after first discussing their emotions, how we each create emotions, and how we may hide (or mask) what we are really feeling. The objective is for students to learn that we hide feelings like sadness and fear because they reveal our vulnerability, that those feelings are not bad, and that we need to be aware of what we do with our emotions.

Two Art Therapy Connection Students

The creative process of art has been acknowledged as a means of reconciling emotional conflicts (Kramer, 1971) and fostering self-awareness and change (Naumberg, 1966). Art as therapy becomes for troubled youth "a bridge between their inner world and the world around them" (Ulman, Kramer, & Kwiatkowska, 1978, p. 30). As an example, a 17-year-old student who had failed ninth grade for 3 consecutive years drew a picture of a mountain. He explained that his biggest problem was climbing up that mountain to reach his diploma while flames representing his family problems and "gangbanging" friends were pulling him down. He was surprised at how much he revealed about himself. After 2 years in art therapy he no longer uses drugs and recently graduated.

A 12-year-old student was referred to art therapy because she was withdrawn and sleeping in class. She drew a picture of a girl hiding behind a wall, labeled with the words *scared*

and *mad*, after she told the art therapist about her father coming home drunk and crawling into bed with her. She had run out of the bedroom and locked herself in the bathroom. When her mother came home, her father was gone. Her mother put his belongings outside and called the police. The student was scared because she didn't know where her father was and whether he was going to come back home.

Once she was able to talk about her feelings and put them on paper, the student realized what was causing her withdrawal and signs of depression. With the support and care of the art therapist, she no longer felt alone. Her teacher was brought in to the art therapy room to discuss what the student needed emotionally in order to stay in school and to participate in the classroom activities.

These two examples illustrate how, through art therapy, these young people learned to regulate their emotions. With increased self-awareness they were able to cope with their "real-life" problems, take responsibility for their emotions, and behave in a positive way. The art itself can become a bridge that provides access to feelings all of us experience universally (McNiff, 1984/2009).

Value of Documenting Change and Outcomes

Currently, ATC staff members are collecting data to evaluate how well the program is delivering on its expected outcomes. The program's objectives have been aligned with four main areas of emphasis: cooperation, attachment, participation, and trust. In an informal program evaluation of the data, we found an increase in all four areas during the second half of the 2007–2008 school year in five Chicago public schools, with the biggest increases appearing in student participation and trust. Although we are in the early stage of collecting these data, we continue to find that students participating in the ATC program are showing success in social, emotional, and academic areas of their lives.

Documenting the change in the areas of student cooperation, attachment, participation, and trust helps us to better understand the needs of the students served by the ATC program. The order in which change takes place is also important. Initially we thought that cooperation and participation would show change first, and changes in attachment and trust would follow. However, we learned that there is a clear connection between cooperation and attachment; participation and trust come later. By understanding the process of change, we can experiment with rearranging art directives and designing new ones to fit the order in which change takes place.

Although collecting data is very useful, the organization looks to its mission and primary stakeholders, the students, for constant reminders as to why we do and want to continue to do art therapy. When asked to evaluate their experience in ATC mid-year and at the school year's end, students shared their personal feelings about what the program and the art therapists meant to them: "I trust the people in art therapy and now I trust others more." "I love [my art therapist], from when I first met her. I feel like I can open up to her more than I do with any other adults." "Above all, the therapists are kind and wonderful. I [have seen] a little-by-little change in me to be respectful and calm." "I used to be a bad, bad boy—you could not tell me anything, but by coming to art therapy, I am better." "My life is way better than not having this group to be with." "I never had a place to go and feel this good and now I realize there is more to myself than I thought before." "Art therapy has woken me up from my coma."

Although it is always a combination of many things that enable change to take place for students in the ATC program, the art therapists agree that the relationships developed throughout the art therapy process provide the "glue" that encourages connection and social interest. Teachers and staff at the schools where ATC is offered confirm that it is one of the few programs that provide a therapeutic approach to support school success. One principal said:

> Students at [our school] serviced by ATC demonstrate great improvement in their ability to balance the demands of school and the adversity they have in other areas of their lives. As many of our students live in transitional public housing, the ability to manage change and stress is critical in preparing them for academic and social success. (Collins, 2007, p. 3)

A teacher acknowledged the progress two of her students had made in both their academic and personal lives during their year in art therapy:

> One student dramatically improved her grades and was offered a summer job where she completed her "learning" service hours that were mandatory for high school graduation. The work site appreciated her self-confidence and responsible attitude as well as her beautiful smile. The other student began attending morning tutoring, became more attentive to his studies, learned to control his inappropriate outbursts, and became respectful to other students. (Collins, 2008, p. 1)

Conclusion

When tracking the progress of 150 students served by the Art Therapy Connection program during the 2007–08 academic year, ATC art therapists found that approximately 80% of the students consistently attended school and that nearly 20% of those not at school were ill, truant, suspended, expelled, or transferred out of the district. In addition, when comparing the 2007 and 2008 graduation rates in an ATC-participating high school, we found a 36% improvement in the graduation rate for students in the ATC program. This means that 78% of the students in ATC graduated from high school, whereas the graduation rate for the entire student body was 56%. When there is an improvement in school attendance, adjustment, and academic achievement, the students feel proud and are motivated to continue their lives with a greater capacity for meeting the challenges that face them.

Both process and outcome research are urgently needed, however, to ascertain which specific processes of change through art therapy are most beneficial, how change is best implemented through such procedures, and which therapeutic interventions contribute to change (Gersie, 1995).

As art therapists who have conceived of the ATC as an Adlerian, school-based art therapy program to troubled youth, we have found that our lives have been personally enriched as we have witnessed courageous changes and growth in the students we serve. Art offers a challenge to what we—both students and therapists—think we know, and a desire to create a better place for our families and ourselves. The ATC program encourages students to learn that whatever struggle one group might have, it is actually a struggle for all of us. We believe that the art therapy process throughout an entire school year truly helps lead the way for troubled youth, becoming the bridge between thoughts and behaviors that are embedded in their lives. Thus we encourage self-awareness and a feeling of belonging, leading to social interest that can help students achieve social, emotional, and academic success.

References

Adler, A. (1929). *The science of living*. New York, NY: Greenberg.

Adler, A. (1964). *Social interest: A challenge to mankind.* New York, NY: Capricorn Books.

Ansbacher, H. (1992). Alfred Adler's concepts of community feeling and of social interest. *The Journal of Individual Psychology, 48*(4), 402–405.

Ansbacher, H., & Ansbacher, R. (1956). *The individual psychology of Alfred Adler*. New York, NY: Harper & Row.

Arnheim, R. (1966). *Toward a psychology of art: Collected essays.* Berkeley: University of California Press.

Collins, C. (2006, Fall). A story about Jamal. *Art Therapy Connections, 2*(2), 1.

Collins, C. (2007, Fall). A word from Amy Rome, principal at National Teacher's Academy. *Art Therapy Connections, 3*(3), 3.

Collins, C. (2008, Fall). Art therapy changes lives. *Art Therapy Connections, 4*(4), 1.

Coseo, A. (1997). Developing cultural awareness for creative arts therapists. *The Arts in Psychotherapy, 24*(2), 145–157.

Dreikurs, S. (1986). *Cows can be purple: My life and art therapy.* Chicago, IL: Alfred Adler Institute.

Froeschle, J., & Riney, M. (2008). Using Adlerian art therapy to prevent social aggression among middle school students. *The Journal of Individual Psychology, 64*(4), 416–431.

Gersie, A. (1995). Arts therapies practice in inner-city slums: Beyond the installation of hope. *The Arts in Psychotherapy, 22*(3), 207–215.

Hawkins, J. D., Catalano, R. F., & Miller, J. Y. (1992). Risk and protection factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin, 112*(1), 64-105.

Illinois Children's Mental Health Task Force. (2003, April). *Children's mental health: An urgent priority for Illinois*. Retrieved from http://www.isbe.net/spec-ed/pdfs/cmh_priority.pdf

Klorer, P. G. (2000). *Expressive therapy with troubled children.* Lanhan, MD: Jason Aronson.

Kramer, E. (1971). *Art as therapy with children.* New York, NY: Schocken Books.

Lemberger, M., & Milliren, A. (2008). Individual psychology and the schools. *The Journal of Individual Psychology, 64*(4), 383–385.

Lemberger, M., & Nash, E. (2008). School counselors and the influence of Adler: Individual psychology since the advent of the ASCA National Model. *The Journal of Individual Psychology, 64(*4), 386–402.

Massey, M. S. (1998). Early childhood violence prevention. *ERIC Digest,* EDO-PS-98-9. Champaign, IL: ERIC Clearinghouse on Elementary and Early Childhood Education.

Masten, A. S. (1994). Resilience in individual development: Successful adaptation despite risk and adversity. In M. Wang & E. Gordon (Eds.), *Risk and resilience in inner-city America: Challenges and prospects* (pp. 3–25). Hillside, NJ: Erlbaum.

McNiff, S. (2009). Cross-cultural psychotherapy and art. *Art Therapy: Journal of the American Art Therapy Association, 26*(3), 100–106. (Originally published in 1984).

Naumberg, M. (1966). *Dynamically oriented art therapy: Its principles and practice.* New York, NY: Grune & Stratton.

Prothrow-Stith, D., & Quaday, S. (1995). *Hidden casualties: The relationship between violence and learning.* Washington, DC: National Health & Education Consortium and National Consortium for African American Children.

Robbins, A. (1987). An object relations approach to art therapy. In J.A. Rubin (Ed.), *Approaches to art therapy.* New York, NY: Brunner/Mazel.

Shore, R. (1997). *Rethinking the brain: New insights into early development.* New York, NY: Families and Work Institute.

Ulman, E., Kramer, E., & Kwiatkowska, H. (1978). *Art therapy in the United States.* Craftsbury Common, VT: Art Therapy Publications.

Vontress, C. (1988). An existential approach to cross-cultural counseling. *Journal of Multicultural Counseling and Development, 16*(2), 73–83.