Overrepresented and Underserved: A Humanistic Art Therapy Group Proposal for Queer Youth in Out-of-Home Care

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Positionality Statement

In presenting these findings, it is important to acknowledge my position as a cisgender female. I am a member of the queer community; I am a bisexual female with a non-binary spouse. However, I have not been a part of the out-of-home care system. My identities guided my interest in working with queer youth in my clinical internship training and my interest in developing programming specific to this population. It is important that, as an author, I am transparent about how my identities and the potential implicit bias that may unintentionally affect my research.

Abstract

The purpose of this review was to explore existing literature on the clinical needs of queer youth in out-of-home care and propose an evidenced-based art therapy group for this population. A traditional literature review was used to gain an understanding of the needs of queer youth, protective factors, minority stress and resilience, and therapeutic approaches. The thematic analysis found queer youth in out-of-home care have experienced more disruption in the development of their physiological needs. These findings were used in the development of a six-level group art therapy proposal for queer youth in out-of-home care. The proposal addresses the population's needs, challenges, and strengths and provides art directives, materials, goals, themes, psychoeducation, and processing questions. The implications of this group proposal are to support this population through research and resources and create more evidenced-based approaches to their needs.

Keywords: queer youth, out-of-home care, LGBTQ+, foster care, art therapy, Maslow's Hierarchy of Needs, group therapy, adolescent

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Chapter I

Introduction

According to the Children's Bureau at the U.S. Department of Health and Human Services, around 407,000 children were in out-of-home care in 2020. Out-of-home care is any child residing in a foster home, residential facility, or other program outside of their home of origin. Within youth in out-of-home care, 30% identify as queer, which is a higher percentage compared to 9.5% of America's general population (Prince et al., 2022). Queer is an overarching term that represents the entirety of the LGBTQ+ community including LGB, LGBT, transgender, gender nonconforming, and many more identities. Queer was previously utilized as a derogatory term for LGBTQ+ individuals but has since been reclaimed by the community as an identifier of belonging. When completing research on queer youth in out-of-home care, the most common thread is that they are overrepresented but underserved. Lorthridge et al. (2018) found that queer youth were seven times more likely to have been placed in out-of-home care than non-queer youth. Trans or gender non-conforming youth were five times more likely to be involved in out-of-home care than cisgender youth. It is clear that queer youth are present within the out-of-home care system, but there is a lack of research on their needs to help support this growing population.

Mallon (1997) asserts that "The most effective way to help gay, lesbian, and bisexual youths in out-of-home care is to provide them with the same types of supports and services that all adolescents need" (p. 591). Providers need to create spaces with culturally competent care that addresses this population's needs with an understanding of intersectional identities and minority stressors.

A literature review was completed to develop recommendations and interventions using humanistic, intersectional feminist, queer, and identity development theoretical perspectives. The purpose of this review was to explore existing literature on the clinical needs of the population and propose an evidenced-based art therapy group for queer youth in out-of-home care.

Operational Definitions

Adolescence - According to the World Health Organization, "Adolescence is the phase of life between childhood and adulthood, from ages 10 to 19," where there is "rapid physical, cognitive and psychosocial growth" (2023, para. 1-2).

Art therapy- Art Therapy is a mental health profession in multiple therapeutic spaces that utilizes artmaking rooted in psychological theories and creative approaches to meet the needs of the participant (American Art Therapy Association, 2017).

Cisgender- "An individual whose gender identity aligned with their sex assigned at birth" (American Psychological Association, 2015, para. 1).

Intersectionality - "The notion of intersectionality attends to the complexity of various identities and their multi-faceted, converging and interwoven nature that serve to inform systems of oppression" (Mountz et al., 2019, p.122).

LGBTQ+ - "An acronym for lesbian, gay, bisexual, transgender and queer with a + sign to recognize the limitless sexual orientations and gender identities used by members of our community" (Human Rights Campaign, 2023, para. 16).

Minority stress theory - "Minority stress theory posits that minority groups experience stress stemming from experiences of stigma and discrimination, which in turn places them at risk for a number of negative physical and mental health outcomes" (McConnel et al., 2018, para. 1).

Out-of-home care - "Family separation is generally one of the last measures taken by the CWS [child welfare services], and it entails the placement of children and youth in alternative living arrangements (out-of-home care settings)" (Alvarez et al., 2022, p. 3).

Queer - "A term people often use to express a spectrum of identities and orientations that are counter to the mainstream" (Human Rights Campaign, 2023, para. 20).

Resilience - "Resilience is the process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioral flexibility and adjustment to external and internal demands" (American Psychological Association, 2015, para. 1).

Sexual orientation identity development - "Sexual orientation identity development refers to changes, processes, and experiences over time" (Hall et al., 2021, para. 1). Hall et al. (2021) detail experiences such as "awareness, exploration, appraisal, commitment, integration, and communication concerning a person's identity as a sexual being, which is based on their patterns of sexual attractions and behaviors" (Hall et al., 2021, para. 1).

Chapter II

Literature Review

Historically, minority identities have been oppressed by public systems, and the effects of this oppression still negatively impact the queer population today (Erney & Webber, 2018). Queer youth face barriers based on their identities, such as discrimination, prejudice, peer harassment, criminalization, stigmatization, and sometimes denial of services (Prince et al., 2022; Mountz et al., 2019; Salazar et al., 2019). These barriers are related to higher levels of minority stress and increased negative mental health outcomes (Figueroa & Zoccola, 2015). Out-of-home care is another system that can increase systemic barriers for queer youth. Out-of-home care is an additional system that comes alongside queerness and can exacerbate the needs, symptoms, and struggles that these youth face.

Minority Stress

McConnel et al. (2018) stated that “Minority stress theory posits that minority groups experience stress stemming from experiences of stigma and discrimination, which in turn places them at risk for a number of negative physical and mental health outcomes” (para. 1). These negative outcomes are directly caused from minority stress and how youth process this stress. Alvarez and colleagues outlined frameworks for conceptualizing minority stress, demonstrating that queer individuals “anticipate, experience, and internalize severe and pervasive forms of prejudice and violence” based on their sexual orientation or gender expression (2022, p. 2). Youths are anticipating these stressors that come from multiple components in their lives. Minority stress theory posits two different types of stress, including (1) distal stress caused by laws and policies impacting minority status and (2) proximal stressors like rejection from loved

ones, internalized homophobia, and other individual factors (Prince et al., 2022). Queer youth in out-of-home care experience both distal and proximal stressors, and compounding experiences from minority stress can elicit trauma responses in minority youth (Zappa, 2017). Interpersonal stressors of abuse and neglect based on minority status, rejection from others, and peer victimization all contribute to minority stress (Prince et al., 2022).

These challenges and adversities create higher levels of stress that negatively impact the health and well-being of queer youth (Poirier et al., 2018). Alvarez et al. (2022) noted that increased minority stress is correlated with increased mental health concerns. Adverse experiences connected to minority stress can lead to increases in internalized homophobia and transphobia, role confusion, and cultural pressure. These compounded factors increase the risk of substance abuse, suicidal ideation, and suicide attempts, with trans individuals being at a higher risk of ideation and attempts. Specifically, transgender individuals experience additional minority stress through discrimination in healthcare, discriminatory policies, hate crimes, and restrictions based on perceived gender (Prince et al., 2022).

Intersectionality

When addressing queer youth in out-of-home care, it is important to acknowledge the intersecting identities that these individuals hold. Queer youth who are in out-of-home care are part of the out-of-home system that is often stigmatized. These youth are affected by this stigmatization of their living situation and their sexuality and gender (Salazar et al., 2018). Statistically, queer youth of color are overrepresented in out-of-home care, with their race or ethnicity adding to their intersectional identities. Youth in out-of-home care are also separated from their family and sources of social support that could potentially have validated these

minority identities through education, traditions, and acceptance (Alvarez et al., 2022). Intersectional identities can include sexual orientation, gender identity, race, ethnicity, mental health, physical health, disability status, religion, education, housing, socioeconomic status, and many more (Alvarez et al., 2022). When looking at intersectionality, there is an innate connection to minority stress, which models how these intersecting identities can create additional stressors and barriers to well-being. Being a member of multiple minority groups, queer youth encounter high levels of discrimination and stressors (Prince et al., 2022). A queer youth in out-of-home care explained, "the hardest part about this [placement] for me is I have these layers behind all of this, I have three different layers: cultural, foster care and lesbian. All three are different things that require different types of supports" (Erney & Webber, 2018, p. 158).

Resilience

A common strength that youth in out-of-home care demonstrate is resilience. They learn to depend on themselves and value independence due to instability in housing (Mountz et al., 2019). Resilience skills include asking for help, following through on goals, and having a sense of humor. Increased resilience assists youth in their transition into adulthood and outside of out-of-home care (Mountz et al., 2019).

Resilience is a key component for youth in out-of-home care systems. "Resilience is the process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioral flexibility and adjustment to external and internal demands" (American Psychological Association [APA], 2015, para. 1). Resilience can be built through interactions, resources, and coping skills. The more skills and resources an

individual has, the greater resilience can be built (APA, 2015). Resilience varies between individuals, with each person having different levels of risk and factors that support resilience (Figueroa & Zoccola, 2015).

Resilience can be seen as an individually based concept that depends on a person's skills, such as self-esteem and self-efficacy (Alvarez et al., 2022). Now, resilience has changed to highlight environmental factors such as interpersonal relationships, family dynamics, communities, cultures, and other external impacts. These external impacts create a dynamic process of support or adversity that helps shape an individual's resilience. This broader intersectional framework currently shapes our understanding of resilience due to the perspective shift from the individual to the environmental impacts (Alvarez et al., 2022). Resilience is valuable as it can increase both the physical and mental well-being of individuals (Figueroa & Zoccola, 2015). Resilience was also shown to be a protective factor against multiple mental health disorders as well as suicidal ideation (Alvarez et al., 2022). Increased resilience connects to the reduction of depressive symptoms, anxiety, and somatization as well as other physical symptoms (Figueroa & Zoccola, 2015). Resilience is also acknowledged as a protective factor for stress and supports healthy development (Alvarez et al., 2022).

LGBTQ+ Out-of-Home Care

Though resilience has been shown to be a protective factor for queer youth in out-of-home care, it remains understudied (Alvarez et al., 2022). Resilience serves as a protective factor against the systemic discrimination and trauma that comes from out-of-home care (Alvarez et al., 2022). Figueroa and Zoccola (2015) state that, "According to resiliency theorists, it is important to consider resiliency factors that both directly promote better health as well as

buffer against the negative effects of stress processes in sexual minorities" (p. 330). Queer youth utilize resilience, among other strategies, such as self-acceptance, positively created support systems, and flexibility to minimize stress and increase a sense of belonging (Salazar et al., 2019).

Adolescents and Identity Development

When exploring the resilience factors of queer youth, it is important to understand the different identity development milestones that specifically affect these individuals and their resilience. Hall et al. (2021) state:

> Sexual orientation identity development refers to changes, processes, and experiences over time that can involve awareness, exploration, appraisal, commitment, integration, and communication concerning a person's identity as a sexual being, which is based on their patterns of sexual attractions and behaviors. (para. 1)

Hall et al. (2021) completed a systematic review and meta-analysis on sexual orientation identity development milestones. Of the 30 studies reviewed, common milestones included realizing sexuality and attractions, beginning to question heteronormative identity, identifying within the queer community, coming out, having queer sexual relationships, and engaging in queer romantic relationships. Sexual identity milestones do not always occur in a specific order, except that attraction, in most cases, came first and was usually followed by self-identification and/or sexual activity. Understanding one's queer identity helps with the adolescent development of overall developmental identity. When queer youth are confident and comfortable in their queer identity they can develop their roles, goals, and sense of self. This healthy development creates a sense of resilience and connection. With an increase in resilience and comfort in the queer

community, Hall et al. (2021) recommend a pre-post milestone assessment to track the development of queer identity (Hall et al., 2021). Using a positive developmental lens acknowledges that development is a multifaceted process and is supported by the defined family and youth's community (Mallon, 1997).

Similar to other adolescents, queer youth are exploring their individual identities, including sexual and gender identities. During this time and throughout life, these identifications can be fluid and change (Salazar et al., 2018). Adolescents who identify as queer value the opportunity for self-expression and individuality that contributes to healthy identity development (Pelton-Sweet & Sherry, 2008). Any youth who is developing their sexual orientation or gender can experience stress from outside influences. This stress can be increased due to the situational stress of out-of-home care. Adolescents still depend on guardians for support during this stage of development. Not having attachment or support from any parental figures can contribute to increased stress. Queer youth have to explore and accept their sexual or gender identities along with physical developmental challenges (Schofield et al., 2019). Adolescents will meet their basic physical and emotional needs to the best of their ability and grow their skills in preparation for adulthood (Mallon, 1997).

Queer Youth in Out-of-Home Care

Queer Youth in the United States

The overall population of queer youth in the United States is increasing along with the queer youth in foster care. In 2018, Salazar et al. reported three to eight percent of youth in the United States identify as LGBTQ+. As recent as 2022, Prince et al. found 9.5% of the United

States adolescent population identify as LGBTQ+. As the queer population increases within the United States, there is a correlation with an overrepresentation in the out-of-home care system.

Population Percentages

In reviewing the literature, there is a staggering number of publications that report that queer youth in the United States are overrepresented in out-of-home care. In 2018, Erney and Webber reported that "15.5% of all children in out-of-home care identify as LGB" (p. 152) and that within that, "61.8%… are youth of color" (p. 152). As recently as 2022, Prince et al. found that queer youth in out-of-home care have increased to 30%, with queer youth of color in out-of-home care continuing to be overrepresented (p. 1643). Lorthridge et al. found that queer youth were seven times more likely to have been placed in out-of-home care than their non-queer peers, and trans or gender non-conforming youth were five times more likely to be involved in out-of-home care than cisgender peers (2018).

In the past, the United States did not collect data on queer status. There has been a shift in the perspective on queer youth, and now more data is being gathered (Poirier et al., 2018). Due to this lack of data collection, population percentages may vary, but there is a clear consensus that queer youth are overrepresented in out-of-home care settings (Salazar et al., 2018). The Adoption and Foster Care Analysis Reporting system, which collects data from all over the United States to inform and create policies for foster care, has yet to gather information related to LGBTQ+ status and experience as of 2019 (Mountz et al., 2019). It is important to note that in recent years, the average age of youth coming out has been earlier and that this varies and can happen throughout the lifespan (Pelton-Sweet & Sherry, 2008). This points to a need to collect

sexual orientation and gender data throughout the lifespan and never assume when this identification begins.

Systemic Barriers

Queer youth in out-of-home care are a vulnerable population that can be harmed by the system and its inherent stigmatization and pathologizing of their queer identity (Alvarez et al., 2022). Most out-of-home care systems do not have the ability to truly support and affirm the intersectional identities of queer youth receiving services (Erney & Webber, 2018). This is due to a lack of education, resources, and providers. Systemic barriers in out-of-home care include placement instability, restrictive care settings, unsupportive networks, and staff or guardian discrimination (Prince et al., 2022; Mountz et al., 2019; Salazar et al., 2019). Queer youth are two times more likely than their non-queer peers to report unfair treatment from the out-of-care system (Mountz et al., 2019). Queer youth in out-of-home care experience higher levels of peer aggression and powerlessness due to safety concerns (Prince et al., 2022). Youth can be negatively impacted by the safeguards meant to protect them. For fear they may be targeted, queer youth are sometimes isolated to keep them safe from other youth in out-of-home care settings, placing the blame on the youth's identity rather than addressing the discriminatory behaviors (Salazar et al., 2018). Additionally, staff may encourage youth to hide their identity to keep them safe, which subsequently increases stigmatization and internalized dissonance (Mountz et al., 2019). It is important to note that these additional stressors for queer youth are due to the systemic oppression of minority groups and not due to their identity (Figueroa & Zoccola, 2015). From these experiences, the youth have overall worse systemic outcomes than non-queer peers (Mountz et al., 2019). Systems of discrimination and oppression are also evident

in the rejection of queer youth by faith-based agencies. Salazar et al. found that “6 of 7 foster parents at a private, faith-based agency who had an openly gay child placed in their home requested that the child be removed for reasons related to their LGBTQ+ identity” (2019, p. 240). Queer youth who experience these negative interpersonal relationships can become chronically vigilant for rejections or other negative reactions (Figueroa & Zoccola, 2015). Even in the absence of a negative reaction, the lack of training and skills for providers working with queer youth can lead to a sense of disconnection and lack of support (Schofield et al., 2019).

Out-of-Home Care Systems

Out-of-home care systems are often created by government institutions based on traditional and binary concepts of sexuality, gender, and societal roles. Systematic oppression of minority groups is present in the structure of institutions within the United States, most specifically governmental expectations and policies (Alvarez, 2019). These are embedded in the out-of-home care system and work against the needs of queer youth that are often overrepresented (Alvarez, 2019).

Salazar and colleagues found that when queer youth were in placements that accepted their identity, the parental unit needed knowledge or training to provide needed care and support (2018). Additionally, the youth noted that they wanted adults to advocate on their behalf, specifically as it pertained to school safety and communication with care teams, ensuring that youth are receiving trauma-informed and culturally competent mental and physical care, engaging in legal processes (e.g., name change), and being aware of legislation that affects youth’s rights. Youth reported that protecting them from discrimination and harm went hand-in-hand with advocacy and creating a safe and accepting space (Salazar et al., 2018).

Youth within these systems need safety and acceptance in every space they occupy, from school to their community and their home. The existence of safe spaces is paramount to the well-being and personal and gender and/or sexual identity development (Erney & Webber, 2018). These safe spaces serve as a predictable and stable environment in turbulent times for youth in out-of-home placements. Stable environments support healthy, secure, and trusting relationships (Salazar et al., 2018) and allow for safe risk-taking, making choices, practicing independence, and acting autonomously (Mallon, 1997).

Clinical Needs of Queer Youth in Out-of-Home Care

Physical and Mental Health

There is significant evidence indicating the disparities between queer youth and their non-queer counterparts in both physical and mental health needs (Figueroa & Zoccola, 2015). With respect to disparities in physical health, "Research suggests that LGBT clients have increased rates of diabetes, heart disease, and asthma as compared to non-LGBT clients, as well as an expedited progression of infectious disease" (Pelton-Sweet & Sherry, 2008, p. 170). Also, there are concerns with culturally competent physical and medical healthcare services (Prince et al., 2022).

Poirier et al. (2018) found a significant difference in mental health and well-being of queer youth in out-of-home care than non-queer youth in their homes of origin. Focusing on mental well-being, youth who were white, straight, and cisgender had a 20-point higher average mental well-being score than queer youth who were white, according to survey results from the Opportunity Passport program (Poirier et al., 2018). Due to the frequent home changes and lack of healthy interpersonal relationships, these needs are often exacerbated by the out-of-home care

system, leading to many comorbid mental health struggles (Prince et al., 2022). Mental illnesses such as anxiety, depression, posttraumatic stress disorder (PTSD), comorbid mental health issues, substance use, non-suicidal self-injury (NSSI), and suicidal ideation (SI) are common among queer youth in out-of-home care (Prince et al., 2022; Mountz et al., 2019; Pelton-Sweet & Sherry, 2008). For example, queer youth are often prescribed medication at higher rates than peers in their homes of origin without addressing the underlying concerns of youth in out-of-home care (Erney & Webber, 2018). Youth in out-of-home care are more frequently engaged in mental health treatment such as counseling or therapy (Pelton-Sweet & Sherry, 2008), and "this population is almost three times more likely to be hospitalized for emotional reasons" (Mountz et al., 2019, pp. 120 – 121). Furthermore, youth in residential out-of-home care placements also present with high levels of negative mental health symptoms, emotional regulation struggles, and neurodevelopmental disorders (Alvarez et al., 2022).

Cultural Competency

Cultural competency, defined by DeAngelis (2015) is the "ability to understand, appreciate and interact with people from cultures of belief systems different from one's own" (para 1). Culturally competent practice is a core component of psychology and clinical practice. Culturally competent practice serves as a protective factor against racism, ethnic or socioeconomic discrimination within the healthcare industry. However, researchers still disagree on what truly defines culturally competent care when viewed through a therapeutic lens (DeAngelis, 2015). Researchers emphasize that the field has room to grow and that exploring cultural adaptations for each community they are working with is integral to culturally competent care. This highlights the importance of taking an individualized approach with clients and taking

time to invest in their culture and build interventions around those needs in research and practice (DeAngelis, 2015).

Risks

Research has shown that queer youth are at higher risks for substance use, NSSI, sexual risk-taking, poor nutrition, and comorbid mental health struggles (Prince et al., 2022). Queer youth in out-of-home care are also at a higher risk of experiencing traumatic events such as "sexual, physical, emotional abuse or neglect, family disownment, or interpersonal violence" (Prince et al., 2022, p. 1645). These experiences are correlated with "higher rates of depression, post-traumatic stress disorder (PTSD) symptoms, avoidant behavior, internalized homophobia; suicidality, and substance use" (Prince et al., 2022, p. 1645). Queer youth are also at risk for peer victimization, which places them at risk of missing school (Schofield et al., 2019). Specifically, in trans and gender non-conforming individuals, there are reported risks of family victimization, in turn increasing SI, NSSI, and negative mental health outcomes. These youth face barriers to receiving healthcare, violence, education, housing, and employment (Mountz et al., 2019).

Negative Interpersonal Relationships

Negative interpersonal stress can create reactions such as trauma symptoms, identity concealment, internalized homophobia/transphobia, and other negative mental health outcomes (Prince et al., 2022). Youth who are removed from the home due to their queer status may enter an out-of-home care system that perpetuates the cycle of exclusion, misunderstanding, and hostility, with the system as a whole struggling to meet the needs of safety, well-being, and permanence (Alvarez, 2019). Additional interpersonal discrimination occurs between youth and can impact both family and friendship dynamics (Figueroa & Zoccola, 2015). Queer youth report

lower rates of trusted adult support than their non-queer peers (Poirier et al., 2018). Youth have also reported engaging in relationships that they acknowledge are unhealthy but feel stuck to ensure safety and prevent homelessness (Erney & Webber, 2018).

Family Rejection

In 2019, Kaasboll and Paulsen found that 44% of queer youth reported that their identity as queer was related to their removal from their home. Evidence shows that around "1/3 of LGBT youth in foster care reported experiencing violence after revealing their identity to family members" (Salazar et al., 2019, p. 239). Lack of acceptance or support from foster families increases a youth's risk of experiencing homophobia and or transphobia and may lead to the expectation of future rejection. This fear may lead an individual to hide their identity, causing adverse effects of a higher prevalence of mental illness and trauma responses (Prince et al., 2022). Lorthridge et al. (2018) found that "78% of [queer] youth [in out-of-home care] had been removed or ran away from their foster placements because of hostility toward their sexual orientation or gender identity" (p. 55). Even if a new foster family is supportive, queer youth may be afraid to try and create a connection for fear that they may lose that relationship (Salazar et al., 2018). This fear is because queer youth are "more than twice as likely as their heterosexual peers to be moved from their first placement at the request of the caregiver or foster family" (Erney & Webber, 2018, p. 155). Foster care guardians possess the ability to reject or terminate care for youth solely based on their queer status (Schofield et al., 2019). Prince et al.'s (2022) recent research found that lower levels of parental support were connected to significantly higher levels of mental health needs for queer youth, including higher accounts of suicide attempts. With transgender or non-gender conforming youth, guardians not providing gender-aligned

physical expression (hair, makeup, clothes, nails, hygiene products), names, and pronouns increase suicidal ideation (Prince et al., 2022).

The Role of School

Queer students can face additional barriers when in school due to their identity. Pelton-Sweet and Sherry (2008) found that when studying the relationship between school and the queer population, “84% report having been verbally harassed in school, 39% report having been physically harassed in school, 64% feel unsafe in their school environment, and nearly one-third of LGBT students drop out of school as a result of harassment” (p. 170). Peer victimization can take the form of bullying, hate crimes, harassment, and violent actions. Youth who experience this are at a higher risk of depression, PTSD, SI, NSSI, identity struggles, and other negative mental health outcomes, with suicidal ideation occurring at a rate twice as high as non-queer peers (Prince et al., 2022; Pelton-Sweet & Sherry, 2008). Youth who are black, indigenous, or people of color (BIPOC) can experience a compounded risk of discrimination from their peers, with “as many as one in five youth who identify as LGBTQ have reported bullying due to race, ethnicity, or national origin” (Erney & Webber, 2018, p. 154). While school can be a space that is unsafe for some, it can serve as a refuge for others. Schools that provide the ability to engage in clubs, sports, religion, spirituality, volunteerism, or other extracurricular activities contribute to resilience and success in education (Mountz et al., 2019). This allows space for queer youth in out-of-home care to build connections and engage in activities that provide community and build identity.

Coming Out

Coming out is a process in which queer individuals disclose their identity to another person. Coming out is not a linear process and varies from person to person based on a multitude of variables. Queer people who are open about their identity will continually come out for the rest of their lives. Each new person a queer individual meets is another person they can choose to disclose their identity. These choices are often made based on connection, healthy interpersonal relationships, and trust. Queer youth establish who in their lives will be safe and understanding. Queer youth also understand the potential losses that could be caused by sharing their queer identity (Pelton-Sweet & Sherry, 2008). Within out-of-home care, queer youth repeat the coming out process due to placement changes, new treatment providers, and schools. With this choice comes concerns about safety and acceptance, made more difficult because of past negative reactions after disclosing their identity to others that created significant stress resulting in either future concealment or risk (Salazar et al., 2019). Rejection by people they care about or trust impacts future expectations for coming out. Coming out can be met with shame, moral judgment, biblical condemnation, denial, and rejection (Prince et al., 2022). Therapists and other providers can aid in the coming out process by creating a space where queer youth can safely disclose their identity and explore the complexities of identity, relationships, and discrimination. Therapy can be the space youth turn to process coming out (Pelton-Sweet & Sherry, 2008). It is important that providers are knowledgeable about the systemic discrimination and oppression of non-gender conforming clients to create a healthy therapeutic relationship (Zappa, 2017).

Strengths, Supportive Factors, and Sources of Resilience

Protective Factors

Though queer youth in out-of-home care face adversity, they often respond with resilience, determination, and psychological hardiness (Alvarez et al., 2022). Some protective factors for queer youth in out-of-home care include acceptance from their family, queer community support, and child welfare system support (Prince et al., 2022). For transgender and gender non-conforming individuals, utilizing chosen names and proper pronouns is a highly protective factor. Alvarez and colleagues state that gender-affirming care through medically supported surgeries and medications serves as a protective factor for queer youth's mental health and overall well-being (2022).

Psychological Hardiness

While queer individuals may be faced with more adverse experiences, they often respond with higher levels of resilience and increased self-efficacy. Smith and Gray (2009) stated queer clients often demonstrate emotional strength, and resilience and make progress in society without environmental support. Psychological hardiness is the ability to face challenges, stressors, or difficulties with courage, resilience, and coping, and withstanding negative social input (Smith & Gray, 2009). Individuals with psychological hardiness have personal characteristics that allow them to overcome setbacks, persevere through difficulty, cope with uncertainties, and have faith in the goals they set. When applied to queer individuals, psychological hardiness can be observed in the challenge to negative social messages about their identity (Smith & Gray, 2009).

Sources of Resilience

Resilience factors vary based on available resources and needs. Factors include parental support and relationships, community, healthy interpersonal relationships, safe spaces, and educational support (Alvarez et al., 2022). While external resilience supports strengthening the youth, individual resilience levels are a key component in overall resilience levels (Alvarez et al., 2022).

Family Support

Having the support of family and a strong relationship with parental figures has been shown to produce fewer depressive symptoms, higher self-esteem, and overall health (Alvarez et al., 2022). When a family accepts an individual's queer identity, it can reduce trauma responses and increase positive mental health outcomes (Prince et al., 2022). For queer youth in out-of-home care, connection to a caregiver serves as a protective factor for gender non-conforming individuals in regard to NSSI, SI, depression, anxiety, PTSD, and SI (Prince et al., 2022). Acceptance does not have to come from the queer youth’s biological family; queer youth can be supported by close, extended, or chosen families. These relationships can help build higher self-esteem, support positive mental and physical health outcomes, and are critical for healthy and safe outcomes for queer youth (Erney & Webber, 2018; Lorthridge et al., 2018).

Community

Social support from peers can help negate some of the negative impacts of family rejection, showing lower levels of internalized homophobia, anxiety, and depression (Alvarez et al., 2022). Chosen family is a term for the community that queer individuals create to support and care for one another outside of their biological family (Prince et al., 2022). These chosen

family communities create a sense of understanding and support. Chosen families can reduce trauma reactions and serve as a protective factor in mental well-being. Chosen families can increase youths' positive perception of their identity and reduce reactions to identity concealment, pessimism, and internalized homophobia and transphobia (Prince et al., 2022). Transgender and gender non-conforming youth have a higher level of social need due to less support from biological family than if they had sexual orientation variation. Similarly, to all queer youth, this social support protects them from anxiety, depression, and SI. Representation within media and connection through Internet spaces where queer youth can see themselves represented is important in their ability to build communities in spaces where there may not be other physical members of the queer community. The importance of a physical queer community is the provision of identity affirmation and support (Alvarez et al., 2022). These virtual spaces can be as valuable as physical spaces for queer youth, especially for youth who are not out of the closet, are in unsafe environments, or environments with no resources.

Recommendations for Treatment

Mallon (1997) asserts that "the most effective way to help gay, lesbian, and bisexual youths in out-of-home care is to provide them with the same types of supports and services that all adolescents need" (p. 591). Youth in out-of-home care are still living multifaceted lives that are shaped by their emerging identities. Treatment utilizing theories such as intersectional feminism and queer theory are integral in creating a space to promote healthy identity formation. All youth should have the opportunity to utilize autonomy and independence in treatment to support identity growth (Erney & Webber, 2018). Treatment providers promote this by allowing youth to make their own choices and utilize their voices (Salazar et al., 2018). This is important

because the out-of-home system controls multiple aspects of youth's lives, and the ability for meaningful involvement is minimal (Mallon, 1997). Safe spaces provide affirmation, meet youth's needs, and advocate on their behalf (Erney & Webber, 2018). Collaboration with community resources is an important component in the creation of a safe queer community space (Poirier et al., 2018). Connections to programs related to basic needs that are affirming, such as healthcare, education, housing, employment, and community centers, are important in fostering appropriate resources and care for this population (Alvarez et al., 2022). Moreover, treatment providers should work to create authentic relationships with the youth in an egalitarian and supportive manner (Poirier et al., 2018). Queer youth reported that adult relationships can be improved through active listening and connection, utilization of healthy self-disclosure, and awareness of language related to their identity (Salazar et al., 2018). Youth reported that adults who acknowledge the struggles of the queer community and support their rights through advocacy help build trust and healthy relationships (Salazar et al., 2018). Caregivers, mentors, and other providers can support youth in creating healthy relationships with adults. These adult figures can instill hope for the future and support resilience. These adults can also provide the opportunity to engage in the community and meet youth like themselves (Alvarez et al., 2022). Queer youth in the out-of-home care system, youth previously engaged in the system, advocates, and scholars all agree that a strong connection between intersectional queer affirming and trauma-informed therapeutic processes are the most supportive forms of treatment (Mountz et al., 2019).

Outcomes for Queer Youth in Out-of-Home Care

Queer youth in out-of-home care tend to face more barriers to permanency (Lorthridge et al., 2018). They are less likely to achieve permanence through adoption and reunification, which are the preferred goals of treatment for the out-of-care system (Salazar et al., 2019). In fact, “As many as one out of every four LGBTQ-identifying youth in a congregate care setting will exit care without achieving permanency” (Erney & Webber, 2018, p. 152).

Salazar et al. (2019) found that queer youth in out-of-home care had a higher number of placements within the system than non-queer youth. Queer youth “are more likely to experience at least 10 foster care placements, with youth of color who are LGBTQ+ reporting the highest rates” (Poirier et al., 2018, p. 2). Queer youth in out-of-home care report frequent placement instability, with “between one third and one quarter of youth moving five or more times” during their foster care stay (Prince et al., 2022, p. 1648). These frequent moves contribute to traumatic loss, behavioral concerns, delinquent behaviors, adolescent pregnancy, and run-away risks. These factors all can contribute to and exacerbate negative mental health outcomes (Prince et al., 2022). Queer youth are more likely to be involved with youth probation and have overall poor educational outcomes (Erney & Webber, 2018). Frequent moves reduce opportunities for consistent positive peer support. This lack of connection to peers can deeply affect a sense of belonging for queer youth (Salazar et al., 2019).

Queer youth were also found to be overrepresented in out-of-home care and were deemed more likely to be placed into higher levels of care such as group homes, residential or restrictive non-family-based services (Prince et al., 2022). Mountz and colleagues noted that the “majority of youth in foster care who are LGBTQ are people of color and are twice as likely to live in a group home and have a higher number of placements” (2019, p. 120). At times, a higher level of

care is needed for youth to maintain safety, but for queer individuals, this can be more harmful because “70% reported experiencing physical violence and 100% had experienced verbal harassment based on their minority identities” (Lorthridge et al., 2018, p. 55).

Queer youth can experience adversity when discharged from out-of-home care without family support when they are 18 (Mountz et al., 2019). More specifically, “Approximately 23,000 of these youth age out of foster care without the support, resources, and guidance of a stable family or other permanent, caring adults in their lives” (Poirier et al., 2018, p. 4). Queer youth in out-of-home care are more likely to experience homelessness than non-queer youth (Erney & Webber, 2018; Poirier et al., 2018). The risk for homelessness can stem from rejection from biological homes, systemic oppression, lack of permeance options, and aging out of non-permeant care (Schofield et al., 2019; Salazar et al., 2018). The more placements youth cycle through, the higher the risk of running away, homelessness, or sexual activity for payment to escape harmful environments (Salazar et al., 2019). This contributes to the pipeline of out-of-home care to commercial sexual activity, such as sex trafficking and exploitation, with “75% of youth who reported having engaged in survival sex had previously been in a foster care placement” (Salazar et al., 2019, p. 240).

Overall, queer youth reported that they felt dissatisfaction with the child welfare system due to the negative outcomes and high levels of emotional distress caused by the system (Poirier et al., 2018). Many youths report continuous trauma-related symptoms after leaving out-of-home care due to families of origin trauma, systemic discrimination, and the impact of the out-of-home care system (Mountz et al., 2019).

Humanistic Counseling

Maslow’s Hierarchy of Needs is a tool that stems from humanistic therapy and can be utilized to help providers assess the needs and current presentation of what the client is capable of achieving (Bucchio et al., 2021). This hierarchy consists of five levels representing needs that are theorized to serve as goals and motivators. The levels start with meeting the basic physiological needs to reach higher levels of reflection and emotional growth (Bucchio et al., 2021). The hierarchy is sequential, and each level must be fulfilled before advancing to the higher levels of emotional and cognitive needs. Bucchio et al. (2021) explain “the five stages of needs are physiological, safety, love and social, esteem and identity, and self-actualization” (p. 289).

Physiological Needs

The physiological needs outlined in the first level of the hierarchy are “air, food, water, shelter, warmth, and sleep” (Bucchio et al., 2021, p. 289). These needs are the foundation of life and well-being for any individual. Children often rely on guardians or adult caretakers to meet these needs, and youth in out-of-home care experience some form of neglect or abuse related to the lack of consistent access to these needs (Bucchio et al., 2021). An additional need that may be overlooked is health and medical needs. Youth in out-of-home care often face medical neglect alongside abuse and neglect due to a lack of physiological needs. A result of an out-of-home placement should be consistent attention to physiological needs. Furthermore, Bucchio et al. (2021) highlight that for queer youth in out-of-home care, their needs are often neglected at a much higher rate, with gender non-conforming or transgender individuals not receiving medical support from homes of origin.

Safety Needs

The next tier on the hierarchy of needs is safety. Safety can be protection from harm and adverse experiences, stability, and predictability in daily life. Youth in out-of-home care often need additional support to help redevelop feelings of safety that can be disrupted when they are removed from their often unsafe and unpredictable homes of origin and when out-of-home care placements are moved (Bucchio et al., 2021). When these placements are stable, youth in out-of-home care and caretakers have the space and time for connection, consistency, and nurturing. Queer youth in out-of-home care can also experience additional stressors and threats to safety that stem from their identity. These concerns for safety and well-being can follow these youth into out-of-home care placements. There are high levels of risk for situations "where they are abused physically, psychologically, and sexually and are moved around multiple placements at higher rates than their heterosexual foster peers" (Bucchio et al., 2021, p. 290). Queer youth also cultivate safety by denying their identity and performing in heteronormative or cisgender roles. Youth who have been *out of the closet* may feel safer and more comfortable in their identity and overall safety.

Love and Social Needs

Having met the physical needs of well-being, the third tier of Maslow's Hierarchy of Needs is acceptance, love, caring, and a sense of belonging with others. This is when therapeutic support can be beneficial in bridging the gap created by past experiences of loss, grief, and abandonment from homes of origin or out-of-home care placements. These experiences can cultivate feelings of unworthiness and rejection and create fear or mistrust (Bucchio et al., 2021). These feelings are often exacerbated when these youth identify as part of the queer community,

with fears or experiences of additional rejection related to their identity. When these youth are placed in out-of-home care facilities or homes that are unsupportive, they can feel disenfranchised, isolated, and abandoned from a lack of connection, acceptance, and reassurance (Bucchio et al., 2021). Bucchio et al. (2021) further elaborate that "continued exposure to rejection can diminish their sense of acceptance and being loved by others, greatly impacting future interactions with others and how these youth view themselves" (p. 291). To support and create an environment for relearning love and social support, queer youth in out-of-home care benefit from settings and environments that are open, accepting, loving, and allow for socialization with peers and mentors in the queer community. These experiences can increase a sense of belonging, allow space to present their identity safely, and feel supported in their journey. Love and belonging can be redefined and transformed within the queer community with a kind of found family open to all individuals. For queer youth who may have experienced families who were unable to provide love and social needs, queer spaces can help these youth reach this level of the hierarchy.

Esteem

Developing self-confidence, healthy self-image, achievement, and overall self-identity fall into the fourth level of Maslow's Hierarchy, which is esteem. Adolescents are in a transitional stage where they are beginning to truly work on identity development while transitioning to an adult role. Youths are trying to develop this sense of self while managing the stressors and trials of adolescence. Queer youth in out-of-home care can struggle with this tier due to the systemic and naturally occurring challenges of being removed from a home of origin and the personal acceptance of their queer identity. Bucchio et al. (2021) found that queer youth

in out-of-home care have a healthier sense of self when caretakers support their identity and providers can be open to and protective of their queer identity. Developing a safe space with mentors and community to explore the self is integral to the development of esteem and self-image when queer youth in out-of-home care may otherwise be neglected (Bucchio et al., 2021).

Self-Actualization

The final stage of Maslow's Hierarchy of Needs is self-actualization. Bucchio et al. (2021) define this as "living up to one's fullest potential" (p. 292). To reach the highest level of the hierarchy, other more physiological and emotional needs must be met. Unlike the other tiers, self-actualization is a continual process of self-discovery, change, and adaptation. Self-actualization looks different for each individual who reaches this level. Values, traits, goals, and desires affect what each views as self-actualization. Bucchio et al. (2021) provide examples of characteristics individuals choose for self-actualization: "creativity, objectivity, acceptance of self and others for who they are, ability to handle uncertainty, concern with the welfare of humanity, and democratic attitudes" (p. 292). For queer youth in out-of-home care, this tier looks more complex to address and accept their intersectional identities. An important component of reaching self-actualization is the connection to the queer community and a sense of belonging within it.

Theory

In addition to Maslow's Hierarchy of Needs, theories were chosen to address multifaceted and overlapping minority identities of queer youth in out-of-home care supporting an intersectional approach that allows space for individual experiences. Mountz et al. (2019) stated that "Merging intersectional feminist and queer theoretical lenses provides the opportunity

to understand how the lived experiences of youth formerly in foster care who are LGBTQ are situated within structural relations of power, privilege, and oppression" (p. 123).

Intersectional Feminist Theory, Queer Theory, and Identity Development Theory

Mountz et al. (2019) discusses that,

> Intersectional feminist theory illuminates the myriad ways in which social and political identities (along the lines of race, class, ethnicity, gender, age, ability status, sexual orientation, religion, nationality, and citizenship status) intersect to inform people's lived experiences of privilege, power and oppression at the individual, cultural and institutional level. (p. 122)

Queer theory allows for the exploration and expansion of traditional views of gender and sexual orientation. Queer theory acknowledges the challenges of being part of the queer community and identifying outside of the heteronormative and cisgender spectrum. Queer theory supports the multiplicity of identity and the true expression of self (Mountz et al., 2019). Queer theory conceptualizes both sexual orientation and gender to support individuals in endless variations of the self (Pelton-Sweet & Sherry, 2008). Within art therapy, queer theory can be used to disrupt the systems of oppression in the therapeutic space by "dismantling of the binary and hierarchy of gender echoes the dismantling of the hierarchy of researcher–subject" (Zappa, 2017, p. 132).

Identity development theory is a relevant perspective when analyzing the resilience factors of queer youth due to the different milestones that both adolescents and queer youth experience. Queer youth begin exploring their identity by seeking out those who are supportive and creating a community of others who also identify as queer. Queer youth's identity

development is often impacted by exposure to stressors such as negative reactions, prejudice, and discrimination which also cause a separation from traditional adolescent identity development (Salazar et al., 2019). These factors compound the already existing stressors for adolescents. Focusing on positive identify factors and creating support to foster the possibility of achieving other milestones is a key component for queer youth.

Group Therapy

Developing Community

Group therapy provides a unique opportunity to create a safe space where queer youth can connect to others like them. Queer youth greatly benefit from activities where they can build a social network with other queer individuals (Pelton-Sweet & Sherry, 2008). Part of queer identity development is leaving previous support systems to seek out an affirming queer community. Continuity of connections ensures safety and healthy risk-taking. The peer connections created through group process allow for spaces for empowerment, autonomy, and decision-making (Mountz et al., 2019).

Recommended Group Themes

In general, group themes need to underscore the importance of intersectionality for queer youth in out-of-home care and emphasize those with multiple marginalized identities (e.g., disabled, ethnic, or racial minority). With this intersectional lens, topics of creating community, building healthy interpersonal relationships, engaging in healthy romantic relationships, addressing supportive family roles, and processing the lack of support (Alvarez et al., 2022). Also, allotting time to explore identity, making change, giving back, advocating, creating autonomy, and empowerment all foster resilience.

Art Therapy

Art therapy can serve a multitude of populations, including those within minority communities. Culturally competent art therapy creates a therapeutic space that can disrupt social hierarchies and systems of oppression (Zappa, 2017). Art therapists have an ethical responsibility to challenge systemic oppression and advocate for their clients (Van Den Berg, 2023). Art therapy has been shown to challenge the negative systemic impressions of traditional talk therapy and effective in both individual and group settings. In relation to this population, research has shown that art therapy is effective in treating anxiety and panic disorders, depression, and repairing self-image (Pelton-Sweet & Sherry, 2008), all factors important in developing resilience.

Art Therapy and Maslow

Positive psychology and a humanistic lens can be utilized with art therapy to support client strengths, positive emotions, meaning-making, and reaching self-actualization. Positive psychology and humanistic psychology believe that humans are inherently good and motivated to reach self-actualization through creativity, client-centered work, building healthy prosocial relationships, and coping with adversity (Wilkinson & Chilton, 2013). Supporting client strengths through a humanistic lens can develop resilience and be a protective factor for queer youth in out-of-home care. Positive art therapy utilizes positive and humanistic lenses focused on purposefulness and social engagement that support creativity, artmaking, and processing to increase well-being, positive emotions, and social engagement (Wilkinson & Chilton, 2013). In therapy, supporting life connections, community building, creating a sense of belonging, and having an overarching life goal impact how clients process and cope with stress and traumatic

events, resulting in building resilience and resolution. Utilizing positive art therapy post-traumatic growth can stem from cognitive and emotional shifts that allow a sense of increased resilience and meaning for youth (Wilkinson & Chilton, 2013). In a review of the literature, Wilkinson and Chilton (2013) found that positive art therapy builds a sense of optimism after experiencing mastery and overcoming challenges, increasing positive emotions, and building resilience. Humanistic or positive art therapy can identify and utilize client strengths within the artmaking process. It can contribute to feelings of play, exploration, and strengthening stress tolerance.

Maslow's Hierarchy of needs can be utilized in the context of personal growth, development, and creativity. Manhiem (1998) explored the connection between creativity and the process of self-actualization. In a survey of self-actualization and the creative process, a questionnaire was given to students in seven continuing education courses at a local art school. A test-retest study was conducted to evaluate the reliability of the questionnaire. It was found that participants reported increased openness and self-acceptance, stating creativity enhanced their lives and was a valuable tool outside of the artmaking studio as well. It was proposed that creativity is universal and can be used in any artmaking process to improve mental health. Creativity can lead to growth by exploring concepts and metaphors and increasing curiosity and problem-solving. Overcoming the challenges of executing creative ideas can create a sense of resilience and contribute to overall growth. Engaging in creativity left individuals more open, spontaneous, flexible, playful, able to express feelings, less self-critical, present in the current moment, and connected to others (Manheim, 1998). Individuals who engaged in creative endeavors reported that a sense of play and joy that came from the artmaking process, increased

self-image, cognitive flexibility, social connection, increased coping skills, and the ability to be authentic and overall improved mental health (Manheim, 1998).

Youth in Out-of-Home Care

For youth in out-of-home care, initial removal from the home of origin is due to risk by the guardian including physical, emotional, verbal, sexual abuse, and neglect. This severe maltreatment and lack of healthy attachment to guardians can cause adverse brain development (Klorer, 2009). Traumatic memories of maltreatment can be stored in areas of the brain that can make verbalization of the event difficult, even more so when these youth experience traumas during a preverbal stage of their development. Art therapists use metaphor and imagery in a creative environment to construct and explore maltreatment without dependence on verbalizations. A burgeoning focus on neuroscience and art therapy research supports the bridge between art making and its effectiveness in trauma work (Klorer, 2009). In person-centered art therapy, youth experience autonomy and independence in the therapeutic process, challenging systemic disenfranchisement patterns. Therapy supports the goal development and the individual needs of this population (Mountz et al., 2019).

Art Therapy in the Queer Community

Art therapy can create spaces for queer individuals to connect with shared lived experiences and be the expert of their own life story. Art therapy can challenge discrimination, support resilience, and create community. The unique intersectional and minority stress needs in the queer community make this population more susceptible to emotional distress and risk-taking behaviors. Art therapy can be utilized to address these unique needs (Pelton-Sweet & Sherry, 2008). A client who engaged in art therapy reported that it was a way to “make visible the

invisible, hidden, and secret, to bear witness to pain and to celebrate courage" (Pelton-Sweet & Sherry, 2008, p. 172). Art making can be used to reframe harmful thoughts, create affirmations, construct one's own narrative, support resistance, and provide hope (Van Den Berg, 2023). It allows for reflection, connection, and meaning-making that supports a transformative process where they can express their identity through art (Van Den Berg, 2023). In 2023, Van Den Berg utilized a group vignette to demonstrate his current application of art therapy. He held an online art therapy group in 2022 for queer adults, which had six participants who were part of the queer community. The group attended a virtual studio for 90-minute weekly sessions addressing minority-related stress and trauma. Van Den Berg (2023) found that participants who engaged in his art therapy groups "reported increased self-worth and self-efficacy" (p. 6). Pelton-Sweet and Sherry found that the creation of art during the coming out process serves as a protective factor by creating emotional safety (2008). Art therapy has been effective with trans or non-gender conforming clients to address issues of anxiety, gender dysphoria, gender roles, societal pressures, sexuality, shame, familial conflict, negative emotional states, and discrimination (Pelton-Sweet & Sherry, 2008). Non-gender conforming individuals are reported to experience higher levels of pathologizing in mental healthcare, and art therapy allows these clients to work outside of pathology through a strengths-driven creation process (Beaumont, 2012).

Queer Youth in Out-of-Home Care in Art Therapy

Intersectional perspectives used in art therapy acknowledge the intertwined identities of queer youth in out-of-home care and be queer-centered and trauma-informed to address mental health stigma and discrimination for these youth. To reach these goals, art therapists need to be knowledgeable about queer struggles and history, create a space to face difficult topics of trauma

and discrimination, and allow creativity and imagination to encourage hope. Knowledge translates into art directives that directly address queer issues that otherwise might be deferred (Van Den Berg, 2023).

Identity Development in Art Therapy

Through case studies reviews, Pelton-Sweet and Sherry found that art therapy was an effective tool for exploring identity development struggles. Art making and the creative process supported queer identity development, as well as, increased physical and emotional well-being (Pelton-Sweet & Sherry, 2008). Art allows for the nonverbal expression of self, particularly exploring their queer identity. Youth who lacked supportive environments may feel the need to present in a heteronormative or cisgender way for safety or acceptance and artmaking can serve as an opportunity to present or express their identity outwards and explore it in a way that allows them to be visually seen as their authentic selves. Symbols, phrases, and culture can be represented artistically when they may not be able to physically present these markers of identity. (Pelton-Sweet & Sherry, 2008).

Group Art Therapy

Utilizing the therapeutic nature of art with the benefits of the group process creates of a space that honors queer community and fosters autonomy within the out-of-home care system. In a group setting, art therapy can explore emotions, support, or create insights and engage in group processing. Youth create and share connections to group members, the art materials, and the creative process (Van Den Berg, 2023). The group process supports meaning-making, engagement with different perspectives and reduces feelings of isolation. Art can serve as a bridge of visual representation of self and others in new ways in a safe and affirming space (Van

Den Berg, 2023). Art therapists help create a safe, affirming and trauma informed space through facilitating group connections, assisting in the group process, highlighting themes, asking questions, encouraging insights, and engagement (Van Den Berg, 2023).

Therapeutic Focus

Art Therapy and Resilience

Art therapists who have knowledge of and allow space for autonomous inspiration support the development of resilience in the face of adversity. This can be achieved by supporting clients in identifying their queer experience as part of the ever-growing collective of queer history and creating imagery that holds space for resistance and resilience (Van Den Berg, 2023). In the case vignettes described above by Van Den Berg, clients reported finding hope and resilience in places of loss and despair, and art therapy fostered true expression of self, experiences, and interpersonal connection with others like them (2023).

Recommended Art Directives

Art directives can explore resistance, activism and advocacy and support deep personal reflection and identity development. Utilizing imagery specific to the queer community from a variety of media sources (e.g., magazines, movies, television, music) captures the unique experience and challenges traditional structures and reframes expectations for this population (Van Den Berg, 2023). Specifically, Pelton-Sweet and Sherry found that collage-making supported the exploration of discrimination, internalized homophobia, and queer identity development (2008). Collage is an accessible material that uses found images, reducing anxiety for those who are unfamiliar with art-making or may be intimidated by the process. Collage

incorporates words, phrases, and images that can spark discussion and visual communication (Pelton-Sweet & Sherry, 2008).

Brody (1996) used a strengths-based approach to facilitate an art therapy lesbian group to discuss topics such as healthy relationships, trauma, abuse, queer identity and culture, visibility, and misogyny. The lesbian support group was created in response to requests from lesbians living in the YWCA in a small northeastern city. The group met once a week for 90 minutes over 12 weeks. Individual interviews supplemented by self-administered questionaries were utilized to assess progress, gather history, and determine goals. Eight members started in the group but three dropped out, the remaining five came to the group regularly. Group members' ages ranged from 18 to 50 with mixed ethnic and racial backgrounds. Six group members were in recovery from substance use and seven reported a past of physical or sexual abuse. All group members had positive experiences with individual therapy.

The group used self-portraits, collages, group murals, and sculptures and covered topics such as concepts of family, guilt, shame, fear, anger, and homophobia. For example, they used self-portraits to explore who they present as, and who they feel they are, to externalize difficult feelings and potential vulnerabilities.

Recommended Assessments

Several scales and assessments were reviewed as part of this study. For the purpose of the group proposal, the Brief Resilience Scale and Maslow’s Assessments of Needs are discussed below. These were selected because they considered intersectional identity factors and ease of use.

The Brief Resilience Scale is a brief 6-question generalized scale that assesses a broad scope of stressors and resilience factors. It has high reliability and validity ratings and views resilience as “the ability to bounce back or recover from stress” (Smith et al., 2008, p. 194) and acknowledges resilience’s connections between individual participant’s backgrounds, interpersonal relationships, coping skills, and other protective systems (Smith et al., 2008). This assessment is recommended as a pre-post progress indicator and has the ability to look directly at resilience, not excluding intersectional identities. This scale is a general indicator of overall resilience and can be used across populations.

While originally created to assess the needs of individuals with learning disabilities, the Maslow Assessment of Needs Scale or MANS assesses individual alignment with Maslow’s Hierarchy and the accompanying needs. The creators of the assessment, Skirrow and Perry (2009), created simple questions related to each level of the hierarchy to assess what services are needed. For clinical use, this non-scored scale measures meaningful changes in the individual’s life. However, when used in research, the creators state it is possible to make it a Likert scale of 1 to 5, acknowledging that this offers quantifiable data demonstrating that it can be used to assess treatment progress and hierarchical shifts (Skirrow & Perry, 2009). This data may be a valuable tool for group facilitators to track group progress and determine effective approaches for progress to the next level.

Ethics

Location

The group's geographical location must be considered as part of the therapeutic space's ethical development. For example, rural communities often have fewer resources for queer youth

and increased rates of lower socioeconomic status that can contribute to a lack of social and community supports (Bucchio et al., 2021). Specifically, transportation can be a barrier to care which is why determining a location that has accessible means like a bus stop or walkable community center is important.

Child Welfare Professionals

Child welfare providers often serve dual roles within the client's life due to the structure of the out-of-home care system. Herlihy and Corey (2015) cite in the ethical code A.6.b that providers may extend counseling boundaries if the therapist considers both the risks and benefits of that therapeutic rapport. This includes things such as attending birthdays, graduations, formal events, or other client related activities. If the therapist extends beyond conventional parameters ethical code A.6.c states that the therapist must document, why it is therapeutically beneficial for the client that they fill these dual roles. The role of child welfare professionals, specifically mental health providers, may serve as mentors and role models. This important ethical component needs to be considered because of the propensity of youth to emulate the traits of their mentors. Bucchio and colleagues found that mentorship can help queer youth in out-of-home care reach self-actualization (2021). Youth were reported to respond to mentors that appear open, accepting, nonjudgmental, good listeners, have physical indicators of support (e.g., safe zone, pride flags, rainbows), and are part of the queer community (Bucchio et al., 2021). For queer youth and important component of connection was an interest in the whole person rather than just their queer identity, being activity engaged in the community, and working as an advocate in the face of oppression. The role of providers as mentors and role models was reported as an important ethical component as youth reported wanting to emulate the traits of

their mentors. It is imperative to practice and model safe, healthy, trusting interpersonal relationships with others (Bucchio et al., 2021). When working with clients in out-of-home care, art therapists may serve additional roles, including educators, treatment team members, and advocates for the client and the caregiver, while working within their scope of practice (Malloy, 2017).

Confidentiality, Consent, and Assent

Biological parents, foster parents, providers, and other team members have access to minor's medical information and must provide consent for them to attend the group. Herlihy and Corey (2015) in code A.2.a highlight the ethical importance of informed consent. Stating that clients have the ability to choose if they want to engage in the therapeutic process and need to be informed about the process they are entering into. Providers must present this information both verbally and in writing, and ensure it is an ongoing process. This includes a description of all the information required by ethical code A.2.b which is the explicit explanation of all the services the therapist will be providing.

When working with minor's, assent is important in the development of the therapeutic relationship. Herlihy and Corey (2015) explain in Ethical Code A.2.d. that minors are unable to provide consent. Due to this, the therapist must acquire assent from the clients and involve them in decision-making regarding their treatment. Therapists must balance the clients' ethical rights of choice with their legal ability to make those choices. Assent is when the minor agrees to participate in services after reviewing informed consent. This is especially important when working with LGBTQ+ youth in varying stages of identity because it could cause legal and safety concerns for the youth and the provider. Youth in out-of-home care are supported through

state insurance or Department of Child Services (DCS) referrals and these entities dictate the type, duration, and number of services approved. Which is why Ethical Code A.3. lays out the framework of professional relationships between the therapist and other providers for the youth. Therapists should request a release of information form from the client or guardian to inform these other providers, create interprofessional relationships, and facilitate communication (Herlihy & Corey, 2015).

Safety

The LGBTQ+ population is a high-risk population (Pelton-Sweet & Sherry, 2008). Being aware of queer and general resources for the out-of-home population is important. Herlihy and Corey (2015) highlight in Ethical Code A.4.a those counselors are to avoid causing harm to clients, trainees, or research participants. This includes taking precautions to minimize or resolve any unavoidable or unanticipated harm. Taking precautions within the group to restrict materials in artmaking if items are triggering or potentially harmful needs to be considered. This includes being aware of any non-suicidal self-injury within the group and the removal of sharps or potentially harmful objects. With this population, ensuring assessment of suicidal ideation includes the assessment of lethal means in the home to complete it. It is important to assess the client's access to firearms and prescription medication, due to their lethal capabilities being the leading cause of death in completing suicide (Kimbrough, 2020). Herlihy and Corey (2015) in Ethical Code B.2.a explains the therapists' legal requirements in serious and foreseeable harm to clients or others. While it is best practice to maintain client confidentiality, when clients disclose information that requires the protection of clients or others from foreseeable harm, this information must be reported and shared with the appropriate individuals.

Conclusion

In conclusion, the review of literature provided background and structure to support the development of an art therapy group proposal for queer youth in out-of-home care to address their needs, challenges, and strengths. Queer youth in out-of-home care are affected by minority stress, systemic barriers, and risks but can overcome these with the help of resilience and intersectional and culturally competent approaches. Furthermore, this review addressed the clinical needs of the population and how to meet them therapeutically.

Drawing from humanistic therapy, Maslow's Hierarchy of Needs, Intersectional Feminist Theory, Queer Theory, and Identity Development Theory, this review suggests a combination of these lenses in an art therapy group would be effective in supporting LGBTQ+ youth in out-of-home care settings. Specifically, using Maslow's Hierarchy of Needs as a holistic framework for identity development and resilience-building, while group therapy provides a supportive environment for peer connection and validation.

In light of the findings from this literature review, it is evident that addressing the unique needs of LGBTQ+ youth in out-of-home care requires a multifaceted approach that acknowledges their intersecting identities, promotes resilience, and fosters a supportive and affirming environment to address this overrepresented and underserved population.

Chapter III

Methods

A traditional literature review was used to gain an understanding of the needs of queer youth, protective factors, minority stress and resilience, and therapeutic approaches. A traditional literature review is

> a written action of the traditional research proposal and final report... that provides an evaluative summary of the selected published (and unpublished) sources. It reflects the researcher's familiarity with the previous work of others on their topic of interest based on what has already been accomplished, how it was accomplished, the quality of the published scholarship, and the extent to which each source is relevant to his or her research question. (Betts & Deaver, 2019, p. 272)

A literature matrix organized collected data into themes (Garrard, 2022). The themes were analyzed and used for an art therapy group proposal to build resilience in queer youth. I hypothesized that this data would support the development of an art therapy group proposal for a six level in-person group for queer youth in out-of-home care to increase resilience.

Chapter IV

Results

The thematic analysis found that youth in out-of-home care have experienced more disruption in the development of their physiological needs due to multiple placements, particularly because of their identity in the queer community. Multiple placements can lead to risks, including NSSI, SI, physical and emotional distress, engaging in risky sexual behaviors, and failed placements. These findings were used in the development of a six-level group art therapy proposal for queer youth in out-of-home care. Maslow's Hierarchy of Needs was used as the group process and progress structure. Fostering resilience through each level with the goal of self-actualization. The proposal includes session rationale, materials, directives, processing questions, and recommendations for assessments that can be used to assess baseline and progress.

Chapter V

Discussion

Introduction

This literature review found through thematic analysis that queer youth in out-of-home care are overrepresented but underserved by existing programs. These youth have specific needs related to their experience in the out-of-home care system, increased mental and physical needs, increased risks, and multiple placements. In order to address these needs, findings from the literature review were utilized to create a six-level group art therapy proposal specifically for this population.

Major Findings and Themes

One of the first themes that helped shape the development of this art therapy group proposal was Maslow's Hierarchy of Needs. Serving as the foundation and outline for the different levels of the group with the end goal for participants to reach self-actualization through the process of creativity and group process. Maslow's Hierarchy was also chosen due to the connection between the needs of queer youth in out-of-home care and their relationship to having those needs met. Youth removed from the home lacked the most basic physiological needs in the hierarchy, stalling psychological growth that can be addressed through mental health services (Bucchio et al., 2021). These youth come into the out-of-home care system as a result of abuse and neglect required for removal from the home. Research also found that these youth are affected by systemic barriers, minority stress, and risks in relation to their queer status in the out-

of-home care system. Looking to provide an intersectional lens, humanistic theory, combined with intersectional feminist and queer theory, combined provide context for the structural background of privilege and oppression within the hierarchy (Mountz et el.,2019). This art therapy group acknowledges these barriers and explores supporting and overcoming them through community, education, creativity, building coping skills, and resilience. In order to effectively work in this population, mental health providers should be equipped with cultural competency training to address these needs.

Group Limitations and Environmental Factors

Due to this proposal's nature, this has not been used and can still be developed as more information is learned and integrated. One potential limitation a facilitator may face is the lack of available resources, including a lack of access to art supplies, struggles finding an appropriate location, and funding for the group. Recruitment and eligibility for this group were based on the following factors: age, placement in out-of-home care, and individuals who have come out as part of the queer community. Finding members who meet eligibility could be a potential group limitation. The facilitators should be aware that youth can be removed from out-of-home placements, reunified with guardians, or changing foster homes within the treatment duration, creating lapses, or even abruptly discontinuing services. These changes can interrupt the group process. Group facilitators should be aware of the potential harms and risks that can naturally occur in the therapeutic process. Group dynamics and norms can potentially cause harm if hostile environments are created; with a high-risk population such as queer youth in out-of-home care, these risk factors can be easily triggered. Consideration for the location of the group should

account for transportation, location of clients, availability of resources, and safety for queer individuals.

This group proposal did not consider youth experiencing homelessness or youth over eighteen who are not engaged in DCS collaborative care. This is due to the additional needs these youth may be facing and the increased emphasis on ensuring that basic needs are being met.

Due to this population's high-risk nature, it is important that group facilitators consider the ethical requirements, specifically, discussing the group with youth and guardians. This limitation requires youth to be out about their queer identity because youth must receive informed consent from their guardians. Guardians must be informed of the nature of the group and that it is for queer individuals. If youth are not out about their queer identity, then they would have to disclose that information to guardians prior to joining the group. This is to ensure that there is no risk of the client being outed if they are in an unsafe or unsupportive environment. The group is structured for youth that have come out and are safe within their queer identity because the guardian must agree to the treatment (Herlihy & Corey, 2015).

Population

Though the World Health Organization (2023) defined adolescence as ages 10 through 19, the group should be utilized for ages between 15 to 18 years old. These ages were recommended for their developmental milestones. The group goals, directives, and processing questions are attuned to this developmental level to best meet this population's needs. A foundational group goal is to create connections and community between members, and being closer in age helps facilitate natural connections. If conducting this group with younger

adolescents, it would be important to make adjustments to better address their developmental level by ensuring that the language, directives, and processing questions are revised.

Population Needs

Queer youth in out-of-home care present with unique population needs that are specifically addressed within this group process. Queer youth have historically been oppressed by public systems and face discrimination and barriers based on their identity (Erney & Webber, 2018). McConnel et al. (2018) stated that “Minority stress theory posits that minority groups experience stress stemming from experiences of stigma and discrimination, which in turn places them at risk for a number of negative physical and mental health outcomes” (para. 1). These youth experience negative interpersonal relationships, and familial rejection from their core identity. Even when removed from the home, one in every four youth in out-of-home care exits the program without being placed in a consistent and safe environment (Erney & Webber, 2018). While they are in the out-of-home care system, queer youth experience a higher number of placements than their non-queer peers (Salazar et al., 2019). Queer youth in these settings have both acute and chronic levels of trauma. The initial trauma of abuse and neglect leads to removal from their home of origin, followed by the systemic acute traumas that out-of-home care can cause.

Looking to assess these needs as well as both chronic and acute states of trauma these youth experience, Maslow’s Hierarchy of Needs is an important component in helping youth determine their needs, identify struggles, process trauma experiences, and advocate for themselves. Maslow provides both structure and psychoeducation for basic foundational needs that may have previously or currently been neglected or ignored. The humanistic psychology

lens allows clients a sense of understanding through psychoeducation and a sense of empowerment through the visible progression through the hierarchy. Strengths-based approaches can reduce guilt and shame by addressing the limitations needs can place on growth, through education about the basic needs that must be met before exploring higher emotional needs.

Proposal

The overarching goal of this art therapy group proposal is to foster resilience at each level of Maslow's Hierarchy of Needs and culminate with self-actualization. This proposal utilizes humanistic, intersectional feminist, queer, and identity development theory to help shape the goals and foundation form the group. These were chosen to address the overlapping minority identities of queer youth in out-of-home care. The art therapy group is a level-based proposal, so each level of Maslow's Hierarchy is one level of the group. The group can take as long as necessary on each level to ensure that the group has attained that need before they move to the next level in the hierarchy. Both the content and art materials were chosen based on a hierarchy of ability to process emotions and trust the artmaking process. Materials and directives were chosen based on the group's themes, goals, and processing questions. This was created as a group therapy model to help build a sense of community between members to foster queer identity and explore out-of-home care experiences. Providers should be well versed in both queer and out-of-home care terminology to hold space for youth and ensure self-growth. This is not appropriate for clients to be educating providers within this setting, and they should be aware of potential biases or barriers to working with the queer community. This is essential for fostering a true, safe space.

Recommended Assessments

To assess the progress and growth of group members, two pre-post-progress indicator assessments are recommended: the Brief Resilience Scale and Maslow's Assessments of Needs. They were selected because they consider intersectional identity factors, align with the structure of the group, and are easy to use. While I suggest using them as pre-post measures, they could also be used to demonstrate progress between hierarchical levels. This may provide valuable feedback about goal attainment and appropriateness for moving forward or continuing to focus on a specific hierarchy.

Recommended Group Structure

This closed art therapy group will be scaffolded through Maslow's Hierarchy of Needs, meaning the length of the group will vary, but it is recommended that each group be 90 minutes. This is a closed group to facilitate connection and communication between members and allow a more accurate assessment of the hierarchy level. Youth create and share connections to group members, the art materials, and the creative process (Van Den Berg, 2023). The group should be held in the same place at the same weekly and provide a safe environment with the needed supplies. Facilitators should be consistent in building trust and rapport with the group members. Facilitators will assess where the clients are in relation to the hierarchy and readiness to move levels. After the group reaches the self-actualization level, the group should be properly terminated. Termination is outlined in the proposal plan below.

Level One: Physiological Needs

Rationale. The first group will allow both the therapist and the clients to introduce themselves, gain assent for services, build rapport, and establish group norms. Groups will

include psychoeducation about the level of the hierarchy and expectations for growth. The physiological level consists of “air, food, water, shelter, warmth, and sleep” (Bucchio et al., 2021, p. 289). Queer youth in out-of-home care have often experienced times in their lives when these basic needs have not been met. This is why, starting from the bottom of Maslow’s Hierarchy is important to ensure that participants have these needs met. This also allows youth time to process and understand how each level has impacted them. The processing questions allow space for participants to begin to make the connection to the hierarchy and how their goals for each level will change. The artmaking directive introduces youth to the group and asks questions about what clients' needs are. Collage was chosen as an introductory material that is more approachable than drawing or creating in the first session. Utilizing queer imagery within collage can also be a powerful medium with youth seeing themselves represented in different media (Fraser & Waldman, 2003). Pelton-Sweet and Sherry (2008) also supported the use of collages with queer individuals due to their accessible nature, ability to spark discussion, and visual communication.

Table 1

Maslow’s Level: Physiological

Artmaking	Who Am I, and What Do I Need? Collage
Goal(s)	Explore basic physiological needs, express identity and self to others in the group.
Psychoeducation	Physiological Level of Maslow’s Hierarchy of Needs
Theme(s)	What are your basic needs and defining who you are to the group?

Materials	- Liquid glue - Scissors - Magazines (queer imagery is important; if you do not have magazines printing photos can assist) - 8.5 x 11 in white watercolor paper - Colorful cardstock
Directive	1. Provide credentials and informed assent from participants. Youth will then introduce themselves with names, pronouns, and any other important information. 2. Establish group norms/guidelines with the help of the youth in the group. Ensure a sense of autonomy is held within the group creation. 3. Provide psychoeducation about the hierarchy level and answer any questions. 4. State, “Using the materials in front of you, make a collage representing who you are and what needs you have.” 5. Participants will share their work and creative process answering the questions, “What is my role as an adolescent at this level, and what is my caregiver’s role?” Additional processing questions are provided below.
Processing Questions	What do you want this group to know about you?

	Were there any images you felt were missing? What needs did you put in your collage? Are these things that you need to survive? Do you think it is possible to meet your higher needs (e.g., love, friendships, mental health) when you don't have your basic needs met?

Level Two: Safety Needs

Rationale. Safety is a sense of predictability, stability, and protection from harm. For youth in out-of-home care, it is important that they are given time and support to redevelop feelings of trust and safety since these youth have been removed from their unsafe homes of origin and placed in an unpredictable environment (Bucchio et al., 2021). Queer youth can experience additional struggles related to redeveloping safety and well-being. Youth may not have experiences of physical places or people with whom they feel safe. So, leaning into magical or fantastical thinking allows youth to create a dream-like safe place without needing to draw on life experience. Using a shoe box provides a holding space for feelings of safety. A variety of materials allows for a sense of autonomy and the ability to choose what they want to work with. Creating the inner child figure allows them to access their inner child and to engage in play with the figure in this dollhouse-like safe place. Engaging in this play with the inner child figure in a safe place allows participants to nurture, hold, and protect their inner child. Though there is no time frame for how many sessions these groups should take, it may be beneficial for this directive to be split into two sessions. The first part builds on creating the fantastical safe space, and the second session creates the inner child figure. It is important to be mindful when working

with individuals with diverse cultural backgrounds that directives are adjusted to honor their cultural beliefs and traditions. For example, ensure that clients feel comfortable creating a representative figure before engaging in the inner child figure creation.

Table 2

Maslow's Level: Safety

Artmaking	My Inner Child's Fantastical Safe Space
Goal(s)	Finding safety and accessing the inner child
Themes	Processing feelings and experiences around safety
Psychoeducation	Safety in Maslow's Hierarchy of Needs
Materials	Safe Space: - Shoe boxes - Fabric and/or felt - Colorful and patterned cardstock - Plain white cardstock - Hot glue or liquid glue - Fabric glue - Miniatures and/or toys - Markers - Buttons, beads and/or other small craft objects - Scissors Inner Child Doll:

	- Bendable wire - Wire cutters - Polymer clay - Scissors - Fabric and/or felt - Hot glue - Fabric Glue
Directive	1. Review the physiological level and assess understanding. 2. Provide psychoeducation about the hierarchy level and answer any questions. 3. State, "Use the shoebox to create a fantastical safe space. Once this is complete, create a figure to represent your inner child." 4. Participants will share their work and creative process answering the questions, "What is my role as an adolescent at this level, and what is my caregiver's role?" Additional processing questions are provided below.
Processing Questions	Where is your fantastical safe place set? What objects are in your safe place? Is there anyone you would bring to your safe place? Is your safe place easy to access, or is it hidden? Is this a safe place you know or have experienced before?

	What makes a place safe? What makes a place unsafe? What was a time you felt safe or unsafe, and why? Do you feel like your figure represents your inner child? What would your inner child do with the safe space you created for it?

Level Three: Love and Social Needs

Rationale. Queer youth in out-of-home care can struggle with the development of healthy interpersonal relationships. This level aims to therapeutically support the development of these relationships as well as address feelings of loss, grief, and abandonment (Bucchio et al., 2021). Continued rejection connected to queer youth's identities can create a lack of connection and impact future relationships for fear of rejection. To combat this, the queer community engages in developing found family, where queer individuals come together and form a family unit to serve in place of ones they have lost to rejection. This level acknowledges the connection and community forming within it. Based on Schroder (2015)'s arts-based genogram, participants will create a genogram using their found family or other queer representation of the family. Creating a found family genogram or family tree allows participants to reformat and redefine family on their own terms. Providing a sense of autonomy to youth who may feel disenfranchised by their family placements or the grief and loss of removal. Creating this can also remove a sense of shame and guilt for having a non-traditional family structure that is valued within a heteronormative society. This also allows for youth to explore family outside of the gender binary figures such as mother and father. Finally, by changing the language of who

and what family is, participants focus on who supports them, who lifts them up, who holds them, and who helps them thrive.

Table 3

Maslow's Level: Love and Social

Artmaking	Queer Found Family Tree
Goal(s)	Exploring interpersonal relationships
Themes	Building community and healthy interpersonal relationships
Psychoeducation	Love and Social Aspects of Maslow's Hierarchy of Needs
Materials	- 18 x 24 pieces of white watercolor paper - Liquid glue - Magazine - Encourage clients to bring objects or photos of artmaking - Scissors - Markers - Colored pencils - Paint Markers and/or paint sticks - Colorful cardstock
Directive	1. Review the physiological level and assess understanding. 2. Provide psychoeducation about the hierarchy level and answer any questions.

	3. State, "Create a queer family tree. This can be your found family or other representative family to you." 4. Participants will share their work and creative process, answering the questions, "What is my role as an adolescent at this level, and what is my caregiver's role?" Additional processing questions are provided below.
Processing Questions	How do you define family, and how do you feel society defines family? What is platonic love to you? What is romantic love? How do love and connection look different when you are safe? Who was in your queer family tree, and why did you include them? What does found family and queer community mean to you? What makes a relationship (interpersonal or romantic) healthy? What do you value in social connections? Does family feel like a difficult topic to approach? Why or why not?

Level Four: Esteem Needs

Rationale. Level four of the group is focused on increasing the participant's esteem. This includes building self-confidence, a healthy self-image, a sense of achievement, and overall identity (Bucchio et al., 2021). This is an important unit as adolescents begin to process who they are and what their identity is as they transition into adulthood. Developing a safe space with mentors and in the community to explore the self is integral to the development of esteem and self-image when queer youth in out-of-home care may otherwise be neglected (Bucchio et al.,

2021). Adolescents in this age are engaging in a sense of radical disobedience in existing as queer individuals; they challenge pre-existing systems. The art directive, to create a sign that boldly states who they are and what they believe in for either a pride festival and/or protest, allows participants to take pride in their identity within the queer community and hold space for a sense of anger that injustices and oppression can cause. Leaving the content of the poster up to participants also allows for youth to express any intersectional identities that they feel define who they are. Creating posters supports practicing advocacy for your identity and feeling a sense of pride in standing up for who you are and what you believe in. Materials are meant to cover a larger surface area but are still broad in nature to allow participants autonomy in choosing what they are most comfortable with and empowered to use.

Table 4

Maslow's Level: Esteem

Artmaking	Pride and/or Protest Poster
Goal(s)	To create pride in their identity and to hold space for a sense of anger and injustice.
Themes	To explore identity, process systemic trauma, and practice advocating for yourself and others
Psychoeducation	Esteem level of Maslow's Hierarchy of Needs
Materials	- Large cardboard - Box cutter - Yard sticks, dowel rods or other pieces of wood

	- Posterboard - Scissors - Paint sticks - Pain Markers - Acrylic paint - Water - Paper towels - Paintbrushes both large and small - Posterboard letters - Colorful Cardstock - Glitter - Stickers - Liquid glue - Large Markers
Directive	1. Review the physiological level and assess understanding. 2. Provide psychoeducation about the hierarchy level and answer any questions. 3. State, “Create a poster for either a protest and/or pride parade. 4. Participants will share their work and creative process, answering the questions, “What is my role as an adolescent at this level, and

	what is my caregiver's role?" Additional processing questions are provided below.
Processing Questions	What kind of poster did you create? What parts of your identity do you feel confident in? What are things about yourself that make you proud? Do you advocate on behalf of yourself and others? What did you do? How did it feel? How do you continue in the face of unacceptance both personally and externally (e.g., laws against trans healthcare, don't say gay, etc.)?

Level Five: Self-Actualization

Rationale. Self-actualization is the final level of the hierarchy before the termination of the group. At this stage, Bucchio et al. (2021) define this as "living up to one's fullest potential" (p. 292). This point in the group is to reflect on how participants have grown through the hierarchy and explored their physiological and emotional needs. Contrasted with the previous levels, self-actualization allows continual growth, self-discovery, and change and can look different for each participant. Specifically for queer youth in out-of-home care, reflecting on the growth of their intersectional identities, connection to the queer community, and a sense of belonging are important components. At this point in the group process, participants should be able to reflect on areas of growth and success for themselves and the group. Participants will identify increased resilience and a deeper understanding of Maslow's Hierarchy and how it has been present in their lives. Confidence and autonomy in artmaking should be present in the group

process as well. The life story zine was chosen as a directive to reflect on their growths and successes in a physical form. Malloy (2017) highlights that often youth in out-of-home care have significant stories connected to their journey. While these stories may contain uncertainties and trauma, retelling the story with a lens of growth and success allows these youth to have a sense of power over their lives they may not have felt before.

Table 5

Maslow's Level: Self-Actualization

Artmaking	Life Story Zine
Goal(s)	To focus on growth and areas of success
Themes	Resilience and growth
Psychoeducation	Self-actualization level of Maslow's Hierarchy of Needs
Materials	- 8.5 x 11 inch Colorful and/or white cardstock - Markers - Colored Pencils - Watercolor - Acrylic - Paint markers - Paint sticks - Crayons - Oil Pastels - Water and water cup

	- Paint brushes - Paper towels
Directive	1. Review the physiological level and assess understanding. 2. Provide psychoeducation about the hierarchy level and answer any questions. 3. Demonstrate how to fold and cut the paper to create a mini-zine. State, "Create a mini zine to tell the growth and successes in your life story." 4. Participants will share their work and creative process answering the questions, "What is my role as an adolescent at this level, and what is my caregiver's role?" Additional processing questions are provided below.
Processing Questions	What were areas of growth and success? Were they at a specific time? How does looking at your strengths support resilience? What gives you strength to be resilient, grow, and reach success? What would it look like if you put your future in a mini zine? Was it hard to think of positive life events as opposed to neutral or negative life events?

Level Six: Termination

Rationale. This will be the final group that is held with participants. The purpose of this group is to bring a sense of closure and allow youth time and space to process saying goodbye. It also allows the group members to reflect on their growth throughout the group and how they have been impacted by one another. Termination is an important component of any therapeutic process, but even more so for queer youth in out-of-home care who often do not get proper goodbyes with providers, foster families, and homes of origin. Acknowledging that the sense of community built within the group is important and allowing space for that community to shift in how it will support one another once the group is closed. Artist trading cards allow clients to create art that will be shared with group members, and they will receive art from all of the group members. This acts as a container for what you would like to give to others in the group, what you have learned, and what you are taking with you.

Table 6

Maslow's Level: Self-Actualization and Termination

Artmaking	Artist trading cards
Goal(s)	To bring closure to the group through self-reflection.
Themes	Saying goodbye and reflecting
Psychoeducation	Termination and group boundaries
Materials	- Framing mat board cut into 4 x 6 in rectangles for each person in the group to trade (ex 6 group members each member would get 6 rectangles a piece)

	- Pencil - Pen - Colored Pencil - Watercolor - Acrylic - Water and water cup - Paint brushes - Paper towels - Marker - Oil pastel - Magazine - Liquid glue - Scissors
Directive	1. Review the physiological level and assess understanding. 2. Provide psychoeducation about termination and group boundaries and answer any questions. 3. State, “Create trading cards to give to your peers to take with them after the group ends.” 4. Participants will share their work and trade their cards.
Processing Questions	What have goodbyes in the past been like? Is this the same or different?

	What will you continue to carry when you leave this group? What are you leaving behind here? What are ways you have been positively affected by this group and/or its members? How do you feel you have grown in this group? How have you seen others in this group grow? Do you have any final thoughts you want to share with the group?

Limitations

This proposal is limited due to its theoretical nature with a literature basis. Literature regarding the specifics of art therapy for queer youth in out-of-home care was not found in the research. This proposal was constructed through the synthesis of literature regarding the different topics of art therapy, out-of-home care, and queer youth overlapping separately. There are also limitations in literature on specific clinical cases and groups focusing on this topic.

Another limitation of this proposal is that it has not been utilized with a group yet. Literature supported the formulation of the proposal, but each client and group is unique and may have different needs and reactions to the material. It is important to note that individuals running the group may face a lack of resources, art supplies, locations, and financial support. There are also limitations on the specific population that can utilize this proposal which is only a small portion of queer youth in out-of-home care.

Chapter VI

Conclusion and Recommendations

This proposal was formulated utilizing a literature review to develop an art therapy group for queer youth in out-of-home care. The group looks to address the needs, challenges, and strengths of this population, and supported by the literature review. The literature review highlighted the risks of multiple home placements, NSSI, SI, negative interpersonal relationships, and high physical and mental health needs that queer youth in out-of-home care face. Maslow's Hierarchy was utilized to divide the group into six levels, from the basic physiological needs to the highest level of self-actualization. Integrating humanistic therapy, Maslow's Hierarchy of Needs, Intersectional Feminist Theory, Queer Theory, and Identity Development Theory this proposal provides a specialized intersectional lens. The goal of the art therapy group is to utilize these lenses, art therapy techniques, and the group process to foster resilience and allow group members to reach self-actualization.

Each level of the group proposal includes art directives, materials, goals, themes, psychoeducation, and processing questions. The group has been tailored for adolescent youth who have disclosed their queer identity and are involved in out-of-home care. Recommendations for group formulation, limitations, assessments, and structure. Through this comprehensive approach, we can strive to better support and empower queer youth in out-of-home care as they navigate their unique journeys of self-discovery and identity formation.

Recommendations

Most of the literature collected for this study began with the phrase that queer youth in out-of-home care are overrepresented but underserved. It is recommended that in research and

practice that mental health professionals work to remedy this inequality. Acknowledging the need for additional resources, interventions, and research for this population is an important step in beginning to remedy unmet needs. The formulation of this group was based on literature regarding queer youth in out-of-home care. To future develop this group and this topic of study, it is recommended that more research is done both in the field of art therapy and art therapy with queer youth in out-of-home care. It is also recommended that this protocol be utilized and studied to learn about its effectiveness. The recommended assessments can be utilized to track resilience and movement through Maslow's Hierarchy of Needs. An additional recommendation is to explore frameworks other than Maslow's Hierarchy of Needs. The humanistic lens is one of the many therapeutic approaches that could be beneficial for this population, but it was chosen due to its relation to art therapy and resilience. The more this population is researched and acknowledged, the more resources and evidenced-based approaches we have to meet their needs.

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