

PLAY THERAPY AND YOUTH EXPERIENCING HOMELESSNESS

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Youth experiencing homelessness suffer both short-term and long-term negative effects: the rate of mental health problems in the United States (U.S.) seems to be higher for youth experiencing homelessness than for the general population (Baggerly, 2004), and twenty percent of adults experiencing homelessness were homeless as children (National Coalition for the Homeless, 1999). Child-centered play therapy (CCPT) has been shown to offer positive short-term effects on self-esteem, developmental delays, and other socio-emotional delays of U.S. youth (Leblanc & Ritchie, 2001). While CCPT shows promise, the benefits of CCPT for youth experiencing homelessness are underexplored. It is imperative that social workers study the potential longitudinal benefits of CCPT specifically for youth experiencing homelessness so that they can continue to provide the most effective therapies to their clients in the short and long terms.

INTRODUCTION

Homelessness is an increasingly prevalent social issue in the United States (U.S.). According to the National Coalition for the Homeless (NCH) (2016), in January 2016, over 500,000 individuals experienced homelessness on a single night. Between approximately 500,000 and 2.5 million youth experience homelessness in the United States each year (Interagency Working Group on Youth Programs, 2010). According to the Interagency Working Group on Youth Programs (2010), youth experiencing homelessness have higher rates of truancy, involvement in the juvenile justice system, sexually transmitted infections (STIs), and substance use than the rest of the population. Reducing rates of homelessness could benefit society by decreasing rates of incarceration, substance abuse, STIs, and other concerns. The pathways to homelessness include declines in availability of public assistance, lack of affordable healthcare, domestic violence, mental illness, addiction, and complex interactions between these issues (Baggerly, 2003).

When looking at ways to serve this population, child-centered play therapy (CCPT) is an option due to its efficacy with children (Leblanc & Ritchie, 2001). However, the long-term effects of CCPT on youth experiencing homelessness are not known. Can CCPT improve the mental health of youth experiencing homelessness and decrease the likelihood that they will become homeless as adults? As homelessness grows to epidemic proportions in New York City, social workers must look at how they can best help youth experiencing homelessness now to avoid the generational impact of also experiencing homelessness in adulthood (NCH, 2016).

CURRENT ISSUES

Regardless of the circumstances, homelessness has many negative effects on children's mental health, causing deficiencies in self-concept, depression, and anxiety (Baggerly, 2004). The lack of research surrounding these issues and youth homelessness as a whole is a disservice to youth experiencing homelessness. Twenty percent of homeless adults experienced homelessness as children youth (NCH, 1999). Current youth experiencing homelessness could potentially benefit from therapies to promote improved mental health and a decrease their likelihood of being homeless as adults. CCPT, one such therapy, has been shown to improve the subject's perception of their own competence, possibly as a result of CCPT procedures such as encouragement, self-esteem building, and responsibility (Baggerly, 2004). Competence is key for many forms of achievement in the U.S., including academic, social, and career achievement (Bandura, 1977). Therefore, social workers and other mental health providers in the U.S. must work to improve a sense of worth and competence in youth experiencing homelessness in order to lay the groundwork for these children to have the tools to grow into adults who are not homeless (Baggerly, 2004).

According to the National Association of Social Workers (2017) Code of Ethics, social workers are obligated to commit to their clients and promote their well-being. Social workers' commitment to the welfare of youth experiencing homelessness often means providing short-term therapeutic interventions and working to ensure the youths' long-term success. Thus, further research into long-term efficacy of CCPT as a strategy for working with youth experiencing homelessness is imperative.

HISTORY

By understanding how the U.S. has dealt with youth experiencing homelessness in the past, social workers can work towards more sound programs for these youth in the future. The U.S. has a history of pushing children who are homeless aside and has historically treated them as a burden and a nuisance, to be sent away and dealt with outside of mainstream society (Hansan, 2011). As social workers, our obligation is to provide services for youth experiencing homelessness that can help these individuals overcome the stigma of homelessness, work to improve their mental health, and work through trauma.

Current U.S. homeless policy has roots in the establishment of workhouses. Workhouses, based on the 16th and 17th century Elizabethan Poor Laws in England, classified the poor into two categories: the worthy poor and the unworthy poor (The Workhouse, 2017). Generally, the worthy poor, such as orphans, the handicapped, and the elderly, were considered to be poor through no fault of their own, while the unworthy poor consisted

of people policymakers and government officials considered at fault for their poverty due to defects of virtue or character (Hansan, 2011). Children, therefore, were considered worthy, while homeless adults were often considered unworthy (Hansan, 2011). Workhouses were meant to be places where poor, able-bodied individuals could work and live in a state- or locally-run facility. However, many workhouses ended up housing populations who were unable to work but had no one else to care for them: the sick, disabled, elderly, and youth experiencing homelessness (Hansan, 2011). Workhouses spread to the U.S. in the 19th century (The Workhouse, 2017). In 1935, the U.S. passed the Social Security Act, which decreased the use of workhouses in the U.S. (New World Encyclopedia, 2013). Instead, separate institutions, including homeless shelters and a more developed foster care system, were formed in the U.S. (New World Encyclopedia, 2013).

RELEVANCE TO SOCIAL WORK

Much of the available research on the efficacy of CCPT and youth experiencing homelessness is not generalizable to the entirety of homeless youth populations in the U.S. because of several common study limitations. Some studies were conducted with small groups of youth experiencing homelessness all residing in the same community, even the same shelter, or did not have a control group due to ethical concerns (Baggerly, 2004; Baggerly & Jenkins, 2009; Muro et al., 2006). For example, in Baggerly's (2004) study, researchers changed the original study design from a comparison between a treatment group that received play therapy and a control group that did not to a design that did not include a control group and instead provided therapy to all study participants because the families moved frequently and the dropout rate of the study was high. Since the play therapy services were highly desired by teachers and parents and since researchers had sufficient financial funds to include additional children, they chose to provide therapy for all participants rather than having a control group and excluding some children (Baggerly, 2004). Baggerly & Jenkins (2009) experienced similar design challenges, including a shorter-than-anticipated therapy duration and lack of a valid control group due to participant recidivism. However, these research findings can still offer some insight into providing services for youth experiencing homelessness, even if they are not generalizable to the population as a whole, because findings still showed improvements for those receiving treatment (Rubin & Babbie, 2017).

Greater research into this subject would increase researchers' and mental health providers' knowledge about the long-term benefits of CCPT, as well as the effects of CCPT on larger and different populations than just youth experiencing homelessness. Conversely, failing to research further into this area could negatively affect macro-level social work

because future policy would be blind to potentially beneficial treatments, and unresearched treatments might not be funded on a larger scale. Many programs in schools, shelters, and community-based organizations attempt to serve homeless populations and communities by supporting individuals experiencing homelessness, healthcare, food security, job training, and other vital services. Social workers who are better informed about the efficacy of interventions can streamline these programs to provide more effective and equitable support to this vulnerable population.

THEORY

CCPT falls under the umbrella of Experiential Play Therapy in that it uses the principles of dynamic and somatic experience, but it is conducted through a child-led model (Baggerly, 2003). Experiential Play Therapy Theory is based on the belief that children interact with the world experientially rather than cognitively (Schaefer & Kaduson, 2006). Instead of thinking about what they encounter, children use their senses to take in information. As children develop and continue to move through

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the world, these experiences serve to create a developmental framework that is used to interpret future encounters. One tenet of this theory is that Experiential Play Therapy can be used to help children resolve trauma (Schaefer & Kaduson, 2006). This aspect of the theory is of particular interest to the research question at hand. Experiential Play Therapy allows children to work through trauma, the memory of which is a somatic experience, by giving them the ability to move around and use their bodies (Schaefer & Kaduson, 2006). Play therapy can help youth experiencing

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homelessness to work through trauma and regain a sense of safety, dignity, and control; further research is necessary to apply this therapy to this specific population and determine the positive effects.

In *Teaching to Transgress*, bell hooks (1994) reminds the reader that “theory is not inherently healing, liberatory, or revolutionary” (hooks, 1994, p. 61). It is not enough for researchers and practitioners to consider and write about Experiential Play Therapy Theory as potentially healing for youth experiencing homelessness. Social workers must continue to do the work of asking questions and searching for answers, but it is equally important to take what knowledge they do have and apply it to populations they serve, while continuing to name

injustices and using that knowledge to fight them. It is imperative that social workers and other professionals working to serve the population of youth experiencing homelessness in New York City continue to explore CCPT. There is much more to learn about its efficacy and potential long-term effects on improving mental health and reducing the likelihood that youth experiencing homelessness become homeless adults.

LITERATURE REVIEW

Youth experiencing homelessness face greater problems, most notably in school, than children who are appropriately domiciled—whose housing is fixed, regular, and adequate (*McKinney-Vento* Homeless Assistance Act, 1987; Baggerly, 2004). According to Baggerly (2004), youth experiencing homelessness seem to experience mental health problems at a higher rate than the rest of the general population. Baggerly (2003) also noted that youth experiencing homelessness experience psychological, social, and emotional difficulties due to their greater exposure to stressful life events. Due to the greater incidence of mental health problems among youth experiencing homelessness, more attention must be paid to this specific population in order to improve their well-being and life achievement through the implementation of targeted services and interventions. Further research into the benefits of CCPT for youth experiencing homelessness in New York City can help inform future play therapy interventions for improving emotional health in members of this population.

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It is important to consider the efficacy of play therapy generally before applying it to populations of youth experiencing homelessness. In 2001, Leblanc & Ritchie completed a meta-analysis of play therapy outcomes. Overall, the study concludes that, compared to non-play therapies, CCPT seems to be equally effective with children. Leblanc & Ritchie (2001) point out that CCPT has become widely accepted for use with children who are struggling with developmental delays, abuse, and other socio-emotional issues. Youth experiencing homelessness frequently experience these issues as well as other psychological, social, and emotional difficulties (Baggerly, 2003). Since CCPT is just as effective as non-play therapies, it is a useful alternative for children who do not respond to talk-oriented therapy, including children who have experienced trauma (Leblanc & Ritchie, 2001). Leblanc and Ritchie (2001) consider abuse and behavioral difficulties in general but do not specifically discuss youth experiencing

homelessness and the potential benefits CCPT can offer this population. Nevertheless, play therapy has potential use for youth experiencing homelessness, as youth experiencing homelessness may often display many of the behaviors stated above.

There is some conversation in the literature regarding the potential cognitive and behavioral deficits in youth experiencing homelessness as a result of life circumstances and the efficacy of various therapies to combat such negative effects. Two studies by Baggerly (2004, 2009) address play therapy efficacy in youth experiencing homelessness. Several articles address play therapy outcomes in general, sibling play therapy with homeless children, and play therapy with homeless children (Hunter, 1993; Leblanc & Ritchie, 2001; Baggerly, 2003).

Baggerly's (2004) first study measured the effects of child-centered group play therapy on self-concept, depression, and anxiety in 42 children who resided at a homeless shelter. Compared to the general population, researchers found that youth experiencing homelessness suffered from higher rates of mental health problems (Baggerly, 2004). They also found that group play therapy appeared to have positive effects on the children's self-concept, depression, and anxiety (Baggerly, 2004). Researchers acknowledged that there is a need to continue to examine how effective, if at all, play therapy can be in helping to improve behavior and academic progress among youth experiencing homelessness (Baggerly, 2004).

Baggerly (2003) details the mental health impact of homelessness and the prevalence and causes of homelessness in order to help the reader develop an understanding of play therapy with youth experiencing homelessness. Baggerly (2003) makes two conclusions: that there is a great need for play therapists to work with youth experiencing homelessness in addition to other clients, and that it is imperative that practitioners conduct more research on the topic of play therapy and youth experiencing homelessness. In 2009, Baggerly conducted another study that examined the efficacy of CCPT on classroom learning processes. Researchers found that youth experiencing homelessness who received this therapy showed an improved ability to internalize controls and otherwise succeed in the classroom (Baggerly, 2009). Both of these studies show potential positive applications of CCPT for youth experiencing homelessness and their mental health, but leave room for future study on long-term positive effects for youth experiencing homelessness.

An article by Muro, Ray, Schottelkorb, Smith, and Blanco (2006) examines the effects of long-term CCPT, but by the researchers' definition, long-term was considered to be 32 sessions of CCPT in one school year. Muro et al. (2006) found that 32 weeks of CCPT for their sample of 23 children ages pre-kindergarten through 5th grade did serve to significantly improve behavior and the child-teacher relationship. These results are promising for the positive effects of CCPT. However, this article does not discuss youth experiencing homelessness and their specific social,

emotional, and behavioral needs. Not only that, but there is room in the empirical conversation for research around the effects of CCPT far into the future, such as positive outcomes in middle school, high school, and adulthood.

While play therapy and particularly CCPT have been studied, it is necessary for more extensive research to specifically and longitudinally measure the benefits of CCPT for youth experiencing homelessness, months and years after the therapy is received. Previous research indicates that youth experiencing homelessness suffer from mental health problems and that CCPT can help with mental and emotional health and behavioral deficits in general (Baggerly, 2003; Leblanc & Ritchie, 2001). Other research has shown some positive effects of long-term CCPT, but long-term for Muro et al. (2006) was operationalized as 32 weeks of therapy, and that long-term therapy was not conducted with youth experiencing homelessness. It is important for future research to focus on the benefits of CCPT for years after the therapy is conducted to follow up on the youth who receive the therapy to see if benefits for their mental health remain past 32 weeks. In addition, youth experiencing homelessness have specific needs when it comes to their mental health and dealing with trauma (Baggerly, 2003). Therefore, it is imperative to examine the effects of CCPT for youth experiencing homelessness and not assume that therapies that work for the general population will also work for youth experiencing homelessness. Finally, no studies were located that examine the effect CCPT can have on whether youth experiencing homelessness are also homeless as adults – the future research must look at this specific long-term effect of CCPT for youth experiencing homelessness. Since 20% of adults experiencing homelessness were homeless as children (NCH, 1999), researchers must examine if interventions such as CCPT can have an impact on decreasing this number and helping youth experiencing homelessness to avoid homelessness in years to come.

ETHICS

The National Association of Social Workers Code of Ethics mandates that social workers practice the most effective therapies for the vulnerable populations they serve. By becoming competent in new therapies for targeted populations that have the potential to be effective, social workers can implement the most successful and beneficial therapies available to intervene effectively in the lives of youth experiencing homelessness. In order to improve their mental health in the short-term and decrease their chances of experiencing homelessness as adults in the long-term, it is ethically imperative to research these options further. While youth homelessness impacts affected youth and their loved ones, the lack of research about therapeutic techniques for this population is also a problem for social work practitioners who wish to implement programs to assist

youth experiencing homelessness but have limited knowledge regarding the efficacy of different interventions. Central to the practice of social work is the obligation to practice within areas of competence and to work to enhance professional knowledge when it is lacking (Code of Ethics, 2017). Further research is necessary so that practitioners can be competent in potentially effective therapies for youth experiencing homelessness and work in an ethical way.

CONCLUSION

A longitudinal panel study would be the best approach for future research. According to Rubin and Babbie (2017), longitudinal studies are the best option for observing processes over time. Panel studies observe the same set of people over time, which allows researchers to obtain the most comprehensive data on changes within individuals in that group over time (Rubin & Babbie, 2017). There are two main disadvantages of longitudinal panel studies that could affect future research: lack of resources and panel attrition. Longitudinal studies require a great deal of money and time on the part of researchers, which make these types of studies difficult to carry out. Secondly, panel attrition, when people who participated in the beginning of a study drop out or otherwise do not participate in the later stages, is especially common in studies with homeless populations, as these individuals tend to move around frequently, making follow-up more difficult. Despite these challenges, a longitudinal panel study is best in order to carry out future research on CCPT and youth experiencing homelessness and follow up with youth experiencing homelessness who participate in CCPT to check in on their mental health and living situations in the future.

Future research should examine CCPT's efficacy in both improving the mental health of youth experiencing homelessness and in decreasing the likelihood that the youth experience homelessness as adults. Despite potential challenges and concerns, a longitudinal study is the best way to examine the long-term effects of CCPT on mental health among youth experiencing homelessness, as well as the potential that CCPT may have in helping youth experiencing homelessness to be adequately domiciled as adults.

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