11

Expanding Clinical Skills

I n *The Biracial and Multiracial Student Experience: A Journey to Racial Literacy* (Davis, 2009), I describe a three-tiered model adapted from a model of Wholistic Practice I developed many years ago as a clinical teaching tool. I witness three distinct planes in all clinical (counseling) relationships, no matter how brief: the Here and Now, the Real World, and the Re-Created Life.

The Here and Now is about what happens during each meeting; in educational terms, it might be called a "teachable moment." The Real World is outside the school counseling office. The Real World is in the classroom, on the playground, and at home, and it includes what a student client takes with him into those other spaces. The Re-Created Life encompasses all a student client becomes as a result of his time in counseling.

This way of viewing the counseling relationship and process can help us to remember each moment counts. In, out, and beyond our individual encounter with students, what happens in our offices, even in the hallways, matters and creates change in them and within us.

In Chapter 12, I share a complete schema of professional development based on an equity model developed by Dr. Bonnie Davis and I (2008), but in preparation for the next section, I suggest three simple "Cs" of Culturally Considerate Counseling:

- *Caution: When in doubt, don't.* Don't speak, don't act, and don't come to any conclusions about how to proceed until you've considered the next two Cs.

- *Conscientiousness.* Listen and learn from your students, their families, colleagues, and allied professionals. An important part of conscientiousness is gratitude. Let your students know you have learned from them. Thank them.
- *Clarity.* Take a step back and inventory thoughts, feelings, and beliefs. Being clear about these things will lead not only to better understanding of ourselves but also to better understanding and acceptance of others.

CURRENT TRENDS

When discussing current trends in school counseling, it is useful to reference trends in education and trends in child and adolescent counseling and/or therapy. These two disciplines may be distinct, but for school counselors, they are by no means mutually exclusive.

Current trends in education lean toward new ways to understand student achievement—or perhaps more accurately, *under*achievement. Alternative assessment, brain research, inclusion, learning styles, English language learning, technology, and closing the achievement gap are among the topics often offered in staff development settings. In child and adolescent therapy circles, current topics often focus on causation of behaviors. Attention deficit/hyperactivity disorders, pervasive developmental disorders (also known as autism spectrum disorders), oppositional defiant disorder, attachment disorders, and bipolar disorder are among the most frequently offered continuing education workshops for practitioners. Somewhere between bullying and school violence, disaster preparedness, character education and service learning, and multicultural and equity education make up many in-service and conference hours.

Christopher Sink, veteran professor of counselor education at Seattle Pacific University and past editor of *Professional School Counseling*, the journal of the American School Counselor Association (Sink, 2010), lists the following trends as key areas for school counselors: student spirituality and meaning making, positive psychology, and strengths-based education and counseling, such as Positive Behavior Support (PBS) and Response to Intervention (RTI), creating schools that are caring learning communities, program evaluation, research methods for accountability leadership.

PBS and RTI are two trends rapidly developing throughout education. PBS includes both systemic and individualized strategies that incorporate managed classrooms and other school areas using a three-tiered approach. Primary, secondary, and tertiary prevention strategies implemented across three school-based levels—nonclassroom, classroom, and individual students—are designed to create a positive school climate (Sherrod, Getch, & Ziomek-Daigle, 2009). RTI is a multitiered problem-solving approach that addresses the learning difficulties by providing educators

with guidance on how to match student needs with appropriate levels of support to ensure positive outcomes and foster continued progress (Jackson, Pretti-Frontczak, Harjusola-Webb, Grisham-Brown, & Romani, 2009). Initially, RTI models addressed issues related to children with identified learning disabilities, the term "response to intervention" first appearing in school psychology and special education literature with the initiation of the Individuals with Disabilities Education Act (IDEA), requiring the development of IEPs, or Individualized Education Programs (Office of Special Education and Rehabilitative Services, 2004). More recently, RTI has been utilized as a model of support for all children. Common principles of RTI include multiple tiers for maximum support for each child, high quality instruction, core curriculum encompassing a research base, a formative and summative data collection system, evidence-based interventions, procedures for identifying selection and revision of instructional practices, and monitoring measures (Jackson et al., 2009).

Both PBS and RTI have significance for culturally considerate school counseling in their multilayered, individualized structures. Both of these models also rely heavily on professional teamwork, giving school counselors opportunities for collegial support, shared responsibility, and greater chance of effecting change schoolwide.

A FEW NEW THOUGHTS ON SOME OLD TECHNIQUES

School counselors and other helping professionals are trained and generally experienced in basic counseling techniques. Active listening skills are important but not always executed with the unconditional positive regard and authenticity children require. Patricia Van Velsor (2004) writes that counselors learn to use "microskills" that help them to act more purposefully with their clients. "These microskills are the threads that the counselor weaves into techniques to help form the intricate tapestry of counseling. . . . Although descriptions of how to apply these skills to counseling with children often include the acknowledgment that children have different cognitive levels and more limited vocabularies than adults, these descriptions often rely heavily on discovering ways to encourage the verbal communication of children" (Van Velsor, 2004, p. 313).

Virginia Axline (1969), noted author of the invaluable *Dibs in Search of Self* and *Play Therapy,* identified eight basic principles of play therapy which are also essential to any counseling intervention with children and most adolescents, although admittedly may not always be practical in terms of time, context, or pressure from other school personnel, administration, or parents. Nonetheless, Axline's principles are an informative basis for work with students and especially for work with student clients whose cultural experience is different from our own:

1. The [counselor] must develop a warm, friend relationship with the child in which a good rapport is established as soon as possible.

2. The [counselor] accepts the child exactly as she or he is.

3. The [counselor] establishes a feeling of permissiveness in the relationship so that the child feels free to express her feelings completely.

4. The [counselor] is alert to recognize the feeling the child is expressing and reflects those feelings back to him in such a manner that he gains insight into his behavior.

5. The [counselor] maintains a deep respect for the child's ability to solve his own problems if given an opportunity to do so. The responsibility to make choices and to institute change is the child's.

6. The [counselor] does not attempt to direct the child's actions or conversation in any manner. The child leads the way; the [counselor] follows.

7. The [counselor] does not attempt to hurry the [counseling]. It is a gradual process and is recognized as such.

8. The [counselor] establishes only those limitations necessary to anchor the counseling to the world of reality and to make the child aware of his or her responsibility. (Axline, 1969, pp. 73–74)

While many children and adolescents tolerate "talk therapy" better than we think, progress is more often made when we meet them on their own playing field. But this is true of any student, client, colleague, or friend. When considering student clients who come from different cultures or who have unique life experiences, our willingness to engage on their terms is the first and most important signal of our capacity to help without bias.

Van Velsor (2004) discusses the difference in reflection when counseling children versus adults. "With adult clients, this translates into reflecting the verbal message communicated. Because children's content may be expressed in actions or play, the counselor working with children must add behavioral tracking to his or her repertoire."

In behavioral tracking, the counselor simply reflects to the child what he or she is doing at any particular time (Van Velsor, 2004). Games and art supplies are staples in most school counseling offices. Having these items and giving them to children to use while in the session does not constitute counseling. Beyond initial introductions, these articles are meant to be a part of the counseling process. To children, they are important extensions of themselves. If we simply leave them to draw random pictures, we run the risk of dismissing the child by dismissing the art.

We must overtly demonstrate we are attending to the child's actions. If we play checkers or Candyland with our student clients and don't learn from how the child responds to the moves she must make, we are missing valuable information. There are also many fine therapeutic games available to counselors, but even these can be easily underutilized or too heavily relied upon to provide easy answers to overworked professionals.

Reflecting meaning and interpreting with child clients likewise revolves more often around play and action rather than verbal communication. In many instances, children catch on to therapy and/or counseling much quicker than their adult counterparts. Children seldom suffer fools gladly. Van Velsor (2004) tells us that the counselor who effectively extracts and imparts meaning in adult communications can do the same with meaning conveyed in a child's communications through play as well as through words and believes there can be a wealth of meaning in children's metaphor. She cites Romig when stating,

> Metaphor is powerful in its capacity to allow the client to confront difficult personal experience while affording an often critical distance from the distressing material. Metaphor may also be central in developmental change processes in counseling, including building relationships and bypassing client resistance, facilitating awareness of emotions and unconscious beliefs, and introducing new perspectives and possibilities. (p. 314)

Concurring with Brems, Van Velsor asserts that whether a counselor interprets meaning to the child and how he or she does so are dependent, in part, on theoretic orientation. Regardless of theoretic inclination, interpretation requires a great degree of rapport in the counselor and student client relationship. This may be particularly important with the child client because children are generally referred to counseling by others (parents or teachers) and may not be seeking insight (Van Velsor, 2004). In other words, *when in doubt, don't.*

Citing Spiegel and Landreth, Van Velsor emphasizes the importance of limit setting in child counseling. Counselors set limits to protect children, materials, themselves, and others. Counselors communicate the boundaries of acceptable behavior, the counselor's interest in keeping the child safe, and interpersonal responsibility (Van Velsor, 2004). In the context of cultural competency, school counselors also can use limit setting to underscore the importance of acceptance, tolerance, and social justice.

Roaten and Schmidt (2009) reiterate that school populations have become much more culturally diverse in recent years and state, " . . . this trend has further contributed to the societal stratification seen in schools, evidenced by the propensity of students to form groups based on socioeconomic status, academics, sexual orientation, religion, race/ethnicity, culture and other characteristics." Citing Zimmerman and colleagues in

asserting that proactive or remedial interventions that target students' cultural awareness and skills have rarely been fully integrated into schools and counseling programs, Roaten and Schmidt (2009) advocate experiential activities to promote multicultural awareness and respect for diversity. They further state that much of the recent cultural and diversity education curricula emphasize differences and learning about cultures and stress that diversity education should also more effectively promote critical thinking. Experiential activities can be powerful means to stimulate multicultural awareness while assisting students in confronting and overcoming bias (Roaten & Schmidt, 2009).

Roaten and Schmidt (2009) assert experiential learning can be an effective tool, as it (a) encourages students to consider cultural contexts that influence their own behavior, attitudes, and beliefs; (b) engages students in affective learning that assists them in challenging their ethnocentrism and promotes self-awareness; and (c) facilitates students' own cultural experiences in a structured and low-risk environment.

Kim, Green, and Klein (2006) add that instilling multicultural sensitivity through the use of materials such as storybooks is an important part of helping children develop a strong social competence, especially in an increasingly diverse society. Citing numerous studies, they contend multicultural sensitivity enhances social competency which leads to the formation of social networks and particular friendships. Through these friendships, children learn to share, resolve conflict, negotiate, and be more cognitively sophisticated. When able to establish interracial friendships, children demonstrate higher levels of psychosocial maturity.

In addition, there is evidence that experiential activities go beyond cognitive learning and also enhance academic performance by engaging students in affective learning and higher-level thinking skills (Roaten & Schmidt, 2009). Experiential activities require supplies.

Please don't assume I am unaware of budget cuts, cramped office space, or lack of storage options. I am. In addition to struggling with these kinds of stationary challenges, I also spent several years of my professional life on the road doing on-site or in-home therapy. My motto became *have games, will travel.* When I was traveling, I used a very inexpensive rolling suitcase for my supplies. I found a brand new one once at a resale shop for $5.00. Plastic bins are also good storage and can be stored in a closet out of the way if needed.

The following list of items is, in my view, a very basic array of supplies to assist in counseling children and adolescents. There is a short list of things that require some attention to quality; however, most of them are very inexpensive or can be obtained at discounts or by donations. Many of them are likely around your house, waiting for next week's trash collection. My favorite place to shop is the dollar store. Puzzles, stickers, packages of plastic police officers, fire fighters, animals, and other trinkets are always available.

Invest in These Items

- Good pencils—Mirano Black Warrior #2 are my favorite. Keep them sharp.
- 11 × 14 drawing paper. Please don't use copy paper. Good, sturdy drawing paper is worth the cost and signals to the student client that his or her art is important. Your school's art teacher might share some with you.
- Extra large manila envelopes to store the artwork. Use one envelope for each student both for confidentiality reasons and to let the child know you value what she or he has shared.
- Modeling clay—*not play dough.* The odor of clay is less evocative; the clay holds up better and lasts longer and can be reshaped as the child changes.
- Oil pastels for older children who may have more exposure to and control over art media.

Get These Items Wherever You Can

- Crayons—more boxes of fewer colors are best. I recommend the 24 count. Kids love a new box of crayons. Offering buckets of broken and ragged crayons to children is like serving cold coffee to adults.
- Markers
- Multicultural markers
- Good quality construction paper
- Safety scissors—not baby scissors
- Magazines of all kinds for collage
- Bits of wrapping paper, old greeting cards, stickers, fabric swatches
- Basic games like checkers, chess, dominos, and playing cards
- Puzzles no more than 100 pieces so they can be completed during a session
- CD player and several blank CDs so clients can make their own background music or create audio music journals
- Dolls and stuffed animals for comfort and role-play (I don't suggest anatomically correct dolls unless used by trained investigative professionals. These can lead to more confusion than clarity.)
- Several small plastic toys such as soldiers, firefighters, animals, and so on for action play or for behavioral tokens
- Tissues (I'm amazed by how many offices do not have tissues available.)

SOME BRIEF COMMENTS ON BRIEF THERAPIES

There are several models of brief therapy or counseling. Some stem from cognitive-behavioral schools of therapy, some from family systems theory,

and others from crisis intervention movements. The establishment of the managed health care industry also had a great deal to do with an increasing trend toward brief models in an effort to control costs of mental health treatment (Wilcoxon, Magnuson, & Norem, 2008). Out of these trends, solution-focused and/or strengths-based counseling have emerged as successful modalities for use in schools.

Solution-focused therapy is grounded on the assumption that for every problem there is a solution. To formulate solutions, the counselor helps the client build on exceptions—times when the problem could have occurred but did not or was less severe (George, 2008). This approach is especially useful for many children as it embraces resiliency and helps build upon strengths. Solution-focused counseling also embraces the child client's worldview, making it a particularly useful modality for working with students from all cultures. Through the use of a "miracle question," the child client's innate propensity for visualization and imagination is utilized to find a clear picture of the solution, even when the problem may not be clearly defined or understood.

Counselors who use solution-focused methods make conscious use of time by engaging the client quickly and keeping him focused on goals and priorities. The counselor works cooperatively with the student client to create solutions built on strengths rather than fixing things or curing illness (Mireau & Inch, 2009).

Critics of solution-focused interventions often assert the approach is simplistic and raise concerns regarding lasting change (J. Linton, 2005). While more longitudinal studies may be needed to validate the efficacy, solution-based counseling has been proven effective in school settings. Anger management, substance abuse, academic achievement, and social skill building are among the issues most commonly addressed by brief counseling techniques. Solution-focused methods have been found useful in enhancing motivation and helping resistant clients (J. Linton, 2005).

Some student clients may not benefit from brief therapy but may be engaged by solution-focused skills in order for school counselors to assess needs and make appropriate referrals. Students who have experienced trauma, have severe emotional disturbance, are actively self-harmful, or are suicidal should be seen for more intensive treatment outside the school setting.

SCHOOL-BASED GROUP COUNSELING

In the timeless text *The Theory and Practice of Group Psychotherapy*, the venerable Irvin Yalom (1985) describes group therapy as "a curious plant in the garden of psychotherapy. It is hardy: the best available research has established that group therapy is effective, as robust as individual therapy. Yet it needs constant tending" (pp. 516–517). Yalom believes

group counselors in training profit from (1) observing experienced group therapists at work, (2) close clinical supervision of their early groups, (3) personal group experience, and (4) personal therapeutic work. The following are Yalom's classic elements of group psychotherapy:

1. Installation of Hope
2. Universality
3. Imparting of Information
4. Altruism
5. The Corrective Recapitulation of the Primary Family Group
6. Development of Socializing Techniques
7. Imitative Behavior
8. Interpersonal Learning
9. Group Cohesiveness
10. Catharsis
11. Existential Factors

Although Yalom (1985) practiced from a traditional psychoanalytic/psychodynamic theory base, he concurred with Carl Rogers' assertion that the unconditional positive regard and acceptance among group members was more potent and meaningful than acceptance by the therapist, with the group experience leading to deeper self-exploration, self-understanding, and growth. Group counseling with children and adolescents provides the same opportunities, though the cautions generally applied to counseling and therapies with children need to be heeded.

The ASCA (American School Counselor Association) National Model endorses group work as an important component of comprehensive school counseling programs (American School Counselor Association, 2005). Steen, Bauman, and Smith (2007) cite the ASCA 1999 position statement which reads, " . . . group counseling is an efficient and effective way of dealing with students' developmental problems and situational concerns," and Riva and Haub's 2004 work stating research has consistently supported the effectiveness of group counseling in schools.

School counselors and social workers are notoriously pressed for time. Their multifaceted and widely divergent roles rarely allow for the in-depth or extended individual attention students often need. Frequently, group counseling is the preferred method of service delivery. Conversely, Steen et al. (2007) found that 87% of school counselors polled in a 2006 study indicated that lack of time during the school day was the most common reason groups were not supported and/or conducted in their schools. Other themes that impacted the inclusion of groups in school

counseling programs were staff and administration value and support of groups, parent perceptions, and confidentiality issues.

Many factors contribute to the effectiveness of group counseling in schools. Steen et al. (2007) refer to Yalom's element of universality as one—the knowledge that others have similar challenges. Small groups provide a milieu for peer interaction and observation of peer role models. Students not only receive support from others but also have the opportunity to be helpful to others, increasing self-esteem.

Bauer, Sapp, and Johnson (2000) write,

> The school is an ideal location for the use of cognitive-behavioral interventions with students since the underlying assumption of behavior theory is that all behaviors, cognitions, and emotions are learned and, thus, can be modified through instruction. The counseling group is viewed as an educational experience in which group members can learn and practice new behaviors and skills to help them become more successful in school. (p. 42)

Bemak, Chung, and Siroskey-Sabado (2006) assert group counseling is the intervention of choice in schools, citing McClanahan et al.'s 1998 literature review which found group counseling to be better at fostering social competencies, insights, and social skill development. Children facing divorce, students who have poor peer relationships, youth at risk, students challenged by academic success, and multicultural students are among those identified as populations benefitting from group participation.

Leslie Cooley (2009) writes, "We know from research and training that group counseling is the treatment of choice for many adolescents; for this demographic, anything a peer says is far more interesting and influential than anything we could say on our best day" (p. 3). She further writes, "At the elementary level, many of the issues for which students are referred for counseling are social or behavioral in nature. Group counseling is an ideal way to work on the skills necessary to be successful in these areas" (p. 3).

Using the ACSA National Model (American School Counselor Association, 2005) as framework for the development, delivery, and evaluation of the program, Kayer and Sherman (2009) present a successful group model for ninth-grade students to improve academic performance. They focused on three areas:

1. Cognitive and metacognitive skills such as goal setting, time management, and study skills

2. Social skills, including listening and teamwork

3. Self-management skills, including motivation

Steen and colleagues (2007) note three most common types of groups conducted by school counselors in their 2006 study were those dealing

with academic skills, anger management, and social skill building but also note that often the anger management groups were court ordered and facilitated by outside counselors.

School-based group counseling programs should serve all students by considering the diverse and individual differences that are valuable to all in a rich multicultural society. The group experience should be relevant and meaningful to the lives of all students. While some topics may promote homogeneity within a group, the more heterogeneous the membership of a group is, the more productive, as there is a better chance to replicate the school culture as a whole. School counselors can encourage diversity in group memberships by reaching out to all segments of the school population. In addition, school counselors must be highly sensitive to how different cultural perceptions and learning styles affect and are influenced by group process (Stroh & Sink, 2002). Multiple studies have shown students from culturally diverse backgrounds have benefited from culturally responsive groups. Data has been presented on the increased self-perception of African American and Portuguese children, the academic improvement, quality of family life and mental health for Mexican American adolescents, the improvement in achievement and interpersonal relationships for Israeli children, and the increased self-esteem and internal locus of control of Native American adolescents (Bemak et al., 2006).

Over the span of my career, I have facilitated many groups in many settings with many populations, including school-age children, but school-based group counseling is not my area of expertise. My experience in treating children, in fact, has led to me doubt the usefulness of group work within school settings. As a respectful researcher, however, I must defer to the practitioners and authors who present evidence to the contrary and to the ASCA National Model. As a transparent reporter, I must also acknowledge those instances in which group work has indeed been effective.

In Chapter 7, I reference a type of group most frequently labeled Gay-Straight Alliances. In these group meetings, students come together to discuss, learn, and become comfortable with differences in sexual orientations/preferences. In my experience, school-based groups have succeeded when they are topic specific, are psycho-educational in process, and function within a set structure which establishes rules of conduct and safety. Steen et al. (2007) found the issue of confidentiality was of concern to many parents, administrators, and students who came from small or rural communities. I have found this to be a large issue in urban schools as well. Each school or school building is its own small community and as quoted in the aforementioned article, "Everyone knows everything about everyone."

To ameliorate concerns about confidentiality and to diffuse the intensity of some group process outcomes which can threaten student

functioning within the school environment (and as an art therapist), I advocate for experiential groups. When the focus is on an activity or creative outcome, change can happen as effectively but without the risk of undue self-disclosure or fear of exposure.

ALTERNATIVE MODALITIES AND ADJUNCT THERAPIES

Clinical work with children has always incorporated experiential activities and intertwined talk, art, and play. Children are naturally drawn to the healing qualities of creativity, spontaneous expression, fantasy, and safe communication (Malchiodi, 1999). Creative or expressive therapies are spontaneous and self-generated, self-expressive, and practiced by children according to age, intelligence, maturity, stress, and life experience (Betensky, 1973).

Storytelling, art, free play, and movement are good activities for younger children. Music, art, photography, dance, journaling, writing, and psychodrama appeal to middle and high school age students. Children of all ages with moderate to severe behavior problems often respond well to behavior charts, tangible reinforcement of positive behaviors that are based on attaining new levels of choice, autonomy, or privileges.

When introducing alternative, experiential, expressive, or creative methods to student clients, it is important school counselors have at least some cursory training in how to implement these activities and the materials associated with them. Offering crayons does not make us art therapists; playing music during a session does not make us music or dance therapists. However, neither should crayons nor music be the proprietary vehicles of specialized therapists only. These media have existed and been instinctively used as healing tools for much longer than any specialty.

There is great advantage to supplementing our verbal counseling skills with nonverbal, kinesthetic ones, yet we must also be prudent and thoughtful in choosing those with which we are comfortable, knowledgeable, and which are appropriate to the student client. I was a licensed clinical social worker/psychotherapist for nearly 18 years before I was a board certified art therapist. Prior to being trained as an expressive arts psychotherapist, I used art to facilitate client work, but there were distinct differences in how I made use of art then and how I do so now. In my estimation, the most important difference is that the introduction of art was usually initiated by the client. My clients' intrinsic need to make art and share it with me was, in large part, why I became interested and committed to better understanding the powerful process of art-making as a therapeutic pathway. Another important difference is my role as clinician. Prior to my expressive arts training, I could observe, appreciate, and validate the art brought to and made in my office. Now, I consider myself a grateful guide and honored witness.

Expressive and experiential modalities make the most of sensory and motor function and are naturally acclimated to use with children and adolescents. Movement, vision, touch, sound, and even taste can be incorporated into opportunities for understanding, growth, and change.

Art therapy is based on the belief that the creative process involved in the making of art is healing and life enhancing (American Art Therapy Association, 2010). Art therapists fall into two general categories: the first involves a belief in the inherent healing power of the creative process; the second emphasizes the product as means of symbolic communication (Malchiodi, 1998). Regardless, it is the media which opens the doorway (Simpkinson & Simpkinson, 1998) and therefore is an innate entryway into a child's world. Art can also open a "window of opportunity" (K. Anderson, 2001–2010) by which child clients can view the world of others more clearly.

Music therapy has been defined as a "systemic process of intervention where . . . the client achieves health using musical experiences and relationships that develop through them as dynamic forces of change" (Bonny, 1997). Joseph Moreno (2000), a prominent figure in the field of music therapy, asserts that music therapy is a modern discipline that has many worldwide sources and connections. Many parallels can be seen between modern music therapy and the healing role of music in traditional cultures.

Poetry therapy and bibliotherapy are terms used sometimes synonymously to describe the intentional use of poetry and other forms of literature for healing and personal growth. Written or read material serves as a catalyst for feeling response and discussion. The process entails four essential stages: recognition, examination, juxtaposition (contrasts and comparisons), and application. Goals are to develop accuracy and understanding in perceiving self and others; develop creativity, self-expression, and self-esteem; strengthen interpersonal and communicative skills; vent emotions and release tension; find new meaning through new ideas, insights, and information; and promote change and increase coping skills and adaptive functions (Diaz De Chumaceiro, 1996; Johnson, 1998). These elements are also described relative to use of storybooks to instill multicultural sensitivity.

> Through encountering problems in stories, children are able to project their own struggles onto characters, thereby gaining insight and direction. . . . In the school setting, bibliotherapy has been used with children who experience a wide range of problems such as bereavement, depression, substance use, and behavioral problems. . . . In general, books can provide information and insight, facilitate learning and problem solving, communicated values, and build relationships. . . . More specifically, as they relate to multicultural sensitivity, books can be used to help children develop a sense of identity, an awareness of the ways in which they are different

from others, knowledge about their own and other cultures, and skills to relate effectively with people of different cultural backgrounds. (Kim et al., 2006, pp. 224–226)

Drama therapy helps to tell a story in order to solve a problem, achieve a catharsis, extend depth of experience, understand the meaning of images, and strengthen the ability to observe personal roles while increasing flexibility between roles. A background in theater arts including improvisation, puppetry, role-playing, pantomime, and theater production is optimal. Through drama, student clients may reduce isolation, develop new coping skills and patterns, broaden affect (emotional expression), improve social skills, and develop relationships.

Drama therapy differs from psychodrama, which has roots in spontaneous dramatization but concentrates upon one person's conflict(s). Using action methods, sociometry, role training, and group dynamics, psychodrama facilitates constructive change by simulating life circumstances in order to produce insight and opportunity for clients to practice new skills. Through re-creation and enactment, participants focus upon specific situations in the life of a particular client. Other members of the group, *auxiliaries,* support the *protagonist* by taking on the role of significant others. The counselor then acts as *director,* creating scenes or scenarios to facilitate change. The remaining group members become the *audience.* Psychodrama, when practiced judiciously, can be a dynamic tool for defusing school tensions between individuals and/or groups. School violence and bullying, racial/ethnic tension, and social isolation are all potential subjects which can benefit from a professional skilled in psychodrama techniques (Blatner, 1973).

Movement therapies are based on the assumption that mind and body are interrelated and are defined as "psychotherapeutic use of movement as a process which furthers the emotional, cognitive and physical integration of the individual" (American Dance Therapy Association, 2010). Originally developed because some psychiatric patients were considered too disturbed for traditional treatment, dance therapy gave birth to movement therapies for chronic medical conditions and later for health promotion and disease prevention. Movement modalities are particularly useful with student clients who have been diagnosed with conditions along the autism spectrum or with attention deficit/hyperactivity disorders. Physically challenged students may also benefit from modified movement modalities.

Combining modalities can produce extraordinary results. Art-making to music, dance in response to another student's drum beat, or producing lyric from poetry not only facilitate individual creativity but also stimulate psychic multitasking, problem solving, and conflict resolution skills.

Some additional modalities to consider are sandplay therapy, animal assisted therapy, and outdoor and/or adventure therapy. All of these

have merit, but proper training and supervision before practicing any cannot be stressed enough.

ALTERNATIVE MODALITIES IN SUPERVISION

In Chapter 12, I confess my bias that all clinicians need to be clients at some point in their life. I discuss this in the context of self-care for the caregiver, a topic I have studied and about which I have facilitated many workshops. Similarly, supervision is something I not only advocate but also strongly encourage for clinicians at all levels of experience. As I reiterate in Chapter 12, often the personal and professional meet; sometimes, they collide. Supervision ideally helps us to avoid injury to self or others.

For those of us who are seasoned professionals—okay, older than dirt—finding a supervisor who can truly teach us something and confront our clinical blind spots can be difficult. In these instances, finding an alternative form of supervision can be a superb solution.

During a very challenging time in my private practice, I sought the supervision of an art therapist in order to help with countertransferential material I could not otherwise seem to master. Using imagery rather than words, anger, fear, and exhaustion surfaced in living (and dying) color. I found I could purge on paper what I carried from my caseload. Images spoke far more eloquently than words. Through this purging, I felt an immediate release and relief, and I also began to develop a new and very deep appreciation for expressive methods. I explored several. I trained with Michael Harner and Sandra Ingerman and incorporated drumming and journey work into my self-care and spiritual practice. I hesitantly, but courageously, explored authentic movement through a supervision group with Caroline Heckman, a gifted therapist and remarkable teacher, and discovered I could not disconnect my physical body from my body of clinical work.

Expressive, experiential, and creative arts modalities (1) allow cognitively impaired and nonverbal clients to communicate more effectively, (2) encourage access to affect more readily, and (3) establish bonding and therapeutic alliance more quickly. Dallett (1982) points out, however, that expression is not enough. The real synthesis of material comes through putting information and insights gleaned from the expression to work in daily life. This is true for our student clients. This is true for us as professionals.

CHAPTER SUMMARY

Shaun McNiff (2009) is a prolific writer and educator in the field of art therapy. He has worked extensively with cross-cultural groups and finds that the strongest work occurs in the most divergent groups. McNiff writes,

> My historical and anthropological investigations have suggested that there is an "eternal recurrence" (Nietzsche) . . . which include the principle of correspondence, creative transformation, symbolic and ceremonial focus, rhythm, catharsis, purposeful action, contagious energy, emergence of personal form, group validation opening to others and giving. . . . The absence of verbal language can actually have positive results, focusing even more energy on the significance of the art object. Body movement, facial expression, and the tone of voice are similarly influenced when there is not a shared verbal language. Other forms of communication by necessity begin to compensate for the loss. (pp. 104–105)

Clients have been referred for nonverbal therapy because of inabilities to communicate through spoken word. By definition, these therapies lend themselves to cross-cultural practice, providing the beginnings of a universal language (McNiff, 2009).