

Integrating Expressive Arts *and* Play Therapy With Children *and* Adolescents

Edited by

ERIC J. GREEN
ATHENA A. DREWES



WILEY

Integrating Expressive
Arts and Play Therapy
With Children and
Adolescents



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Eric J. Green

*To my young nieces, nephews, and godchildren:
Maddy, Lily, Isabel, Oscar, Katelyn, London, Levi,
Cameron, & Zach. Thank you for teaching Uncle
Eric the true and amazing power of play. I love you!*

Athena A. Drewes

*To my sons, Scott Richard Bridges and Seth Andrew
Bridges, from whom I draw inspiration and love that sustains
me through all that I do! You are my pride and joy!*



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Preface

Welcome to *Integrating Expressive Arts and Play Therapy With Children and Adolescents*. The premise of this book began as an idea in October 2010 at the Association for Play Therapy's Annual Conference in Sacramento, California. Rachel Livsey, Senior Editor at John Wiley, approached me (Green) with an idea. She inquired about my interest in compiling a resource-type book integrating the expressive arts and play therapy frameworks so that clinicians would have ease of access to the ethical considerations and competency implications when developing a multimodal treatment stance.

Little has been written in the literature regarding clinicians seeking to competently integrate the expressive arts into their child play psychotherapy practice. At first, I was ecstatic about the idea. This could be another opportunity for our disciplines to bridge commonalties under the expressive art therapy umbrella, as opposed to us looking at the negatives and the deficits in each other and our training. Sometimes we engage in anxiety-driven, petty turf wars, where unchallenged ideology and rigid doctrine blinds us to the real mission of why we're here in the first place. At this point, I also instinctively knew this project was going to have a bit of a synergistic element, and so it began. First, I implored Athena Drewes to co-edit the volume with me. We sought out the consult of one of the gurus in the expressive arts field, Barry Cohen, who hosts the annual Expressive Arts Therapy Summit in New York City. This summit is a conference where therapists from all of the expressive arts disciplines from all over the world come together to provide trainings from their respective fields of expertise. This is when the book began to take its shape, focus, and soul.

This guidebook's overall premise is meant as a practical illustration for child-based mental health clinicians to competently integrate

interventions and approaches from the expressive arts and play therapy disciplines. Moreover, we compiled this volume so that clinicians and graduate students in mental health programs can augment their therapeutic toolkit and training within a competent, research-based practice. The second aim of the book is to provide a resource guide and practical textbook for educators in university settings who teach either play therapy or one of the disciplines in the expressive arts that seek to integrate disciplines for holistic care of children, adolescents, and families. We have found that clinicians who are certified in the expressive art therapies are typically unfamiliar with some of the interventions and approaches used in play therapy, and vice versa. Therefore, we hope this book will be a bridge between the expressive art therapies and play, as they are therapeutic modalities utilized with children that are complementary in their healing and creative capacities. Play therapists who utilize techniques from the expressive arts disciplines may benefit from exposure to the diverse and innovative approaches within the expressive arts literature that this book presents.

We hope that, after reading this resource book, child and adolescent mental health clinicians, play therapists and clinical supervisors, graduate students in mental health programs, and university educators will become interested in—or in some cases, maybe even become aware of for the first time—a specific expressive art area(s) and seek training or supervised practice to competently employ it with children. This was our singular passion behind writing this project. Although neither Athena nor I claim to be experts in expressive arts, we are licensed mental health clinicians and Registered Play Therapist-Supervisors (RPT-S) who integrate expressive art therapy interventions into our clinical work with children and families. With this transparency and humility, we sought the originators/creators of the distinct areas of the expressive arts, or the leading U.S. authorities in their respective expressive art therapy modalities, to contribute chapters on the subject matter. The contributors comprise a diverse geographic pool across the United States. By utilizing contributors who are leading scholars from the expressive arts and play therapy disciplines, the book presents a unique crossover appeal to clinicians who have one foot in one of the disciplines and want to plant their foot in the other.

This book consists of two introductory chapters. The first chapter highlights the history and spectrum of the expressive art therapies, by one of the leading gurus in the expressive arts therapy field. The second chapter gives an overview of play therapy and its integration of expressive arts interventions through the lens of four major theories. The book then delves into the major disciplines of the expressive arts as distinct chapters. It covers the wide spectrum of art, drama, sandplay, dance/movement, music, photography, and poetry. The book concludes with three chapters integrating the disciplines, specifically in play therapy treatment, for clinical and educational settings.

All of the chapters focus on explicating the respective expressive art therapy modality in a clear, straightforward manner, along with case examples and applications. The majority of the chapters offer practical techniques that can be safely and ethically applied so that clinicians, students, and educators can use this book as a resource to augment their clinical practice. Each chapter also contains information about becoming credentialed in the respective discipline. A resource appendix appears at the end of each chapter to illustrate the systematic nature of simultaneous curricular and supervised experiential training required with all of the respective expressive art therapy disciplines.

One of the core concerns in writing this book was the attention to and mindfulness required by child-based clinicians of ethical and supervision implications in practicing outside one's training and scope of practice. This book seeks to address cross-disciplinary core competency issues while offering clinicians practical ways to apply expressive arts techniques to further enhance their treatment modality with children and families. Readers are urged to seek outside supervision regarding use of applications from disciplines beyond their training. Also, this book is by no means a substitute for what constitutes best practices when learning new areas within the field of mental health counseling: formal education/training, supervised practice, and critical reflectivity/therapist-initiated inner work. The significance of engaging in ongoing reflectivity in our archetypal role as the "wounded healer" expands our collective awareness and calls us to be responsible, progressive, and endlessly curious. The childlike *puer aeternus* calls us to forgo complacent behaviors and to seek new aspects of our field, new paradigms validated

by research, and new paths to take that may lead us to understandings of ourselves and our patients that could deepen our work with them.

In conclusion, we hope that readers will find comfort and creativity in this book and that it will enrich their child mental health treatment protocol. Last, we honor the paths already illuminated by those who have paved the way before us in these rich traditions of helping others to self-heal through creative media. May all of our work become more interdisciplinary and inclusive. And may we all contribute to cross-fertilization—where the expressive arts, replete with all of its equally important and numerous disciplines, are accessible and beneficial to those very children who need them the most. Let us now “play on,” and begin the journey of this book.

Eric J. Green
Athena A. Drewes



Acknowledgments

First and foremost, we'd like to thank our editor, Rachel Livsey, from John Wiley, for believing in this project from the very beginning. Rachel, you were so supportive of this project from its inception that you illuminated the path for it to come to fruition. Thank you for all of your tireless efforts, for your encouragement, for your editorial acumen, and for believing.

We'd also like to thank Eliana Gil, who was consulted very early on and helped the book take shape and focus. Thank you, Eliana, for your selfless contributions behind the scenes that went into helping us envision this book.

Barry M. Cohen, ATR-BC (Expressive Therapies Summit; www.expressivetherapiessummit.com), you were hugely instrumental in the formation of the content of this book, its focus, and securing the appropriate scholars in their respective disciplines. Thank you for your support and guidance!

We also want to thank all of the contributors of the chapters. It was a humbling experience working with each of you, as you are gurus and legends in your own right. Thank you for your incredible contributions to this volume. Let us all rejoice that we are working together to continue the literature in support of integrative treatment for children and families from the expressive art therapy framework!

And finally, we want to thank all of you, the readers, who support and understand the utility of the expressive arts and the curative power of play therapy to help children and families heal. May this book be a part, however small, in assisting you along the journey in deepening your meaningful and valuable work with children.

Eric J. Green
Athena A. Drewes



About the Editors

Eric J. Green, PhD, LPC-S, RPT-S, LMFT, Certified School Counselor (K–12), is Associate Professor of Counseling at the University of North Texas at Dallas and is also a part-time faculty member and coordinates the annual play therapy institute at the Johns Hopkins University in Baltimore, MD. He has more than 50 professional publications related to children’s mental health, including book chapters, magazine submissions, and peer-reviewed journal articles on play therapy and child-related trauma. He is the author of the upcoming book, *Handbook of Jungian Play Therapy* (Johns Hopkins University Press), as well as the film, “Jungian Play Therapy and Sandplay” (Alexander Street Press). Dr. Green is a frequently invited speaker at Association for Play Therapy (APT) state branch conferences across the U.S. and internationally. In 2013, some of his keynote speaking events included the Hawaii Association for Play Therapy Annual Conference in Honolulu, Hawaii; the Australia Pacific Play Therapy Association’s Annual 2013 Conference in Gold Coast, Queensland, Australia; and the Canada Association for Child and Parent Therapy 2013 Annual Conference in Niagara Falls, Ontario, Canada. Counselors for Social Justice, a division of the American Counseling Association, presented Eric the O’Hana Award in 2007 and the Mary Smith Arnold Anti-Oppression Award in 2013 for his sustained contributions in mental health advocacy for child trauma survivors. He maintains a part-time, private practice in child and family psychotherapy in Dallas, TX. For more information, visit www.dreericgreen.com

Athena A. Drewes, PsyD, RPT-S is a licensed child psychologist, certified school psychologist, and Registered Play Therapist and Supervisor. She is Director of Clinical Training and APA-Accredited Doctoral

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She is a former Board of Director of the Association for Play Therapy (2001–2006) and Founder/Past President of the New York Association for Play Therapy (1994–2000) and its newly elected President. She has written extensively about play therapy, with seven edited books, and has been a sought-after invited guest lecturer throughout the U.S., England, Wales, Taiwan, Australia, Ireland, Argentina, Italy, Denmark, Mexico, and Canada on play therapy



About the Contributors

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Jennifer N. Baggerly, PhD, LPC-S, RPT-S, is a professor and the Chair of the Division of Counseling and Human Services at the University of North Texas at Dallas. She is Chair-elect of the Board of Directors of the Association for Play Therapy (APT). Jennifer is a Licensed Professional Counselor Supervisor and a Registered Play Therapist Supervisor. She has provided play therapy for 18 years in schools and community agencies and teaches play therapy on a regular basis. Dr. Baggerly's multiple research projects and over 50 publications have led to her being recognized as a prominent play therapy expert.

Sue Bratton, PhD, LPC-S, RPT-S is Professor and Director, Center for Play Therapy, University of North Texas. Dr. Bratton is a nationally and internationally known speaker and author with over 65 publications in the area of play therapy and filial therapy, the majority of which are outcome research. Her most recent books are *Child Parent Relationship*

Therapy (CPRT), CPRT Treatment Manual, Child-Centered Play Therapy Research: The Evidence Base, and Integrative Play Therapy. Dr. Bratton is a Past President of the Association for Play Therapy, recipient of the 2007 APT Outstanding Research Award, 2011 CSI Outstanding Supervisor Award, 2013 ACA Best Practice Award, and 2013 AHC Humanistic Educator/Supervisor Award.

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Rebecca C. Chalmers, PsyD, MFA, is a published poet, a clinical psychologist practicing in New York City and Brooklyn, and a full-time faculty member at Brooklyn College, City University of New York (CUNY), in the Department of Psychology, where she teaches psychotherapy, psychopathology, and group processes. She specializes in facilitating, and training others to facilitate, Creative Writing Therapy groups and workshops that focus on strengthening mindfulness, preventing clinician burn out, and enhancing creativity.

Jodi Crane, PhD, LPCC, NCC, RPT-S, is Associate Professor in the School of Professional Counseling at Lindsey Wilson College (Kentucky), where she has been teaching for the past 13 years. She received her play therapy training at the University of North Texas. She is the author of chapters in Gary Landreth's *Innovations in Play Therapy* and R. Van Fleet and L. Guerney's *Case Studies in Filial Therapy* (with Sue Bratton). She is the first recipient of APT's Research Grant to complete and publish her research in the *International Journal of Play Therapy*. She serves on the Board of Directors of APT and is a Past President of the Kentucky Association for Play Therapy. In 2010, she received the Terry Fontenot Play Therapy Award for her service to play therapy in Kentucky.

Harriet S. Friedman is on the teaching faculty of the Jung Institute of Los Angeles. She also served at the Jung Institute as director of the Hilde Kirsch Children's Center, serving both parents and children. Harriet is a founding member of the Sandplay Therapists of America (STA), serving STA as Board Chair and having served on the board for the International Society of Sandplay Therapists. Along with Rie Rogers Mitchell she co-authored the book, *Sandplay: Past, Present and Future* (Routledge, 1994) and *Supervision of Sandplay Therapy* (Routledge, 2007). For the last 25 years she has lectured both nationally and internationally on integrating sandplay and Jungian psychology. She has a private practice in West Los Angeles.

Sandra Graves-Alcorn, PhD, LPAT, is founder of the Master's program in Art Therapy and Institute in Expressive Therapies at University of Louisville and a Professor Emeritus at the University of Louisville. Also, she is the Past President of the American Art Therapy Association. Currently, she's in private practice in LaGrange, Kentucky.

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Dr. Eleanor Irwin, one of the co-founders of the NADT, is also a Child and Adult Psychoanalyst, a Clinical Psychologist, and a TEP Psychodramatist. In addition to being a Clinical Assistant Professor of Psychiatry at the University of Pittsburgh, she is also a Past President of The Pittsburgh Psychoanalytic Center and serves as the Chair of the Child Analysis Committee. She has made films about Expressive Arts

Therapies and has published articles and book chapters about assessment and treatment issues. With Dr. Judith Rubin, she is a co-founder of Expressive Media, Inc., a non-profit organization dedicated to teaching and training in the Expressive Arts Therapies.

Diane Kaufman, MD, is the guiding leader of Creative Arts Healthcare—The University Hospital. She is a Child Psychiatrist and Master Clinician at the Rutgers Health Sciences Campus at Newark. She was honored with the Healthcare Foundation of New Jersey's Leonard Tow Humanism in Medicine Award (2000) and Lester Z. Lieberman Humanism in Healthcare Award (2011). Dr. Kaufman is a published poet, an expressive arts educational facilitator with expertise in poetry as therapy, and author of *Cracking Up and Back Again: Transformation Through Poetry*, and the children's story on trauma and resilience, *Bird That Wants to Fly*. She presents internationally on arts and healing.

Mariah Meyer LeFeber, MA, LPC, BC-DMT, DTRL, is a dance/movement therapist and licensed professional counselor at the Hancock Center for Dance/Movement Therapy in Madison, Wisconsin. She currently works with a variety of ages and diagnoses, although her work on dance/movement therapy and children with autism has been published several times. In addition to her work as a therapist, Mariah teaches modern dance and organizes a community outreach and education program in the dance department at the University of Wisconsin, Madison. She enjoys performing as a modern dancer and dancing for joy's sake with her husband and two little girls.

Reina Lombardi, MA, ATR-BC, is an art therapist at Delta Family Counseling in Cape Coral, Florida, and at the Knox Academy in Bonita Springs, Florida. She has 10 years of experience working with children in a variety of residential, clinical, and educational settings. She blends client centered and cognitive-behavioral approaches with the expressive therapies in her work with children. Currently, Mrs. Lombardi serves on the board of the Florida Art Therapy Association and as the Social Media Coordinator for the Expressive Therapies Summit.

Dr. Rie Rogers Mitchell is a professor of educational psychology and counseling at California State University at Northridge, where she serves as clinical director and supervisor at the university's clinic. Dr. Mitchell has been the recipient of several awards at her university, including the University Distinguished Teaching Award and the Dorsey Award for mentoring students in the Educational Opportunity Program. The American Board of Professional Psychology has also awarded her Diplomate status in Counseling Psychology. Dr. Mitchell is a certified sand play therapist and has taught sand play around the world. She has recently been elected President of the International Society of Sandplay Therapists.

Wendy Rosenberg, M.Ed., has been a special educator working with children of all ages for over 20 years. She has brought her love of poetry and poetry therapy techniques into the classroom as well as into homeless shelters, after-school programs, and bereavement workshops. Ms. Rosenberg was the recipient of a Dodge Foundation teacher scholarship to the Fine Arts Work Center. She is a published poet, an Expressive Arts Educational Facilitator, a Certified Applied Poetry Facilitator, a member of the National Association for Poetry Therapy, and a certified Kaizen-Muse Creativity Coach.

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Dr. Dalena Dillman Taylor is an assistant professor at the University of Central Florida and a Licensed Professional Counselor-Intern. She has extensive clinical experience with play therapy with children, siblings, and families in agencies and schools. She is passionate about the advancement of the counseling field and works to advocate for both the profession and her individual clients. She served as the North Texas

Chapter President of the Texas Association for Play Therapy (2012–2013) and is the recipient of the 2012 SACES Emerging Leader Award.

Professor Robert Wolf is a creative art therapist and psychoanalyst with over 35 years of experience in private practice and clinical supervision. He has been on the graduate faculty of The College of New Rochelle, Pratt Institute, and The Training Institute for the National Psychological Association for Psychoanalysis. He is a former Director of the Institute for Expressive Analysis and a past President of the New York Art Therapy Association. He has published numerous professional articles on art therapy, countertransference, expressive therapy, and phototherapy and his work as a fine art sculptor and photographer have been exhibited internationally.

CHAPTER

1



The Expressive Arts Therapy Continuum: History and Theory

SANDRA L. GRAVES-ALCORN AND ERIC J. GREEN

INTRODUCTION

What are the expressive therapies, and what important clinical information do they contextualize for the creative practitioner? In my opinion, we become therapists and utilize expressive art therapies to help others make changes in their lives and guide them toward happier and more fulfilling existences. There are many avenues within the therapeutic milieu to achieve this end. Although the theoretical foundations are often similar, the methods of caregiving to our clients change with our training and chosen area of expertise. Becoming an expressive art therapist and play therapist with children requires accumulating an arsenal of diverse, creative strategies to help clients communicate their experiences and feelings in nonverbal, less threatening ways. It also requires

I was very pleased to be asked to write this chapter and thank the editors for the opportunity. I am approaching it partially as personal history and the early development of art therapy as a profession. I was privileged to be among the pioneers and founders of a very important journey in the progress of medical science and healing by use of the expressive arts.

competency based on specified training, credentialing, supervised practice, and ongoing professional development.

Traditional talk therapy alone is generally unsuccessful when working with children and adolescents, especially within the developmental context of young childhood (Green, 2010). Play is a child's work. Toys are their words and play is their language (Landreth, 2012). As an adult, play becomes a necessary balancing act to mitigate typical psychosocial stressors, often bringing out the "natural child" in each of us. Within the venue of play, we find multimedia and multidisciplinary fields. That is not to say that all of the expressive, creative therapies are a form of play therapy, especially given the credentialing and specificity of studies in each professional arena, but for the sake of simplicity and also as a rationale for why we are integrating these fields in this book, I am going to approach integration by highlighting the similarities. I will be explaining the Expressive Therapies Continuum in this chapter as an attempt to lay a foundation of synthesis so all of the therapies can be understood as simply as possible and to formulate a way for the clinician to plan treatment based on integrated theories.

The following definitions of four of the separate disciplines—art therapy, music therapy, drama therapy, and dance therapy—will lead us to what they all have in common and what differences need to be learned in order to be an effective therapist. For the professional standards and criteria, refer to the Specialized Training and Resources section at the end of most chapters for a list of websites and credentialing processes. The information contained in the following four paragraphs was adapted from Expressive Therapy (2013):

Art Therapy, sometimes called creative arts therapy or expressive arts therapy, encourages people to express and understand emotions through artistic expression and through the creative process. Art therapy provides the client-artist with critical insight into emotions, thoughts, and feelings. Key benefits of the art therapy process include: (a) self-discovery, (b) personal fulfillment, (c) empowerment, (d) relaxation and stress relief, and (e) symptom relief and physical rehabilitation.

Music Therapy is one of the expressive therapies consisting of an interpersonal process in which a trained music therapist uses

music to help clients improve their psychological functioning, cognitive functioning, motor skills, emotional and affective development, behavior and social skills, and quality of life. Music therapists employ (a) free improvisation, (b) singing, (c) songwriting, (d) listening to and discussing music, and (e) moving to music to achieve treatment goals and objectives. Music therapy is used in some medical hospitals, cancer centers, schools, alcohol and drug recovery programs, psychiatric hospitals, and correctional facilities.

Dance-Movement Therapy (DMT), or Dance Therapy, is the psychotherapeutic use of movement and dance that influences emotional, cognitive, social, and behavioral forms of functioning. As an expressive therapy, DMT assumes that movement and emotion are directly related. The purpose of DMT is to find a healthy balance and sense of wholeness. DMT is practiced in places such as mental health rehabilitation centers, medical and educational settings, nursing homes, day care facilities, and other health promotion programs.

Drama Therapy is the use of theatre techniques to facilitate personal growth and promote mental health. Drama therapy is used in a wide variety of settings, including hospitals, schools, mental health centers, prisons, and businesses. The modern use of dramatic process and theatre as a therapeutic intervention began with Psychodrama. The field has expanded to allow many forms of theatrical interventions as therapy, including role-play, theatre games, group-dynamic games, mime, puppetry, and other improvisational techniques.

MEDIA DIMENSION VARIABLES

In my early pioneering years, I was struck by how expressive arts media had a direct effect on the healing process. So I went about exploring through scientific inquiry and developed what became known as *Media Dimension Variables*, which later transmuted into the *Expressive Therapies Continuum*. I will briefly overview my seminal research in the expressive arts field. Next, I will explain how the media from each expressive arts therapy field can have similar characteristics developmentally and how to incorporate this data clinically.

Early on I defined the use of art and craft materials in therapeutic service as an exploitation of media dimension variables (MDV) (Graves, 1969). MDV were those qualities or properties inherent in a given medium and process utilized in a therapeutic or educational context to evaluate and/or elicit a desired response from an individual (Kagin, 1969). The premises on which the concept of MDV were developed were that (a) the reinforcement value of making art is inherently a therapeutic process; (b) all individuals can be creative to some degree; (c) dimensions of art media are discernible and can be classified; and (d) media dimensions can be therapeutically applied.

Creativity elucidates a modification of behavior. Creativity, therefore, is a compilation of unconscious and/or conscious information channeled into some overt action (Kagin, 1969). A type of cause-and-effect relationship transpires when individuals engage in creative processes that are based on an energy source (motivation) and a data retrieval system leading to problem solving. This original concept was, at that time, based on Guilford's (1965) model for creative performance, which encompassed a need for individuals to experience achievement or self-esteem, a need for expression, and a need for producing order (homeostasis in the organism). This creativity was determined by the efficiency with which an individual was able to bring schemata, or information, out of storage for indirect use in coping with situations. Guilford (1965) further divided memory storage into various classes, one of which was visual-figural data, which we see manifest in graphic expression as line, form, and shading.

Art is generally thought to be a socially acceptable mode of creative performance, which may provide enough satisfaction to channel otherwise destructive and/or antisocial actions into constructive and appropriate channels, as well as alleviate emotional distress. There is an unconscious attempt by an individual when creating art to build schemata. This process increases environmental awareness and heightens self-esteem, thus aiding the efficiency with which schemata are used. Ultimately, art making can be viewed as a perpetuating creative cycle (Kagin, 1969).

The theoretical underpinnings of art therapy in the early years of its professional development were that the projections of unconscious