

Integrating Art and Play Based Activities into Children Who witness Abuse Programs

Provincial Training conference
March 3 & 4, 2012



Play is the exultation of the possible. –Martin Buber



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“How you regard and treat the very young is the key to building humane and sustainable cultures. It’s all about respect.” –Raffi on his philosophy of Child Honouring



(Insert Raffi's Child Honouring Principles pdf)

Acknowledgements

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- Gina Fernandez, photographer, for her time and contributions
- Kerstin Mansson, practicum student from the University of Lund, Sweden for all of her invaluable assistance during the conference

Through this support, the workshop went ahead and proved to be a great success. This book provides highlights, key learning, and shared ideas from the two-day workshop, and clear evidence on how art, play, and creativity can complement CWWA goals and mandate. Many participants commented on how they left with renewed spirit and ideas for their work. And so, we'd like to extend a warm thank-you to everyone who made this possible, including all of the dedicated and enthusiastic CWWA counsellors who attended. We hope you will continue to support and inspire one another through the sharing of your professional experience at conferences such as this one!

Introduction

In early March 2012, 50 participants from all around British Columbia came to this dynamic, interactive workshop to learn more about art and play activities, and how they complement the CWWA program work that is already being done in their communities. During the two-day conference, we covered many topics: some foundational guidelines to help inform the inclusion of art and play with program goals, trying out various art materials, engaging in hands on art activities, and learning about types of activities that complement the psycho educational objectives of the program. Highlights of these materials are included in this supplementary book. On the second day of our workshop, we were fortunate to have presentations from three special guests: Shannon Guiboche, VISAC Victim Services Support Worker with the VPD Sex Crimes Unit, and Registered Clinical Counsellor-Art Therapists Tatjana Jansen, and Kali Dukowski. Together, they covered some of the more difficult topics, such as disclosures, grief and loss, trauma and sexual reactivity. Due to their generosity, we have been able to include additional supplementary materials, plus a little more.

We are very pleased to compile and share this collection of material that supports not only what was learned and explored during the workshop, but that will also enhance the ongoing professional development of CWWA counsellors, and provide further ways to support the children they work with.

Thank you!

Rhonda Gaidica and Joanne Elliott

CWWA Mandate

CWWA Program:

- Strengths based, child-centered, psycho-educational
- Feminist perspective
- Acknowledges developmental factors

Approach:

Psycho-educational, Feminist, developmental

“While the overall approach is psycho-educational, individual counsellors have a wide range of backgrounds and are encouraged to draw on their own specific skills while recognizing the limits both of their training and of the program mandate. Some CWWA counsellors, for example, use techniques associated with art and play therapy to meet the needs of the children with whom they work” (p. 4-5).

Purpose of psycho educational approach:

- To provide “bite-sized” pieces of information to children
- To teach children strategies for safety and managing feelings
- Training (CWWA counsellors)—Acknowledges varied range of backgrounds and experience
- Boundaries and Scope of Practice- know your own limitations, as well as where to turn for additional assistance, if needed.

Key Program Goals:

- Define violence and responsibility for violence
- Express feelings, including anger
- Improve communication, problem-solving, and cognitive coping skills
- Increase self-esteem
- Develop social support networks
- Develop safety plans
- Experience safety and trust during group sessions



Non Directive, Child- Centered Approach

- Self-directed healing and decision-making empowers children by giving them choices
- Less likely to push child beyond their readiness and capacity to deal with trauma
- Child learns to self-regulate emotions
- Allows Counsellor and child to stay in the present
- Encourages/permits reality-testing, exploration, imagination/creative problem-solving; promotes resilience

Directed and Non-Directed Approaches

Longer term counseling lends itself to a non-directive, spontaneous approach in which you follow the child's lead. Directed, more structured or themed activities can be useful in conjunction with shorter term counselling or groups.

Directive and Non-directive Activities

Directive (structured)

A predetermined activity, predetermined goal; can be helpful when focusing on specific issues/themes, or getting "unstuck"; Complements CWWA group work. Externally directed.

Examples - Family portrait as animals, "A Perfect Day," games

Non-directive (unstructured)

Spontaneous activities, following the child's lead; self-generated imagery (from within, dreams, or imagination) No right or wrong way to do this and no expected result. Internally directed.

Example – Child chooses particular activity or media (play or art)

The Unique Needs of CWWA Client Population

Children who have witnessed or experienced abuse can benefit from use of art and play in conjunction with the existing psycho-educational framework.

These unique needs are:

- A sense of safety, trust, nurturing, and a familiar, consistent, structured and comfortable environment.
- Permission to play, have fun and to be just kids, since they have likely been parentified. Similarly, there may be developmental gaps in the artwork or play due to “missed” stages while contending with abuse.

How Children are Impacted by Witnessing Abuse

- Fearfulness, anxiety, “clinginess”
- Aggression, “acting out” (externalizing feelings)
- Poor self esteem, depression (internalizing feelings)
- Regression to earlier developmental stage (temporary) e.g. bed-wetting, thumb-sucking
- PTSD; hyper-vigilance
- Nightmares, sleep disturbances
- Emotional numbing, dissociation, “spacing out”
- Trust and boundary issues
- Feelings of anger, shame, helplessness, anxiety, confusion, guilt, sadness

What are Art and Play Therapy?

Art therapy combines the creative process and psychotherapy, facilitating growth through self-exploration and understanding. Using imagery, colour, and shape as part of this creative therapeutic process, thoughts and feelings may be expressed that would otherwise be difficult to articulate.

Play therapy involves using play materials to meet the emotional, social, psychological, and developmental needs of children. It is generally employed with children aged 3 through 11 and provides a way for them to communicate their experiences and feelings naturally, through a self-determined healing process.

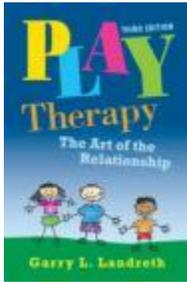
Play therapy is to children what counseling is to adults. Play therapy utilizes play, children's natural medium of expression, to help them express their feelings more easily through toys instead of words.

Association for Play Therapy (APT) defines play therapy as "the systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development."

In the textbook *Play Therapy: The Art of the Relationship* (2nd ed.), Landreth (2002) defined child-centered play therapy:

A dynamic interpersonal relationship between a child (or person of any age) and a therapist trained in play therapy procedures who provides selected play materials and facilitates the development of a safe relationship for the child (or person of any age) to fully express and explore self (feelings, thoughts, experiences, and behaviors) through play, the child's natural medium of communication, for optimal growth and development. (p. 16)

Play Therapy: The Art of the Relationship



Play Therapy: the Art of the Relationship is the newest incarnation of Garry Landreth's comprehensive text on creating therapeutic relationships with children through play.

It details Landreth's Child Centered Play Therapy model

Art-as-Therapy vs. Art Therapy

How do art and play activities differ from art and play therapy? How can you safely incorporate these elements into the CWWA program?

“Art as therapy” focuses on the creative process and the act of making art. Unlike *art therapy*, it does not rely on verbal discussion or processing. Healing is an intrinsic aspect of art-making that is available to all, whether in a therapeutic context or not. CWWA counselors can safely use art in the first sense, as they do not have the specialized training to diagnose, make assessments, create specific interventions, or to process the artwork in depth. A key guideline would be to identify how the art work matches the psycho-educational goal (e.g., self-esteem, safety, and so on). Children can still benefit from creating without the application of the specialized aspects listed. Similarly, play can also be incorporated into CWWA counseling, without applying specific therapeutic techniques.

Benefits of Art and Play in CWWA Programs

Using art and play can help children to:

- Make sense of and process their experience; use symbols and metaphor to gain safe distance from traumatic material.
- Communicate or express feelings that cannot be put into words.
- Build self-esteem through self-creations (art, play) and stories.
- Enhance problem solving skills through creativity; gain mastery and sense of control over one's own world
- Foster resilience through exploring alternate outcomes in a safe environment.
- Externalize inner feelings and conflicts, allow for discussion with counsellor.
- Release tension; teach self-soothing through art-making and play
- Express or release "unacceptable" thoughts and feelings, thereby reducing the likelihood of inappropriately acting out in real life situations.

Helping Kids Manage Anger

Children who witness abuse need extra support in understanding, recognizing, and expressing anger in healthy ways.

Here are some suggestions:

Physical:

Jump rope, stomping up and down stairs, marching, swimming or running, shouting into pillow; squishing stress ball

Art:

Draw target/bulls eye and throw clay balls or wet paper towel; destroying dried clay piece; "Stomp Box," Scribbling, making spontaneous art

Play:

Puppets, foam swordplay, pounding pegs, making loud music with instruments (especially drumming), "Bop Bags"

Art and Play-based Activities that Complement CWWA Mandate

Through art and play, we are giving children the opportunity to have a *different/alternate experience*. In extreme cases, it is a means of survival. Both modalities are natural ways to express the inner landscape through the use of personal symbol and metaphor and to communicate pre-verbal experience or material that is otherwise too traumatic or complex to convey directly. Sometimes it is unnecessary for children to put images into words. The art is enough and speaks for itself.

Within the context of a trusting, therapeutic alliance, children can use the CWWA counselling space to process, create, re-imagine and transform difficult personal experiences. Your support and non-judgmental acceptance of the child as a *whole person* is key to rebuilding self-esteem and resilience, and in assisting them in navigating change. It is possible to enhance the psycho educational component of the program through the incorporation of art and play according to your client's needs.

CWWA Counselling

Individual/one-to-one Counselling

- Helps build a safe, positive and trusting relationship with the child
- Allows for greater personal expression than group; private, no judgment
- Better for shy, anxious children
- Some children are simply not ready to be among others, and may need time to deal with behavioural issues that could interfere with group dynamics

“Comfort Corner”

If possible, have a rocking chair or cozy chair with soft blanket(s) and cuddly stuffed animals available for self-soothing.

Group

- Helps children normalize their experience with violence
- Peer support; belonging
- Psycho educational aspect; providing relevant information
- Art activities complement thematic content
- Play, movement, and simple games can be utilized with younger children (puppets, etc) or as a means of transitioning from heavy material
- Opportunity to work together on murals and thematic group projects

“Calm Down Corner”

Similar idea to “Comfort corner; with mind jar and basket of calming tools/ideas to help children self-regulate their emotions.

Thematic Activities to complement CWWA Group Framework

Safety

- My Safe Place
- My Oasis
- Safety hands
- Scratch away/cover up pictures (revealing or hiding images underneath dark crayon)

Safety planning/Personal Protection Plans

Use art to engage children in this process and to reinforce retention; for older children or teens “comic book” style can be engaging.

Family

- Family as Animals
- Family Crest
- My House; A Day at my House
- Window into my Life at Home/My World
- Create a World

Empowerment/Assertiveness

- Shield of Power; Personal Shield
- Power Animal or Superhero Character
- Magical Helpers
- “I” messages and age appropriate affirmations
- Taming a nightmare; putting bad dreams in trash; dream catchers
- Wishing Tree
- Crystal Ball into my Future

Self Esteem

- Self Portrait
- “I am Special/Unique”
- All About Me body tracing collage
- Gifts to Myself (collage)
- Things I love/ Things I can do
- Personal Logo (older children and teens)
- Treasure Boxes
- Personal Mandala (self generated)

Boundaries

- Circle of Trust
- My Personal Bubble
- Paper bag puppet characters can explore concept
- Body awareness; full sized body tracing (depending on comfort level)
- Locating feelings and pains in the body; (use colour and line)

Feelings

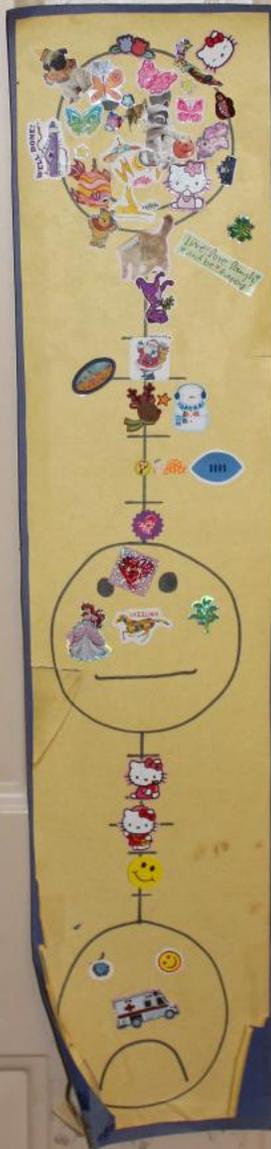
- Body tracings/gingerbread outlines (locating and connecting feelings/physical hurts)
- Personal Feelings Inventory (use colour, line, shapes to represent own feelings)
- Masks we Wear; inside outside feelings
- Anger: Stomp Box, Anger volcanoes
- What kind of weather are you? “Moodscapes” or landscapes to evoke a particular emotion or mood
- “Bottling up” feelings
- Masks

- Feelings: shape, colour, line
- Splat monsters

Self-Care/Self-soothing

- Comfort Journal (using collage images and/or own drawings, poems or writing) To be referred to in times of distress.
- Colouring pre-printed pictures or Mandalas
- A Relaxing Day
- A Special Place
- “Feel Better Bag” (decorate gift bag and include cut out pictorial representations or words to remind them of what they need to “feel better”); include bubbles to practice breathing techniques; coping strategies; reminder of a “proud moment”
- Ocean in a Bag (Ziploc bag with blue paint inside for squishing)
- Stress Ball (fill balloon with sand; draw face)

HOW ARE YOU ?



Art Activities

Personal Shield



CWWA Goal: Self Esteem, Empowerment

Mandala



**CWWA Goal: Self Soothing and Building Resilience
through Creativity**

Paper Bag Puppets



CWWA Goal: Expressive Play

Two-sided Paper Plate Feelings Mask



My Family as Animals



CWWA Goal: Understanding Family Dynamics

Moodscape



CWWA Goal: Feelings

Additional Art Activities

Building trust and a good working alliance:

- scribble and “tag” drawings done together – in this exercise, each choose a pencil or crayon, decide who is the leader and who follows, and then do a slow scribble tracing on the page that the other person has to follow; then, change who leads. This is a fun activity for building trust as well as getting into a creative mind-frame.
- create and navigate mazes; take turns leading, giving directions, eyes closed
- Chalkboard drawings: interactive, collaborative; can “hide/erase” things
- “Painting” in the air. This draws on imagination and using the body; consider putting on music (like classical) in the background to inspire movement
- Puzzles
- Playing catch with foam ball
- Obstacle course
- Treasure hunts and map making

Sensory Exploration

- Finger paint
- Marble in tray/toy car in paint tray
- Play dough “Feast” – children can make favorite foods with play dough; this can be healing from a play perspective that addresses lack of nourishment, both literal and symbolic.
- Create-a -World in sand tray— children naturally gravitate to sand boxes; by adding in plastic animals, shiny stones, twigs, and other objects or characters, imaginary worlds can be created. Popsicle sticks or cardboard make great fences and boundaries.
- “Alien Goo” (cornstarch & water, food colouring)

- Water play
- Pounding, poking and shaping clay– very good for tactile or emotional kids; great way to get some creative energy out in a 3-D material

Spontaneous Art

(Can be further developed into picture if desired)

- Paint blobs/splatters
- “Ugly Art”
- Marble and paint in tray
- String painting
- Blowing paint with straw

Relevant Toys for CWWA Programs and Play Activities

Safety/Personal Protection Plans/Trauma

- 911 Phone
- Rescue vehicles and safe adult figures
- Puppets
- Playmobil figures (police, firefighters, paramedics along with a selection of women, children and men)
- Medical Kit, Band Aids

Empowerment/Mastery

- Dramatic play using magic wand, puppets etc.
- Hero's journey
- Foam swords (2)
- Dollhouse
- Play Kitchen
- Treasures/objects Hide and Seek (acrylic jewels, glass gems, etc.)

Self Esteem

- Mastery of age appropriate puzzles, etc.
- Successfully building something (Lego, recyclable materials)
- Dress up; self in different roles, characters

Boundaries

- Hula hoops (to explore distance from personal centre)
- My Solar System

- Body Tracing
- Inside/outside boxes (Examine what is safe to share with external world, what is kept safe internally, why)

Feelings

- Feelings faces and paper plate masks
- Musical instruments, rhythms, marching band
- Puppets, dolls, etc are objects of aggression or nurturing, role play

Self-Care

- Nurturing dolls and stuffed animals
- Food
- Comfort corner
- Mini garden; small flower pots (tending to and caring for something)

Introduction to Art Materials

It is important to have an awareness of the affective properties of different art materials in order to use them safely and effectively with clients. Some materials can be triggering when used at the wrong time or in the wrong context, in which case there is a fine line between helping and harming.

A non-directive, child-focused/centered approach is ideal for CWWA programs in that it supports a strengths-based model and allows children to have/regain control over themselves.

Key: Process over product

Factors to consider:

- Qualities of the material (soft, hard, messy, etc.)
 - Maturity of the child; age appropriate
 - Availability
 - Interest
 - Choice
 - Purpose of the activity in relation to the goal
 - Containment of feelings
 - Time constraints
-
- In an age appropriate manner, clients can explore and determine their needs with the support of their CWWA counselor, allowing them to become active participants in their own counseling, so they can better learn to manage their feelings and responses in healthy ways.
 - Be mindful of why you have selected a particular activity or recommended a certain type of material

- Be mindful of time constraints/limitations. Longer projects can be initiated if there is an awareness and agreement to create something over time. Generally, younger children want to complete something and move on, whereas older children or teens may prefer to give more time and attention to something they find meaningful.
- Time check-ins, reminders (e.g., 10 more min left until clean-up)
- Often a particular material is routinely avoided, and sometimes encouraging the child to try something new might yield positive results and greater self-confidence

Large or Small?

- To encourage/facilitate expansiveness and self-expression, the child can work with paints on the floor with large paper or poster board; can lie on stomach
- To support containment and to prevent overwhelm, smaller sized paper is best and most familiar
- Not too many choices (overwhelming, can produce anxiety)

Asking Questions about Artwork or Play

- Ask the child to tell you about the picture/artwork/play narrative in her own words
- Use open-ended questions to get more information and context: Who, what, when, where, how (but not why)
- Be curious and open-minded; assume nothing.
- Use “I wonder” statements (“I wonder... how that little puppy feels...what the baby needs”)
- Reflect back what you have heard
- Some children will describe the art as they are making it; if not, allow them to create uninterrupted, and then ask them to tell you about it

Basic Guidelines for Using Art and Play Based Activities in CWWA Programs

- Limit setting; “containment” and “holding the space”: (i.e., being present and engaged with the activities during the session, witnessing/paying active attention to the child’s activities, and maintaining hope and safety for the child.
 - are essential components of setting consistent, clear limits/boundaries
 - Confidentiality – Key to building and maintaining trust and protecting sensitive personal information
 - Safety, consistency, and a comfortable environment are essential. Familiar rituals, such as a wishing candle or ‘Feelings Wall’ signal the end of the session and offer a sense of control and predictability.
 - Assure children that all feelings are ok, and “give permission” for free expression within the safety of the counselling space.
 - Accept children as they are: “unconditional positive regard”
 - Stay in the moment; be present and open, with a stance of curiosity and non-judgment
 - Be aware of your own biases
 - Cultural sensitivity is important, especially when working within a multicultural context

Documenting art and play:

Keep notes simple and objective.

- Briefly describe the art and materials used. What did the client make/play?
- How did they use the materials or objects?
- Did the child give it a title or use particular words? What feeling(s) went along with it?

Storing artwork

- Artwork should be stored in a locked cabinet, cupboard or other protected area.
- If this is not possible, do your best to create privacy using a curtain/covering and signage for bulky items like clay.
- Determine with child which pieces may not be “safe” or appropriate to show others/take home
- Remember, the art is an *extension of the client*, so treat it respectfully. The artwork belongs to the person who created it.

Ideas for working Creatively with Teens

- Creative journaling, personal sketchbook
- Collage (identity, social issues related to abuse, past, present, future themes)
- Magnetic poetry
- Manga/comics
- Personal logo/graffiti art
- The Un-Game (questions to stimulate discussion of self)
- Butterfly circle—(image of 4 butterflies, like compass: exploring personal values, strengths)
- Expressive painting on canvas
- Random objects game (finding creative ways to use everyday objects)
- Round robin style art (counselor and client take turns adding to picture—can be silly)
- Abstract art and squiggle or splatter techniques; developing image
- Doodling

Repurposed and Natural Materials

CWWA programs often have limited budgets, which makes it difficult to purchase new arts and crafts supplies on a regular basis. Dollar stores are treasure troves of useful materials and ideas for those on a shoestring budget. Donations or second hand items can also be incorporated into your repertoire, as can everyday recyclables or natural materials that can be collected outdoors. It is helpful to keep everything organized and easy to access.

Natural Materials

Stones, pebbles

Shells

Leaves

Sand

Sea glass

Driftwood, twigs

Pinecones

Dried/pressed flowers

Feathers

Repurposed and Everyday Items

Toilet paper rolls

Tissue boxes/assorted boxes

Gift bags

Ribbon, string

Bread tags

Paper bags

Twist ties

Magazines and catalogues (for collage)

Odd game or puzzle pieces

Coloured tissue or wrapping paper

Fabric

Postage stamps, stickers

Buttons

Beads

Bows

Egg cartons

Homemade “confetti” (using hole punch)

Tinfoil

Wax Paper

Styrofoam trays

Other craft Materials

Pom poms

Craft sticks

Buttons

Sequins

Rhinestones

Google eyes

Yarn, string

Creating a Child-Friendly Space

It is important to create a safe, comfortable and inviting environment for counselling. Any space can be made to appeal to children through colour, imagery, as well as carefully selected toys, equipment, and art supplies.

- Kid- sized tables, chairs, sand tray, easels and step-stools
- Non-allergenic plants or flowers, and sometimes even goldfish provide vitality and interest to young clients who can learn to nurture, care for and empathize with other living things.
- A comfy chair or large bean bag, along with soft blankets and stuffed animals can provide a space for self-soothing and calm.
- Rocking chair or rocking toy (space permitting)
- Murals or paintings
- Connect to children through their senses (Fruit-scented hand soap, etc)

Music and Books

- Raffi, Bobs and Lolo, Putomayo Playground, Classical, Mini Pop kids, Nature Sounds, Peter, Paul and Mary. An assortment of therapeutic and non-therapeutic titles.

Attitude

- Encourage children's strengths, creativity, problem-solving skills and inner resourcefulness
- Provide unconditional acceptance and validation of all their feelings (good and "bad")
- Be supportive
- Be curious, open, and playful; don't focus solely on trauma

Tenets for Relating to Children

(Virginia Axline)

- Children are not miniature adults and the therapist does not respond to them as if they were.
- Children are people. They are capable of experiencing deep emotional pain and joy.
- Children are unique and worthy of respect. The therapist prizes the uniqueness of each child and respects the person they are.
- Children are resilient. Children possess tremendous capacity to overcome obstacles and circumstances in their lives.
- Children have an inherent tendency toward growth and maturity. They possess an inner intuitive wisdom.
- Children are capable of positive self-direction. They are capable of dealing with their world in creative ways.
- Children's natural language is play and this is the medium of self-expression with which they are most comfortable.
- Children have the right to remain silent. The therapist respects a child's decision not to talk.

- Children will take the therapeutic experience to where they need to be. The therapist does not attempt to determine when or how a child should play, and does not speed up the process.

Objectives of Child-Centered Play Therapy

To help the child:

1. Develop a more positive self-concept.
2. Assume greater self-responsibility.
3. Become more self-directing.
4. Become more self-accepting.
5. Become more self-reliant.
6. Engage in self-determined decision making.
7. Experience a feeling of control.
8. Become sensitive to the process of coping.
9. Develop an internal source of evaluation and,
10. Become more trusting of self.”

Landreth, Garry. Play Therapy: the Art of the Relationship (1991, pg. 80).

Common Themes in Children's Play

- Power/control
- Anger/sadness
- Trust/relationship/abandonment
- Nurturing/rejection/security
- Boundaries/intrusion
- Violation/protection
- Self-esteem/self-worth/empowerment
- Fears/anxiety
- Confusion
- Identity
- Loyalty/betrayal
- Loss/death
- Loneliness
- Adjustment/change

Trauma Themes:

- Powerlessness/helplessness
- Fear/Isolation
- Aggression/rage
- Blame
- Secrecy
- Betrayal
- Trickery
- Sexualization
- Abandonment
- Harm/danger
- Intrusion/violation

Various issues in the child's life will be repeated four/five times in each session. These issues are shown in different styles of play, but the theme is the thread that ties all the different styles together, as the pieces of a quilt unite to form the pattern of the whole.



Six Types of Play

- **Discovery play** (exploring play) enables a child to find out about things: what they are like - their size, shape, texture, colour; how they are made; what she can do with them, for example playing with water or sand. The child will also discover that things can be broken, and this can help to teach her to take care of her possessions.
- **Physical play** (exercise) takes place when a child is actively moving around - running, jumping, climbing, crawling, balancing, swinging, throwing a ball, and so on.
- **Creative play** is when a child expresses her own ideas and feelings to make something which is original, for example, a picture, an animal in modelling dough, a house in building blocks, and so on. A young child is able to express feelings and ideas more easily by painting and drawing than by using words. As the child becomes more skilled with words, she may then be able to write a story, poem or play.
- **Imaginative/Dramatic play** is 'pretend' or fantasy play. The child imagines that she is someone else or an animal such as a rabbit or dog. Children imitate the ways of adults when they play 'shopping'. Attempting to behave like someone else helps the child to understand more clearly the ways other people behave.
- **Manipulative play** involves skilful use of the hands. During manipulative play the hands, eyes and brain are being trained to co-ordinate, that is, to work smoothly together. Babies become increasingly skilful with their hands as they play with rattles, soft toys and other objects. Later on, they benefit from playing with such things as modelling dough.
- **Social play** takes place when children play together. It teaches them to co-operate, to share, and to be honest. It also teaches them that antisocial behaviour, like cheating, leads to isolation and loss of friendship. Children often argue and in doing so learn about each other's reactions.



Nurturing Toys

- small baby doll
- nursing bottle (real, so child can drink from it)
- doctor kit, with stethoscope and three band-aids (Only 3 – kids get a thrill out of using “all” the band-aids, so buy a big box, but only put 3 out at a time)
- two toy phones
- doll family (note that you can store the toys in a cardboard box with a lid that can double as a dollhouse – draw lines on the inside of the lid to designate rooms and draw or cut windows and doors in the sides of the lid)
- couple domestic and wild animals (you can substitute animal family if you don't have dolls)
- play money¹ (I bought a used Monopoly game and took the money out)
- car/truck
- plastic kitchen dishes
- puppets – one aggressive, one gentle
- doll furniture* (bedroom, bathroom, kitchen)
- small dress-up items* (hand mirror², bandana, scarf, things you already have around the house)



Acting Out/Aggressive Release Toys

- dart gun, darts, target
- rubber knife (or foam sword)
- aggressive animal or two (strongly suggest hollow shark)
- small toy soldiers (12 – 15 of two different colors to specify teams, such as good guys, bad guys)
- inflatable bop bag
- mask (Lone Ranger type)
- handcuffs with key



Creative/Expressive Toys

- Play-Doh (include a cookie sheet to contain the mess)
- crayons (8 colors: use old ones, or break a few and rip off the paper, implying that it's fine for the child to do that in special playtime)
- plain paper (child can use the cookie sheet as a hard surface for drawing, too)
- child's scissors
- transparent tape (child could use all of this, so try to buy several small ones)
- egg carton (for destroying, breaking, or coloring)
- ring toss game
- deck of playing cards
- soft foam ball (Make it really soft – it will probably be thrown *at* you)
- two balloons²
- selection of arts and crafts materials in a Ziploc bag
- Tinker toys or a small assortment of building blocks
- binoculars
- tambourine, drum or other small musical instrument
- magic wand

<http://www.designedbykrista.com/2011/list-of-toys-for-play-therap-adopts>

Sandtray Figures

www.childtherapytoys.com)

<u>SALE - SAND PLAY ITEMS</u>	<u>BEST SELLERS - SAND PLAY</u>	<u>SAND TOY SETS & PACKAGES</u>
<u>MOBILE SAND TRAY AND SAND TOY SET</u>	<u>ACTION FIGURES-SMALL</u>	<u>ALCOHOL</u>
<u>ANIMALS: DINOSAURS</u>	<u>ANIMALS: DOMESTIC</u>	<u>ANIMALS: FARM</u>
<u>ANIMALS: HORSES</u>	<u>ANIMALS: OCEAN</u>	<u>ANIMALS: REPTILES AND AMPHIBIANS</u>
<u>ANIMALS: WILD</u>	<u>BIRDS</u>	<u>BRASS & METAL MINIATURES</u>
<u>BRIDGES, TREES, WALLS, LANDSCAPE</u>	<u>BUILDINGS/DWELLINGS</u>	<u>BUGS / BUTTERFLIES / SPIDERS</u>
<u>CACTUS</u>	<u>CARTOON AND MOVIE CHARACTERS</u>	<u>COMMUNITY HELPERS</u>
<u>DOOR - LIMITED EDITIONS</u>	<u>DRAGONS-SMALL</u>	<u>EGYPTIAN</u>
<u>FAMILIES & SETS</u>	<u>FAIRIES AND ELVES</u>	<u>FIGURES: BABIES, CHILDREN, & TEENS</u>
<u>FIGURES: DIVERSE ABILITIES</u>	<u>FIGURES: EMOTES</u>	<u>FIGURES: FAMILIES</u>
<u>FIGURES: FANTASY</u>	<u>FIGURES: HUMAN</u>	<u>FIGURES: HUMAN, CONTINUED</u>
<u>FIGURES: HUMAN, VERY SMALL</u>	<u>FIGURES: MYTHOLOGICAL CHARACTERS</u>	<u>LIGHT, FIRE AND EARTH</u>
<u>FOOD AND DISHES FOR SAND PLAY</u>	<u>GI JOE ACTION FIGURES</u>	<u>GODDESSES & OTHER INFLUENTIAL WOMEN</u>
<u>HANDCRAFTED MINIATURES</u>	<u>HEARTS AND POLISHED STONE</u>	<u>HOMIES ARE BACK!</u>
<u>HOUSES, HOME AND HOUSEHOLD</u>	<u>HINDU GODS & BUDDHA</u>	<u>INFANTS</u>
<u>KNIGHTS</u>	<u>LIGHTHOUSES</u>	<u>MILITARY</u>
<u>MISC. SANDTRAY</u>	<u>MUTANTS</u>	<u>FIGURES: PIRATES</u>
<u>POND AND OTHER BODIES OF WATER</u>	<u>RELIGIOUS</u>	<u>ROYALTY MINIATURES</u>
<u>SANDPLAY BOOKS</u>	<u>SPORTS</u>	<u>SMURF</u>
<u>TOOB SETS</u>	<u>TOOLS</u>	<u>UNUSUAL STUFF AND SOME GROSS STUFF</u>
<u>VEHICLES - SMALL</u>	<u>WITCHES AND WIZARDS</u>	<u>SAND TRAYS / BOOKS</u>

Special Presentations: Additional Material



Grief and Loss

When do children and adolescents grieve? What losses and transitions potentially disrupt their sense of security in the world, forming a crucible for fostering changes of perception, attitude, affect, knowing, and being?

- Death of a parent or sibling
- Death of a grandparent or other family member
- Death of a friend or loss of a friend due to moving
- Death of a pet (or being forced to give a pet away)
- Lengthy separations from a caregiver
- Abandonment by a caregiver or felt sense of rejection (i.e., children in foster care)
- Separation and divorce – sometimes the family breaks apart, not just along parental lines, but different siblings may choose to live with different parents
- Struggling with a disability – sometimes a child may be born with a disability or they happen in a moment
- Loss of culture and homeland when moving to a different country (loss of language and ability to communicate)
- Loss of memories or mementos (i.e., due to theft, fire, flood, etc.)
- Moving house or changing schools
- Sexual abuse, physical abuse and neglect
- Gay, lesbian, and transgendered youth who may deal with a sense of 'outsider' status, within and outside of the home
- Nonfinite losses - i.e., a lack of synchrony with hopes and dreams
- Exposure to disasters both natural and man-made, war, ecological and environmental destruction. Exposure may be direct, but could also involve television, word-of-mouth, newspapers, etc. (i.e., repetitive images of the twin towers falling in 2001)

Each of these losses can have a domino effect with respect to the grief process. A primary loss, such as the death of a parent, is accompanied by a whole series of secondary losses, and all of *these* losses bring a grief response. Just as with adults, each loss needs to be mourned. Combined with this, all losses will not occur at once. Unrelated losses could also trigger the primary loss; for example

visual exposure to disaster may magnify a child or adolescent's pre-existing sense of lack of safety in the world.

There are a number of models that address mourning tasks for children. Worden has a task-based model that is very similar to the adult model (the fourth task has more emphasis on the importance of children "maintaining some sense of the presence in one's life of the now-dead person"). Wolfelt in *Healing the Bereaved Child*, proposes 6 tasks of childhood mourning:

- Children need to acknowledge the reality of the death (this includes having conversations with caring adults about what has happened, participating in the funeral, etc.)
- Move toward the pain and loss while being supported and nurtured (children need to feel safe and have non-judgmental support)
- Need to remember the person who died and convert the relationship from interactive presence to memory.
- Develop and rebuild an identity based on life without the person who has died.
- Find meaning in what has happened (begin to relate the experience of the death in a context of meaning).
- Experience continued support throughout one's childhood and adolescence.

As with adult models, these tasks are not sequential. Another model that identifies tasks that are central to productive mourning in children is one proposed by Fox (as cited in Corr, Nabe, & Corr, 2009):

- To understand and try and make sense of what is happening or has happened.
- To express emotional and other strong reactions to the loss or anticipated loss.
- To commemorate the life that has been lost through formal or informal remembrance.
- To learn how to go on with living and loving.

Courtesy of Living Through Loss Counselling

Common myths about children's grief:

- **Babies don't grieve** – Wolfelt, a well-known theorist in the grief and loss field suggests that any child old enough to love is old enough to mourn. We know that babies very quickly respond to their mothers or primary caregivers. According to attachment theory, babies become attached to individuals who are sensitive and responsive in their interactions with them. Bowlby, an attachment theorist, has written that the magnitude of a loss is related to the age at which it was experienced. The anxiety and distress that accompany loss can be due to an actual separation or may be the result of the loss of accessibility and responsiveness to the principle attachment figure. For example, a primary caregiver may be grieving a loss, which may also impact their ability to respond to an infant. Bowlby states that the magnitude of a loss is related to the age at which it was experienced. The anxiety and distress that accompany loss can be due to an actual separation or may be the result of the loss of accessibility and responsiveness to the principle attachment figure.
- **Young children do not understand death** – Depending on the age of the child, they may not understand exactly what has happened, but they are still sensitive to changes in routine, and the potential distress and activity surrounding them.
- **Children grieve in a similar fashion** – Just as there are no two adults who grieve alike, children have unique behaviour patterns and expression of emotions.
- **Children are resilient (they bounce back)** – Children may be resilient to specific risk factors but vulnerable to others. Resilience is also context specific, and resilient children *generally* have greater problem solving skills, a higher IQ (and the ability to try alternatives), social competence (i.e., emotional responsiveness, empathy, caring), a sense of optimism, and greater social and academic successes. There are also protective factors that foster resilience in children and youth, including positive role models, close affective relationships, an organized and structured home environment, low level of discord between parents, and socioeconomic advantages. If you are working with children who have been chronically neglected or abused, they may even suffer from left hemisphere deficits (impacting language, memory, and self-regulatory functions).

Courtesy of Living through Loss Counselling

Potential inhibitors of children's and adolescents' grief include:

1. Whether a parent or primary caregiver has the ability to mourn.
2. A lack of adequate role modeling.
3. **Over-protective parenting** on one end of the continuum and **lack of boundaries** on the other. Over-protective parents may be unwilling to recognize that their children have the ability to understand certain information and that issues connected to loss need to be addressed based on children's continuing maturation and socialization. What teachable moments are there with respect to a child's questions and initiatives? Parents or primary caregivers who lack boundaries may have little awareness of what is appropriate to talk about in front of children and may also have trouble recognizing that certain information is potentially traumatizing for children. In a study by the American Psychological Association, Diamant (1994) suggested that children in the USA "who watch 2 to 4 hours of television per day will have witnessed fantasized versions of 8,000 murders and 100,000 acts of violence by the time they finish elementary school" (as cited in Corr, Nabe, & Corr, 2009, p. 328). What might such unlimited viewing of violent acts have on children's perceptions about death and dying? If children cannot put fantasized depictions into perspective, what do they end up believing about death and dying?
4. A caregiver's attempt to insulate children from death-related events. For example, children may be blocked from acquiring information.
5. Family rules related to the expression of grief – some families do not allow members to express their feelings, including feelings of sadness and loss.
6. Children's and adolescents' desire to protect a parent.
7. Role reversal, where children are expected to take care of the parent (as is the case with parentified children).
8. Lack of understanding related to the nature of the death. Keep in mind that young children are egocentric; they may, for example, think that they caused the death to happen.
9. A lack of inclusion or participation in ritual. This may include the actual funeral.
10. Idealization of the deceased.
11. Conflicted relationship with the deceased.

12. Embarrassment or shame – these emotions may come up in particular with adolescents who may fear “outsider” status or a “social death” within their peer group.
13. General lack of recognition on primary caregiver’s part of how children and adolescents grieve. For example, many children may have delayed or late effect bereavement – a child may grieve more fiercely a few years after a loss or may have their grief reactivated at different developmental stages and transitions from one status to another (i.e., getting married).

References:

Corr, C.A., Nabe, C.M., & Corr, D.M. (2009). *Death & dying, life & living* (6th ed.). Belmont, CA: Wadsworth.

Gilbert, K. (2008). Unit 4: Developmental issues infancy through early adolescence. Retrieved from <http://www.indiana.edu/~familygrf/units/dev1.html>

Courtesy of Living Through Loss Counselling

Trauma

What is Trauma?

Trauma is a metaphor borrowed from the domain of medicine and extended to a wide range of experiences, including psychic pain or psychological distress. “In the ‘purest’ sense, trauma involves exposure to a life-threatening experience...traumatic experiences shake the foundations of our beliefs about safety, and shatter our assumptions of trust”

(<http://www.trauma-pages.com/trauma.php>).

- When the system has been overwhelmed and the events cannot be digested or metabolized.
- There has been a rupture and integration is not possible.
- There is a disconnect between behavior, affect, sensation, knowledge (a coherent narrative or story).
- There may be behavior that is unexplainable for the present situation as with affect, sensation, knowledge i.e., a story without affect, or sensation without story

In trauma, one cannot put it all together – always in trauma, there is a lack of safety, a sense of choicelessness, and a taking on of responsibility

Van der Kolk (2007) in his articulation of developmental trauma disorder, says that in the case of children, if the person they depend on for survival is also the source of the distress, it can cause a breakdown in their capacity to process, integrate, and categorize what is happening. With no sense of control or stability, they become helpless and learn to ignore what they feel and what they perceive. Combined with this, early trauma (which for most children begins at home), can distort subsequent psychological development.

Traumatic Play

- Traumatic play goes around and around (a game without end) and reinforces the trauma
- While you allow children to show you what’s going on, it’s important not to reinforce that trauma loop

- You can tell when children are being re-traumatized because it's more than just play that they are doing – they are dissociating, the feelings that they are having are very much in the present instead of being 'played out', the fear is real fear, and there is no palpable release
- The counselor or therapist tries to find an opening – either you stop it if it gets too real or you find a way to redirect – it's not play anymore, it's acting out of the trauma
- Remind child that this is in the play

Why art therapy?

- With clients where it may not be possible to engage on a cognitive level or engage in a very limited way, the engagement that they have with the art bypasses this expectation.
- Trauma is speechless – again, there is no expectation to “translate” the experience into words, at least initially. We have all had the experience of words becoming confusing, that words don't mean what they “mean”, that we don't understand. For people who have been severely traumatized, they are in a permanent state of disorganization. With whatever arises on the page or in the clay, the client has access to their felt sense of the traumatic experience, or conversely, their resource, both of which they are most likely not able to say

Whatever appears, you can more or less depend on the fact that this is what is needed at the moment. As in chaos theory, the client is pulled to where they need to go, rather than the directionality being determined by the therapist. In some ways this would be considered to be working in a client-centered way – that we have a belief that the client has some feeling of what is needed in order for healing to take place

Developmental Ages and Possible Reactions to Loss

AGE	THINK	FEEL	DO
<p>Birth to 2 years (Sensorimotor)</p>	<ul style="list-style-type: none"> -the human brain is born prepared for awareness of people and sharing their actions and consciousness -ability to perceive actions and expressions of others from 2 months onward -lack of affectionate care can distort the growth of the brain seriously - infants notice a disruption in their environment -as baby grows, may think person is coming back (“peek-a-boo”) 	<ul style="list-style-type: none"> -heightened anxiety -confusion -distressed by others’ distress (grief of adult caregivers in particular will trigger a response in young children) -feelings of abandonment -some theorists suggest that the emotional response exhibited by very young children is consistent with their level of cognitive development 	<ul style="list-style-type: none"> - cry -temper tantrums -search for the lost object --clingy -needy -have problems separating from caregivers -quiet, unresponsive -weight loss -less active -sleep less -lack words to express feelings, so responses emerge as actions
<p>Early Childhood -2-6 years (Preoperational)</p>	<ul style="list-style-type: none"> -unable to process that death is permanent -believe that their own thoughts, wishes, and behaviours (i.e., they were naughty or bad) made the person go away -brain is still evolving and continues to evolve through the later stages of development – the meaning of certain losses is simply too difficult to understand 	<ul style="list-style-type: none"> -express fear (i.e., may believe death is a form of punishment) -guilt – wonder if they are somehow culpable in the death -feel as though they have lost a part of themselves -confusion – don’t understand what’s happening -heightened distress around separations -emotional numbing 	<ul style="list-style-type: none"> -cry -regress -distressed behaviours – the closer the loss, the more stressful on a child -incorporate death, loss, or separation in their play -disrupted sleep patterns -may ask the same questions repeatedly -display more intermittent grief patterns than adults -repetitive play -angry play -eat too much or too little
<p>Middle Childhood - 6-12 years (Concrete Operational)</p>	<ul style="list-style-type: none"> -inability to concentrate -growing awareness through this stage that the loss is real and irreversible -begin to think about their own mortality -tend to use logic increasingly to learn and solve problems -increase in abstract thinking and motor skills -may want information to help them process, such as what happens to the body 	<ul style="list-style-type: none"> -feelings of vulnerability -anxious that another loss might happen -sad -angry -scared -withdrawn -lonely -feelings of abandonment (for example, with children in care) -guilt -worry about who will look after them (if loss is death of a parent) 	<ul style="list-style-type: none"> -cry -display anger, sometimes behaving aggressively -temper tantrums -may act as if nothing has happened -may talk incessantly about the loss (but not necessarily to parents) -regressive behavior -depending on their family context, children may have a greater emotional literacy, but won’t necessarily talk

	<ul style="list-style-type: none"> -lack of ability to think clearly may result in a decline in grades -in this stage and others, the brain defaults to the last thing we could do easily and well. We cannot access our short-term memory stores. Whatever we have learned in the 6 months preceding a loss will be difficult to recall, if not impossible -able to distinguish between self and others and understand others' experiences that take place independent of self 	<ul style="list-style-type: none"> -feelings of distress around separations -fearful -emotional numbing 	<ul style="list-style-type: none"> about their feeling -ask questions that are related to spirituality -hyper-vigilant activities in relation to caregiver -repetitive play -be "mean" to others (for example, peers) -blame others – in the case of divorce, a child may blame one parent more than another -act like an adult – parentified child -be very "good"
<p>Adolescence – 12 and over (Formal Operational)</p>	<ul style="list-style-type: none"> -more of an understanding of why death happens (i.e., due to illness, accident, old age, etc.) -may still think that they are immune -lack of ability to think clearly may result in a decline in grades -limbic system is last part of brain to develop (this is where thinking, reasoning, and cognition takes place – it is believed that the brain stops developing in our mid '20s). 	<ul style="list-style-type: none"> -may feel that their grief and suffering is unique and that no one understands their experience -depression -feelings of emptiness -feelings of loneliness -may feel a need to protect others (i.e., siblings or parents) -may feel fearful of a loss of control of emotions -"switching" off of emotions – describe feeling numb -may feel concerned about being viewed as "different" by their peer group -feelings of vulnerability 	<ul style="list-style-type: none"> -crying -digestive problems -insomnia -exhaustion -behave aggressively -behave impulsively -argumentative -screaming, fighting -engage in risky or dangerous behaviours -sexually acting out behaviours (i.e., as in the case of children who have been sexually abused) -stealing -truancy -cutting -eating disorders --drug and alcohol issues -teen pregnancy – as a way of replacing what has been lost -brief outbursts of emotion – sometimes intense displays of emotion -stoicism -sometimes tend to idealize the deceased -listen to loud music -do artwork that others find disturbing or strange

Exercise
Loss/Change History Graph

Reflection and awareness of our own experiences are often central to how we develop our own personal theories and approaches to counselling. Kirmayer (2003), a cultural psychiatrist suggests that

One of the most basic sources of clinical authority is the healers' own experience of illness. Many systems of medicine, particularly shamanism, emphasize the connection of the healer's own affliction with his therapeutic power. There is an intuitive logic in the notion that someone who has been afflicted and survived possesses intimate knowledge of the nature of illness and its cure. (p. 250)

By illness, Kirmayer is referring to different metaphorical wounds we carry throughout our lives. Without acknowledging these wounds and exploring this painful territory, we pull away from the reality of suffering – and in grief and loss work, our own human vulnerability and the reality of our own mortality.

Keeping in mind that exploration of our own losses will assist us in challenging and supporting others to enter into their own pain, on the timeline below, please list as many personal losses/changes as you can. For those participants who have not encountered a death of someone close to you, remember that there are other kinds of loss, such as undesirable life events (i.e., loss of employment, loss of income, gradual/permanent loss of bodily function, moving, divorce, loss of hopes and dreams, etc.). Start with the earliest and end with the present.



1. What were the most typical behaviours/coping skills that you used to help you through these losses? How were some of these coping skills helpful? Can you identify any that were harmful to you or others?
2. Notice any strong feelings or a strong physiological response when doing this – positive or negative. Were there any losses/ changes that felt quite neutral?

In order to continue a transformational engagement with clients, therapists must be able to creatively transform their own experience – acknowledging their own pain, practicing self-compassion, balancing awareness of loss with openness to growth, and nourishing opportunities for emotional and spiritual connection in their personal lives. (Harter, 2007, p. 173)

References:

- Kirmayer, L. (2003). Akselepien dreams: The ethos of the wounded healer in the clinical encounter. *Transcultural Psychiatry*, 40(2), 248-277.
- Harter, S.L. (2007). Visual art-making for therapist growth and self-care. *Journal of Constructivist Psychology*, 20(2), 167-182.

Building Resilience

Resilience is “the process of adapting well in the face of adversity, trauma, tragedy, threats, or even significant sources of stress” (APA)

CWWA counsellors can help children build resilience, or “bounce back” from difficult life experiences by:

- helping them identify and express feelings (art and play)
- manage their anger and stress
- actively participate in their own safety
- encourage innovation and creative problem-solving (art/play)

Research has shown that resilience is ordinary, not extraordinary. People commonly demonstrate resilience. One example is the response of many Americans to the September 11, 2001 terrorist attacks and individuals' efforts to rebuild their lives.

Being resilient does not mean that a person doesn't experience difficulty or distress. Emotional pain and sadness are common in people who have suffered major adversity or trauma in their lives. In fact, the road to resilience is likely to involve considerable emotional distress.

Resilience is not a trait that people either have or do not have. It involves behaviors, thoughts, and actions that can be learned and developed in anyone.

-American Psychological Association

A number of other **factors that promote resilience** have been identified:

- The ability to cope with stress effectively and in a healthy manner
- Having good problem-solving skills
- Seeking help
- Holding the belief that there is something one can do to manage your feelings and cope
- Having social support

- Being connected with others, such as family or friends
- Self-disclosure of the trauma to loved ones
- Spirituality
- Having an identity as a survivor as opposed to a victim
- Helping others
- Finding positive meaning in the trauma

Matthew Tull, PhD (2007): "Posttraumatic Stress (PTSD): Overcoming Trauma"

Intro

We tend to idealize childhood as a carefree time, but youth alone offers no shield against the emotional hurts and traumas many children face. Children can be asked to deal with problems ranging from adapting to a new classroom to bullying by classmates or even abuse at home. Add to that the uncertainties that are part of growing up, and childhood can be anything but carefree. The ability to thrive despite these challenges arises from the skills of resilience.

The good news is that resilience skills can be learned.

Building resilience -- the ability to adapt well to adversity, trauma, tragedy, threats, or even significant sources of stress -- can help our children manage stress and feelings of anxiety and uncertainty. However, being resilient does not mean that children won't experience difficulty or distress. Emotional pain and sadness are common when we have suffered major trauma or personal loss, or even when we hear of someone else's loss or trauma.

Resilience and pre-school children

Very young children will only recently have mastered the skills of walking and talking, and they may not be able to express their anxieties and fears. Although you may think they are too young to understand what is happening, even very young children can absorb frightening events from the news or from conversations they overhear.

Watch your children for signs of fear and anxiety they may not be able to put into words. Have your children become extra clingy, needing more hugs and kisses than usual? Have your children started wetting the bed or sucking their thumb after you thought they had outgrown that behavior? They may be feeling the pressure of what is going on in the world around them. **Use play to help your children express their fears and encourage them to**

use art or pretend games to express what they may not be able to put into words.

Use your family like a security blanket for your children: wrap them up in family closeness and make sure your children have lots of family time. During times of stress and change, spend more time with your children playing games, reading to them, or just holding them close.

Young children especially crave **routine and rituals**. If bedtime is the time you read stories to your children, make sure you keep that time for stories. Your child may be less able to handle change when he or she is going through a particularly rough time

Resilience and elementary school children

Elementary school children may be starting to bump into the cliques and teasing that can occur as children begin to establish the "social order" of their schools. As they start to study subjects about the world outside of their homes, they look to teachers as well as to parents to make them feel safe and to help sort it all out.

Make sure your child has a place he or she feels safe, whether that is home or school (ideally, both would feel safe).

Talk to your children. When they have questions, answer them honestly but simply and with reassurance that includes black-and-white statements that leave no room for doubt, such as "I will always take care of you." **Don't discount their fears when they bring them to you.**

When there is a situation outside of the home that is frightening, limit the amount of news your children watch or listen to. You don't need to hide what's happening in the world from your children, but neither do they have to be exposed to constant stories that fuel their fears.

Realize that extra stresses may heighten normal daily stresses. Your children might normally be able to handle a failed test or teasing, **but be understanding that they may respond with anger or bad behavior to stress that normally wouldn't rattle them. Reassure them that you just expect them to do their best.**

Resilience and middle school children

Even without larger traumas, middle school can be an especially difficult time for many children as they struggle to meet extra academic demands and avoid new social pitfalls. **They look to teachers and friends as well as to parents to make them feel safe.**

Reinforce empathy and help your child keep perspective. When your child is a victim of the shifting social alliances that form in middle school, help him or her understand that other children may be feeling just as lonely and confused, and help her see beyond the current situation - alliances that shift one way may shift back again the next week in middle school.

Talk with your child about your own feelings during times of extraordinary stress such as the death of a loved one. Your children probably are old enough to appreciate some gray areas in your own feelings, but you should leave no room for doubt when you talk about how you will do whatever it takes to keep them safe. If your family does not have a plan in place for emergencies, make one and share it with your child so he knows that there are decisive actions he can take in an emergency.

Enlist your children's help, whether it's a chore or an opinion about a family activity. Include your children in any volunteer activity you do. Make sure your children know how their actions contribute to the entire family's well-being. If your children know that they have roles to play, and that they can help, they will feel **more in control and more confident**.

Resilience and high schoolers

Although your teens may tower over you, they still are very young and can keenly feel the fear and uncertainty of both the normal stresses of being a teen, as well as events in the world around them. Emotions may be volatile and close to the surface during the teen years and finding the best way to connect to your teen can be difficult.

Talk with your teens whenever you can, even if it seems they don't want to talk to you. Sometimes the best time to talk may be when you are in the car together; sometimes it may be when you are doing chores together, allowing your teens to focus on something else while they talk. When your teens have questions, answer them honestly but with reassurance. Ask them their opinion about what is happening and listen to their answers.

Make your home a safe place emotionally for your teens. In high school, taunting and bullying can intensify -- home should be a haven, especially as your teen encounters more freedoms and choices and looks to home to be a constant in his or her life. Your children may prefer to be with their friends rather than spend time with you, but be ready to provide lots of family time for them when they need it and set aside family time that includes their friends.

When stressful things are happening in the world at large, encourage your teen to take "news breaks," whether he or she is getting that news from the television,

magazines or newspapers, or the Internet. Use the news as a catalyst for discussion. Teens may act like they feel immortal, but at bottom they still want to know that they will be all right and honest discussions of your fears and expectations can help your high schooler learn to express his own fears. If your teen struggles with words, **encourage him or her to use journaling or art to express emotions.**

Many teens are already feeling extreme highs and lows because of hormonal levels in their bodies; added stress or trauma can make these shifts seem more extreme. **Be understanding but firm when teens respond to stress with angry or sullen behavior. Reassure them that you just expect them to do their best.**

10 Tips for Building Resilience in Children and Teens

We all can develop resilience, and we can help our children develop it as well. It involves behaviors, thoughts and actions that can be learned over time.

1. Make connections

Teach your child how to make friends, including the skill of empathy, or feeling another's pain. Encourage your child to be a friend in order to get friends. Build a strong family network to support your child through his or her inevitable disappointments and hurts. At school, watch to make sure that one child is not being isolated. Connecting with people provides social support and strengthens resilience. Some find comfort in connecting with a higher power, whether through organized religion or privately and you may wish to introduce your child to your own traditions of worship.

2. Help your child by having him or her help others

Children who may feel helpless can be empowered by helping others. Engage your child in age-appropriate volunteer work, or ask for assistance yourself with some task that he or she can master. At school, brainstorm with children about ways they can help others.

3. Maintain a daily routine

Sticking to a routine can be comforting to children, especially younger

children who crave structure in their lives. Encourage your child to develop his or her own routines.

4. Take a break

While it is important to stick to routines, endlessly worrying can be counter-productive. Teach your child how to focus on something besides what's worrying him. Be aware of what your child is exposed to that can be troubling, whether it be news, the Internet, or overheard conversations, and make sure your child takes a break from those things if they trouble her. Although schools are being held accountable for performance on standardized tests, build in unstructured time during the school day to allow children to be creative.

5. Teach your child self-care

Make yourself a good example, and teach your child the importance of making time to eat properly, exercise and rest. Make sure your child has time to have fun, and make sure that your child hasn't scheduled every moment of his or her life with no "down time" to relax. Caring for oneself and even having fun will help your child stay balanced and better deal with stressful times.

6. Move toward your goals

Teach your child to set reasonable goals and then to move toward them one step at a time. Moving toward that goal - even if it's a tiny step - and receiving praise for doing so will focus your child on what he or she has accomplished rather than on what hasn't been accomplished, and can help build the resilience to move forward in the face of challenges. At school, break down large assignments into small, achievable goals for younger children, and for older children, acknowledge accomplishments on the way to larger goals.

7. Nurture a positive self-view

Help your child remember ways that he or she has successfully handled hardships in the past and then help him understand that these past challenges help him build the strength to handle future challenges. Help

- your child learn to trust himself to solve problems and make appropriate decisions. Teach your child to see the humor in life, and the ability to laugh at one's self. At school, help children see how their individual accomplishments contribute to the wellbeing of the class as a whole.
8. **Keep things in perspective and maintain a hopeful outlook**
Even when your child is facing very painful events, help him look at the situation in a broader context and keep a long-term perspective. Although your child may be too young to consider a long-term look on his own, help him or her see that there is a future beyond the current situation and that the future can be good. An optimistic and positive outlook enables your child to see the good things in life and keep going even in the hardest times. In school, use history to show that life moves on after bad events.
 9. **Look for opportunities for self-discovery**
Tough times are often the times when children learn the most about themselves. Help your child take a look at how whatever he is facing can teach him "what he is made of." At school, consider leading discussions of what each student has learned after facing down a tough situation.
 10. **Accept that change is part of living**
Change often can be scary for children and teens. Help your child see that change is part of life and new goals can replace goals that have become unattainable. In school, point out how students have changed as they moved up in grade levels and discuss how that change has had an impact on the students.

Acknowledgments:

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American Psychological Association

Conditions for Creative Growth: Materials **By Tatjana Jansen**

What are the choices?

Children need to have a number of materials available for them to draw, model, or construct with. At the very least, CWWA counselors should have paints (usually tempera), clay, and paper. Consider including paper of varying sizes, construction paper in a variety of colours, a vast assortment of felts (including gel and changeable felts), pencil crayons, and oil and chalk pastels. Older children will request pencils and erasers on a more frequent basis. Children should also have a choice of a number of materials, such as beads, buttons, feathers, and so on; these are sometimes get incorporated into clay pieces or used to make different crafts. Most of the materials are hidden away in cupboards; when children initially come to a session, it might be worthwhile giving them a tour of where everything is located.

In order to encourage children to use the materials, it may be necessary to let them know that there is no expectation to create things that are representational. As well, counselors can demonstrate to children how to use some of the materials (such as clay tools). In situations where counselors do not have personal experience with the art process, it is worthwhile for them to spend time being directly involved with the art materials in order to truly understand how to manipulate and use them. The reasons for this are twofold:

1. CWWA counselors need to be able to support their clients in creating images that have personal meaning and that reflect what they want to communicate.
2. CWWA counselors should directly experience what materials such as clay can evoke emotionally (versus having only an intellectual understanding).

CWWA counselors might also need to spend some time with children in order to identify the motor skills that are necessary for the use of various media. In future sessions, storage and presentation of art supplies should be consonant with sensory and motor skills. Consistency and proximity are also factors to consider with respect to arrangement of materials on the table.

Lastly, CWW counselors need to be aware that some materials more than others may achieve an experience of regression. Anything tactile such as clay or fluid, as in the case of finger paints, can cause a child or adult to regress temporarily. At the same time, remember that the provision of limits and structure is crucial in creating and providing a framework for freedom.

- **Are the children provided with good quality materials?**

The conditions of the materials can impact the choices that children make. For example, if children are painting a picture on newsprint, there is a chance that the paper will not be able to withstand the weight of the paint or the force that the child is applying. White cartridge paper of 60 to 80 pounds in 18" x 24" sheets is often the standard size that art therapist use, although some children ask for smaller sheets (the standard 8½ x 11).

Many children seem to prefer to use intact crayons and pastels, and it might be worth investing in small and large crayons (small crayons allow for more detail, but break more easily than the large ones). With respect to paintbrushes, having a variety of shapes and sizes means that there are many choices for children to make. Some CWWA counselor may want to keep two sets of brushes if possible, since younger children may not be able to understand the difference or be able to manipulate a finer quality paint brush adequately. As well, children and teens may need to get rough with the materials or use large amounts. As this can become costly, there is a balance in having good quality materials as well as materials that the child (and the counselor!) does not feel concerned about.

Issues That May Impact Art-Making

By Tatjana Jansen

Has the child been under a great deal of emotional stress?

If children experience a loss or a trauma, there may be fluctuations in developmental aspects of their drawings. They may feel the need to repeat imagery, with very little modification (this could be posttraumatic play or confrontation with a feared idea). The counsellor will also witness art and behaviour that is regressive in nature.

Children may also have a great deal of difficulty deciding on a task if they already feel overwhelmed. Chaotic environments can play a factor in increasing children's distress and indecisiveness. If CWWA counselors have a lot of materials and toys, children may be overstimulated if everything is visible and disorganized. In the case of children who have no sense of safety internally or externally, it is important to track their emotional responses to imagery that emerges that may be both violent and cathartic; when there is no titrating of the experience, this can amplify feelings of distress.

What about the influence of others?

Some children are encouraged more than others to use art. Perhaps their environment has been more unrestricted (for example, they may have parents who allow them to use materials such as paints at a relatively young age). Parents, siblings, and peers all play a role in encouraging or discouraging art imagery. It is also important to reflect on the impact of media and culture; for example, some cultures value creative expression over others.

It is also important to consider what stage of the relationship the CWWA counselor and the child are at, since this may have a significant effect on what the child feels free to express creatively. For example, counselors should try to avoid initiating distracting conversations and questions while the child is drawing. This includes asking questions pertaining to the drawing; allow the child to complete an image before engaging in questions regarding content and context. Also, for counselors who are used to working primarily with adults, attention to language skills is crucial (e.g., asking questions that are congruent to the child's developmental level). CWWA counselors should pay attention to helping children perceive them as helpers versus authority figures, as this will also aid in children being less reserved or constrained.

Are there cognitive and motoric variables that need to be considered?

There may be specific cognitive factors that aid in understanding why a child uses art materials in a certain fashion. For example, some children may have

great difficulty with motor coordination and imitation skills. This may in turn lead them to displaying negative behaviours as a result of frustration with incomprehensible tasks (and choices). Clay may be a way to encourage manual dexterity in children and to develop fine motor coordination. At the same time, it is important to keep in mind that some children who are lower functioning, such as those who are psychotic or regressive, tend to require more structured media. Choosing art media purposefully is crucial and depends on individual client needs as well as on session structure.

Some children may also have a great deal of difficulty understanding the social pragmatics of language (as in the case of autism). While they are able to express themselves beautifully in the context of art, they will need assistance in staying connected with respect to social interactions. Others may have difficulty engaging in symbolic play and may need art-centred activities to encourage cooperation and interaction. Art offers the possibility of an emotional feedback system; however, counselors may need to make subtle adjustments in order to stay emotionally attuned with the child.

Has the child been under- or over-stimulated?

Some children have a very difficult time generating any images or ideas of their own. This may be for a variety of reasons. For example, Kramer (1979) suggested that some children she has worked with in the context of art therapy can be described as both spoiled and deprived; while they are bombarded with material things, there is little emphasis on attachment and connectedness. The ability of children to engage in play and art has been studied and theorized by a number of writers, including Winnicott (1986). According to Winnicott, there is interplay between the mother, child, and transitional object, which in turn gives the child a beginning capacity to use symbols in a meaningful way. The transitional object is for the child an opportunity to access the potential space that leads to experiencing and exploring life creatively. Winnicott (1986) also described how the mother “initiates the creative use of the world. When this fails, the child has lost contact with objects, has lost the capacity to creatively find anything” (p. 93). In the case of children who have been relentlessly deprived, they are unable to find creativity within themselves; it may be helpful in this case to make art pieces for children based on their specific directives.

Although there is no quantifiable evidence to support the idea that children’s involvement with television and video games has an impact on their ability to be imaginative through art expression, counselors may notice that some of the children they work with have difficulty generating anything that is not already part of popular culture. Klorer (2009) suggested that a child’s involvement in cyberspace, interactive video games, and cell phone texting may be detrimental to a child’s “real-time face-to-face encounters” because of the false sense of their own capabilities in terms of their ability to multitask effectively (p. 80).

At the same time, it is important to not dismiss these art expressions, since children will sometimes transform Pokemon, Yu-gi-oh, Ninja Turtles, or whatever is currently being used into art and play that has personal meaning.

References:

Klorer, P. G. (2009). The effects of technological overload on children: An art therapist's perspective. *Art Therapy: Journal of the American Art Therapy Association, 26*(2), 80-82.

Kramer, E. (1979). *Childhood and art therapy*. New York, NY: Schocken.

Winnicott, D. W. (1986). *Home is where we start from: Essays by a psychoanalyst*. New York, NY: W. W. Norton.

Strategies for Containment **By Tatjana Jansen**

While the transitional space afforded by the artwork can provide a safe area in which to experiment and repeat the feelings of trauma, CWWA counselors must keep in mind the importance of safety and containment. A number of techniques and strategies can be used to ensure that children are feeling more centred when they leave the therapy session:

1. Assist the child in focusing on breathing.
2. Use senses to “ground” them.
3. Safe place: This can be visually represented in the artwork or simply as a guided visualization.
4. Ensure that attention is focused on pacing throughout the session. This may also mean dissuading a child from engaging in an art activity too close to the end of a session.
5. Titrate: Interrupt spontaneous abreaction.
6. Anchor child in the now.
7. Have some toys in your office that the child can cuddle.
8. Explain boundaries.
9. Have the sessions be fairly structured so that the child has a clear idea regarding what is done during the beginning, middle, and end of the session. Children who have experienced chaos in their lives often feel less anxious and even relieved when there is a predictability or pattern to the session.
10. Make eye contact and pay attention to the child’s body language as well as to verbal and symbolic cues.

Questions for Reflection

- What emotions make you feel less in control of yourself?
- What are some ways that you use to ground yourself?

- How are they helpful?
- If you have worked with children, what are some methods that you have used to assist them in feeling more contained?

Squiggles and Scribbles Exercise

The scribble technique was developed by Winnicott (1971), who used it in interviews with children to elicit nonverbal material. Winnicott described it as “some kind of impulsive line drawing” (p. 19), in which he randomly drew a line and then invited the child to complete it, followed by the child drawing a line that Winnicott would then complete. This technique can be useful in helping children who are ambivalent regarding the use of art materials to engage with the therapist in a noncommittal game that also involves an element of challenge and whimsy. As well, children may feel less burdened regarding the outcome of an art piece when engaged in a joint activity with the art therapist.

A variation of this is a scribble technique (Cane, 1951; Naumburg, 1966) in which children are asked to choose any colours they want and draw a series of scribbled lines on paper. They are then invited to look at those lines to see shapes, figures, or objects that can be further articulated with details and colours to define them. Sometimes, when the picture is finished, a story or title is written on it. The scribble technique allows for free association to the images that emerge; children can also be invited to associate thoughts and feelings with the images created in the scribble.

Contemporarily, the utilization of squiggles as a tool of art therapy is something that art therapists continue to explore. Malchiodi (2003) discussed the use of *the squiggle game* as a part of practice with children, and others, such as Steinhardt (2006), created squiggle techniques that are structured and more directive.

It is important for counselors to explore different art media in order to become familiar with them and to have personal awareness regarding what certain materials can elicit (for example, more tactile materials often connect clients to body issues or concerns); it is equally important that any techniques used should be experienced by the therapist.

Task

Attempt a scribble drawing on your own. One way of doing this is to choose a colour that feels right and then allow the hand that is holding the colour to descend and land on the paper in some movement, like a leaf or feather falling, a fish swimming, a stone rolling, or anything else that comes to mind, such as a sound or an emotion. Once you are finished, turn the paper in all directions until an area of interest worth developing becomes apparent. You may use other colours to develop this part.

References

- Cane, F. (1951). *The artist in each of us*. Craftsbury Common, VT: Art Therapy.
- Malchiodi, C. A. (2003) *The handbook of art therapy*. New York, NY: The Guilford Press.
- Naumburg, M. (1966). *Dynamically oriented art therapy: Its principles and practices*. New York, NY: Grune & Stratton.
- Steinhardt, L. (2006) The eight frame colored squiggle technique. *Art Therapy: Journal of the American Art Therapy Association*, 23(3), 112-118.
- Winnicott, D. W. (1971). *Therapeutic consultations in child psychiatry*. New York, NY: Basic Books.

Nonverbal Conversation Drawing Exercise

Tatjana Jansen

Children who can create impromptu images usually do not need a technique to get them started; however, some children may need active direction from CWWA counselor. Ultimately, using techniques should derive from the child client's expressive potential and not from the counselor's agenda. As well, the counselor needs to pay attention to respecting the child's innate self-directedness and feelings and to remain as supportive and nonintrusive as possible.

This exercise can be an effective starting point in art therapy, allowing the art therapist to assess the child's level of anxiety or self-assurance, attitudes about art making, and attitudes regarding giving and taking directions.

Nonverbal Conversation Drawing:

This involves a conversation between the CWWA counselor and the child client, using colour, line, and form on a shared piece of paper. Briefly explain the process beforehand to the child to determine whether the child is willing to engage in the exercise or not. Some children who have trouble communicating verbally to begin with enjoy this process and the directive of not speaking until the exercise is completed.

Either the counselor or the child can start by choosing a colour and making a line on the page. Using a sequential turn-taking style of interaction, each responds to the other's graphic expression until they both feel finished. The counselor needs to pay attention to any nonverbal behaviours (e.g., body movements, facial expressions, eye contact, and hand gestures) that are communicated. For example, it may become apparent early on that the child prefers to continue the exercise alone; the picture is then given to the child to develop further.

Using nonverbal communication also means that CWWA counselors need to be aware of their own nonverbal behaviours and how they might affect clients.

Task

Try this technique with a willing adult participant. The emphasis here should be that there is no right or wrong way to do this and that you will both have an opportunity to share what the experience was like (e.g., was it fun, uncomfortable, did it feel like a power struggle, did it feel intrusive).

Insert PPT Presentation by Shannon Guiboche

“What Now? Before, During and after a Disclosure

Grounding Ideas

Contributed by Shannon Guiboche

1. Change the position of your body. If you are standing, sit. If you are sitting, stand. Clap your hands and notice how it feels.
2. Press your feet onto the ground, or stomp your feet.
3. Say out loud, "This is a memory. I am OK now."
4. Breathe slow and deep, letting your belly blow up like a balloon and opening your mouth to let your breath out. Notice how your body feels as the air moves in and out.
5. Hold on to something, and pay attention to how it feels. You can hold on to a stuffed toy, or a water bottle, or a ring, or car keys, or whatever is nearby.
6. Name 5 things you can see in the room and then 5 things you can hear. Do this again, but name 4 things, then 3, then 2, then 1. It is OK to repeat the same thing

Final Points to Remember

- You don't have to be a specialist, just be aware of your own scope of training, cultural identity, and personal biases.
- Honour your resources and build on your strengths
- We are continually learning—through experience and through others. Don't be afraid to ask for help if you need support.
- Take care of yourself! Your health and well-being is essential to the valuable work you do as a CWWA counselor.



Pro Bono Services

Solicitors' Program

The Solicitors' Program is designed to facilitate the provision of pro bono legal services to charitable and non-profit community organizations of limited means.

Through the Solicitors' Program, APB staff receive requests from community organizations throughout the province, and then endeavour to match each request to a roster lawyer within workable reach. APB staff screen requests for eligibility, connect community organizations to lawyers, and provide ongoing support and resources to roster lawyers.

Roster lawyers provide legal advice and assistance to community organizations in all areas of non-profit law, including incorporation and by-laws, registrations for charitable status, employment matters, contracts and lease agreements. Roster lawyers also conduct seminars on such topics as board of directors' liability, privacy policies and board governance.

<http://accessprobono.ca/node/199>

Book (recommended by Shannon Guiboche)

Balancing Conflicting Interests: A Counsellor's Guide to the Legal Process

www.Jibc.ca

Art Therapy Links

Vancouver Art Therapy Institute

www.vati.bc.ca

British Columbia School of Art Therapy (Victoria)

www.bcsat.com

Kutenai Art Therapy Institute

www.kati.kics.bc.ca

British Columbia Art Therapy Association

www.bcarttherapy.com

Canadian Art Therapy Association

www.catainfo.ca

Play Therapy Links

BC Play Therapy Association

www.bcplaytherapyassociation.ca

The Canadian Association for Child and Play Therapy

www.cacpt.com

Play and Child Therapy Blog

(Sponsored by childtherapytoys.com)

<http://www.myplaytherapypage.net>

Online Orders

Toys

www.thetoyjungle.ca

www.toysrus.ca

www.childtherapytoys.com

Arts and Crafts/Educational

www.deserres.ca

www.opusartsupplies.com

www.michaels.com

www.wintergreen.ca

www.roylco.com

Books

www.kidsbooks.ca

www.odinbooks.ca

www.bookwarehouse.ca

Other

www.ikea.com/Canada

Mandala Links

Colouring pre-printed mandalas (or other colouring pages) reduces anxiety and can be used as a self-soothing activity for all ages.

What is a mandala?

<http://www.mandalaproject.org/What/Index.html>

Templates

<http://www.free-mandala.com>

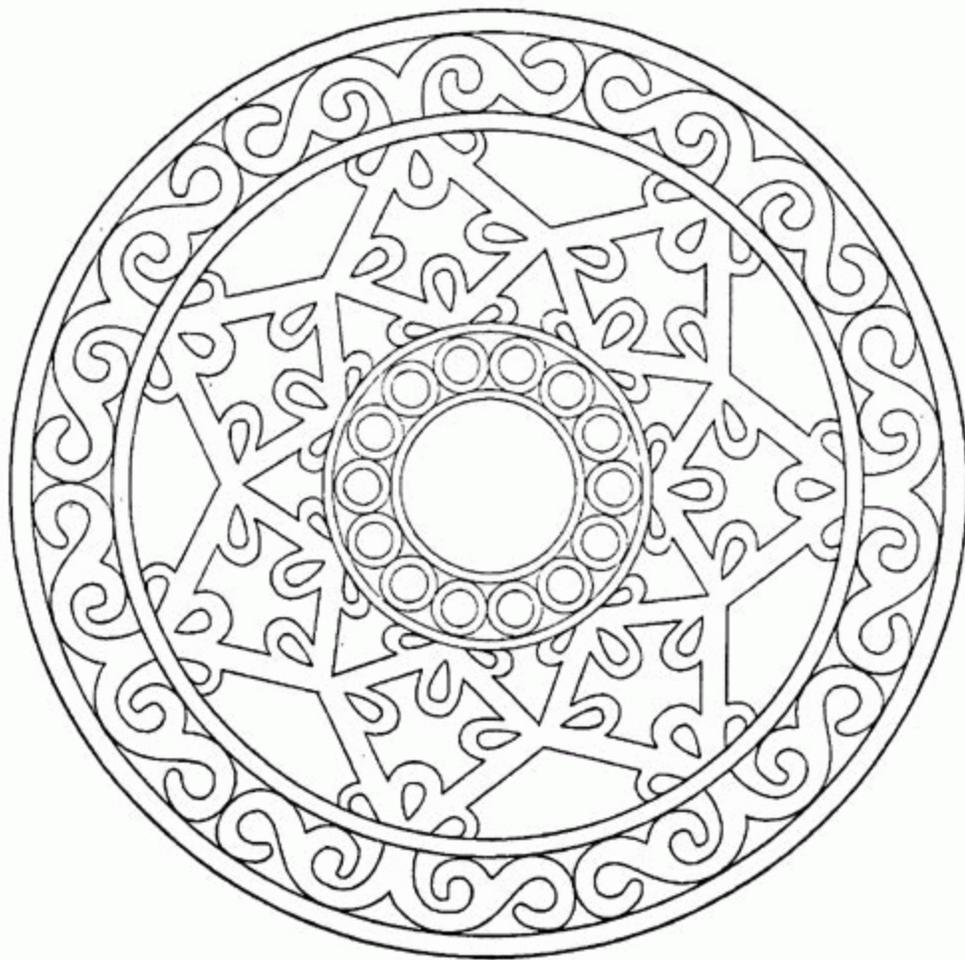
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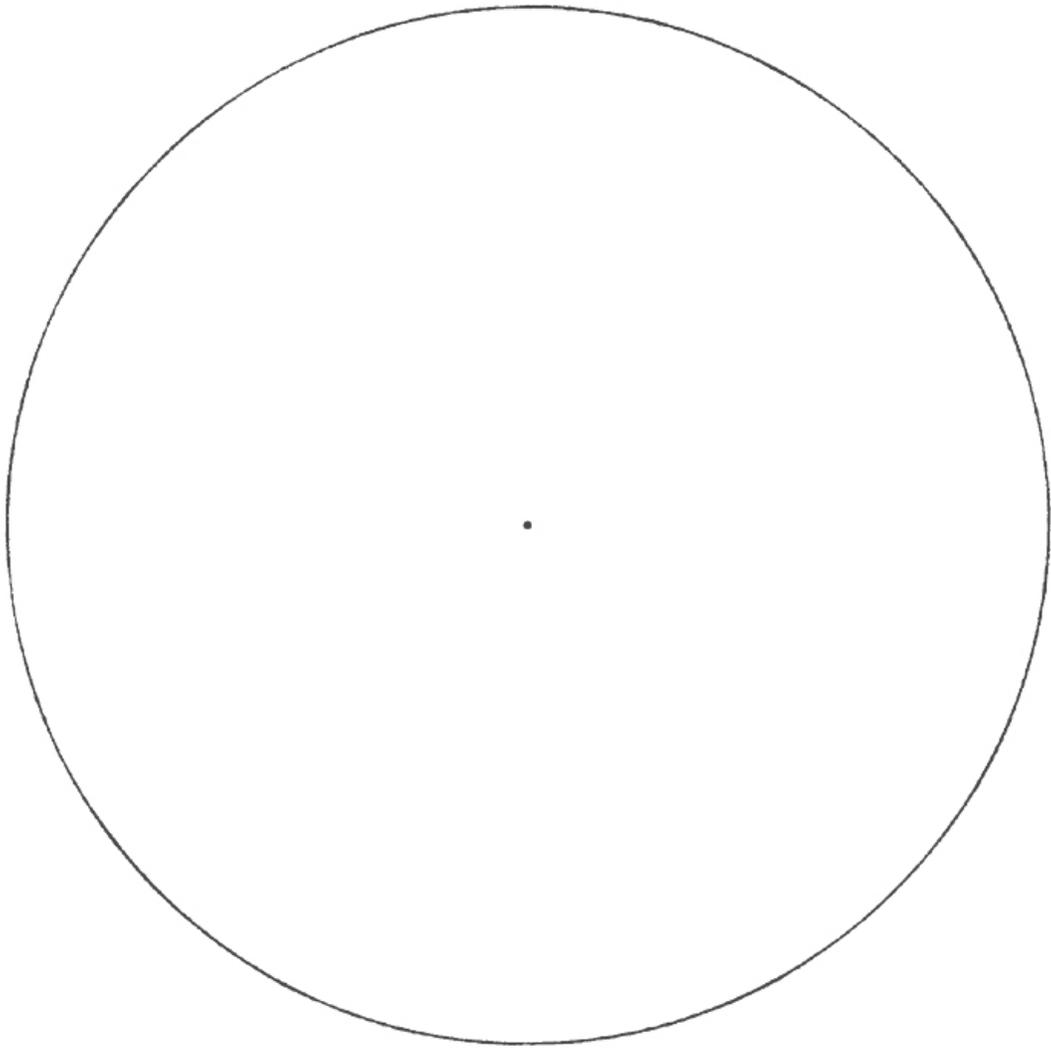
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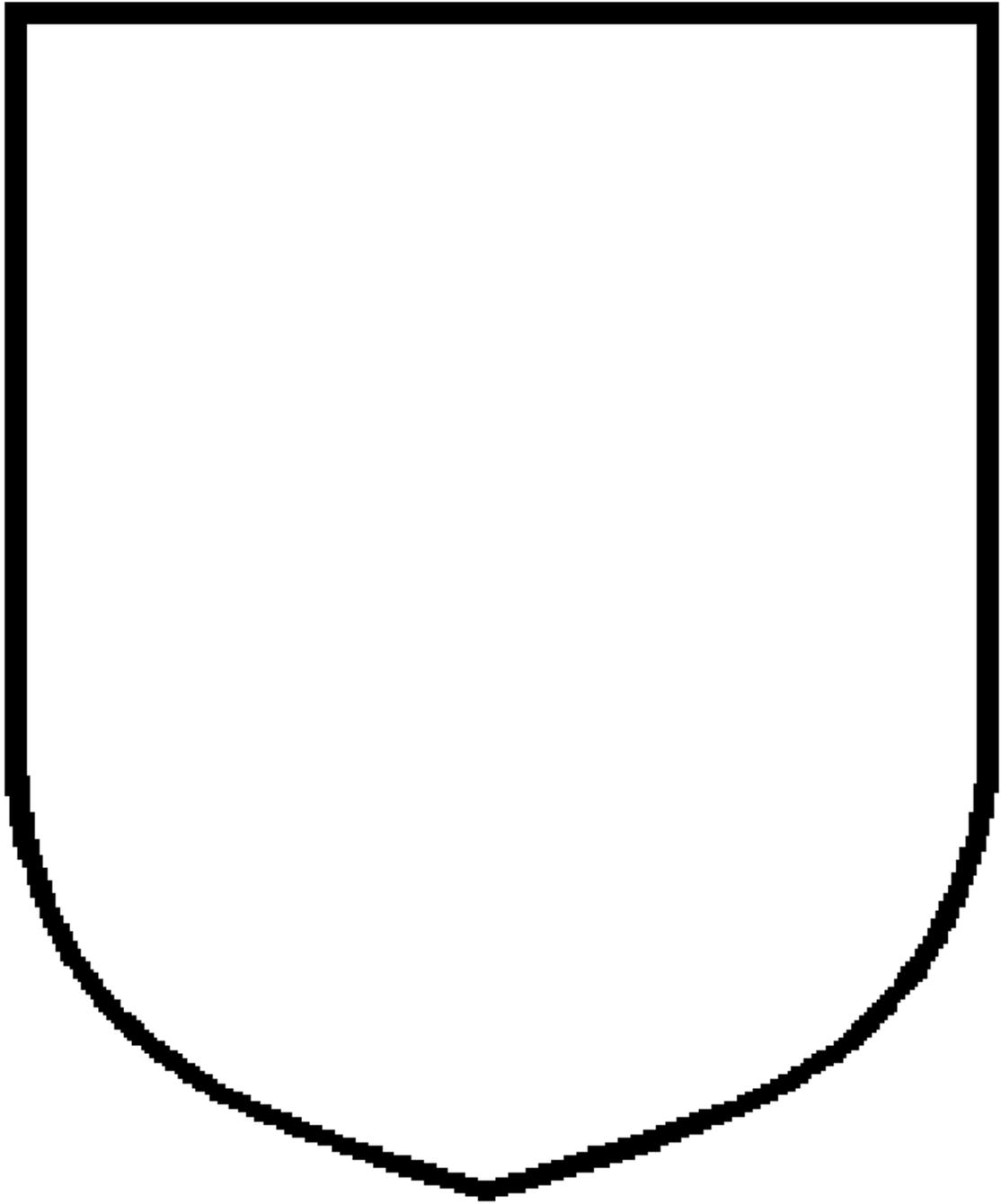
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Milhande.com

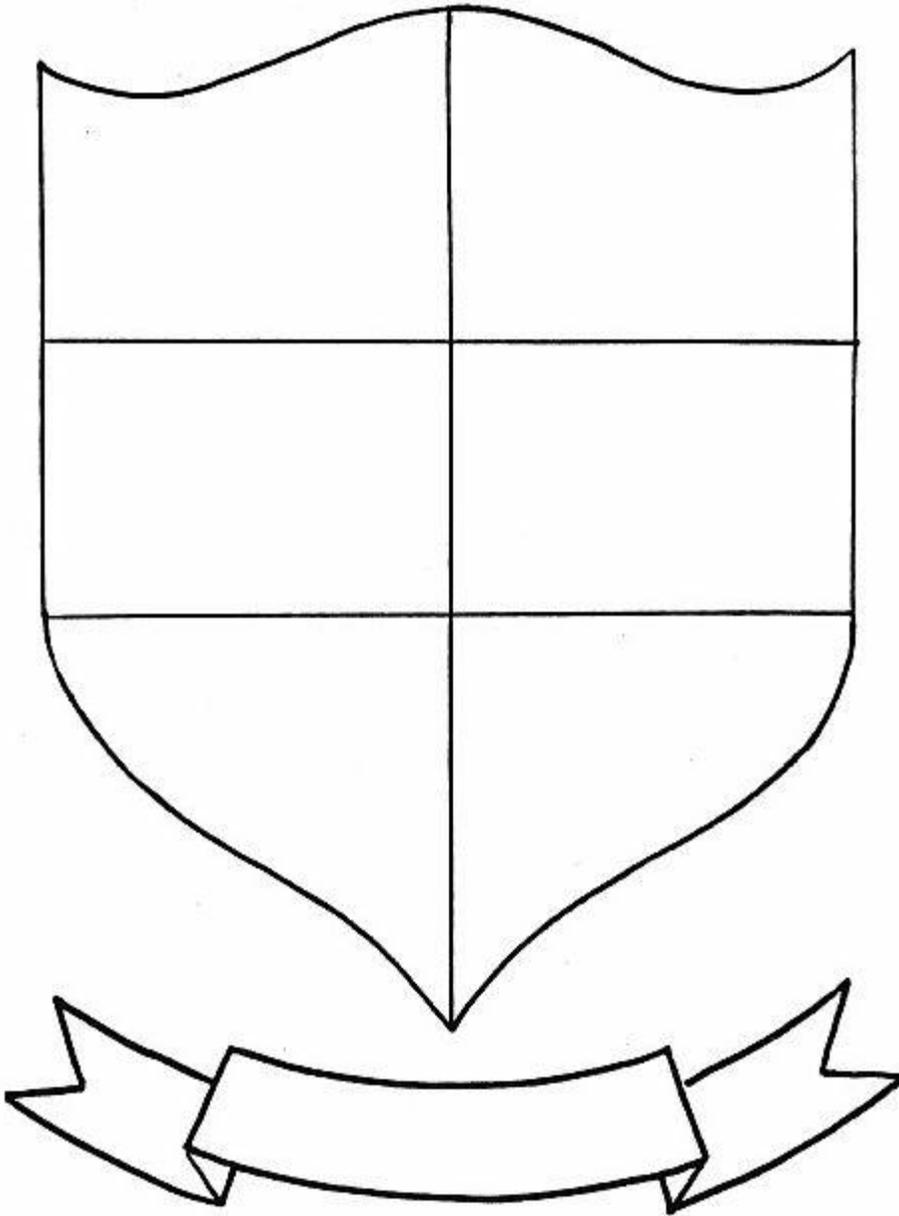


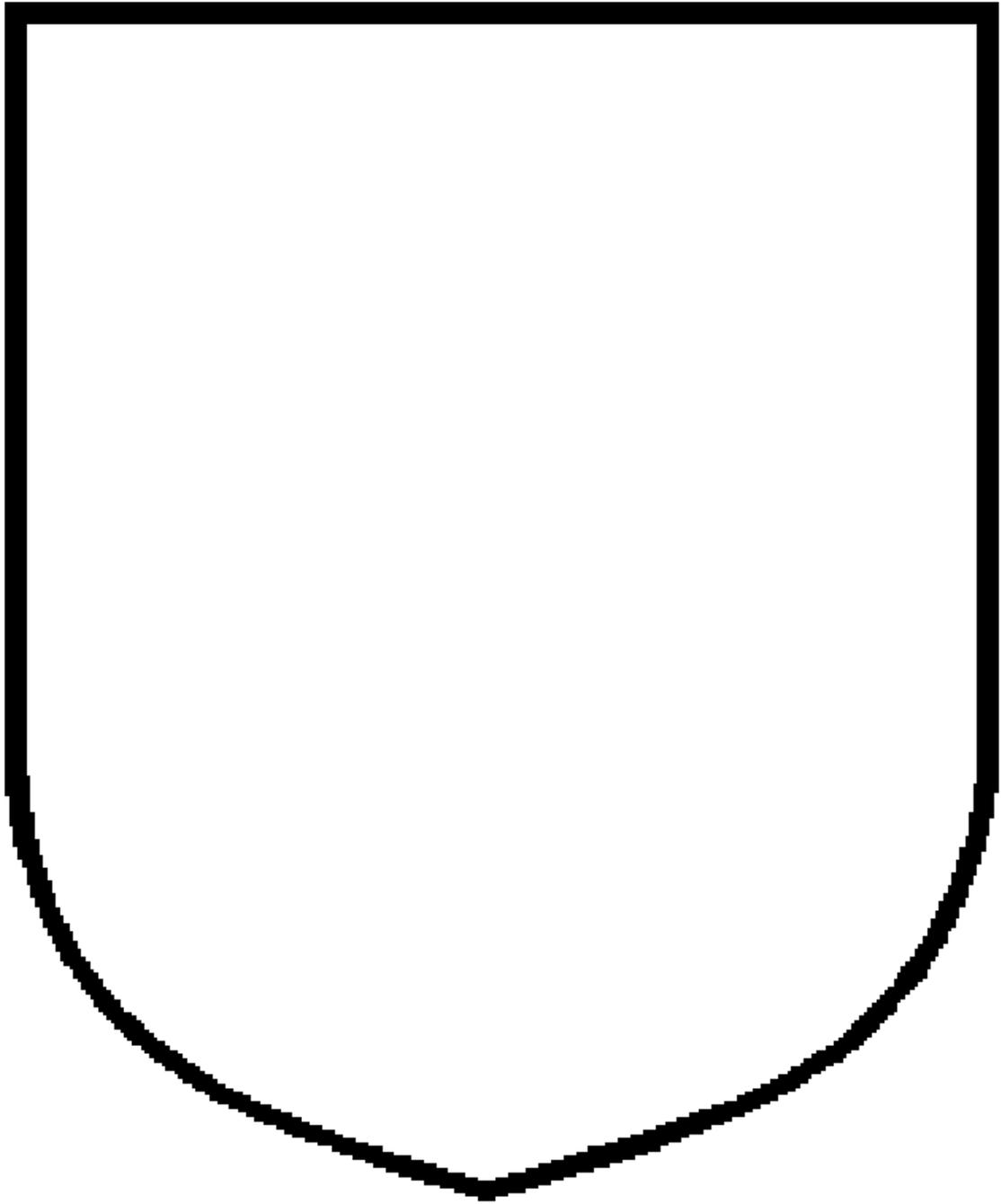




Shield of Power

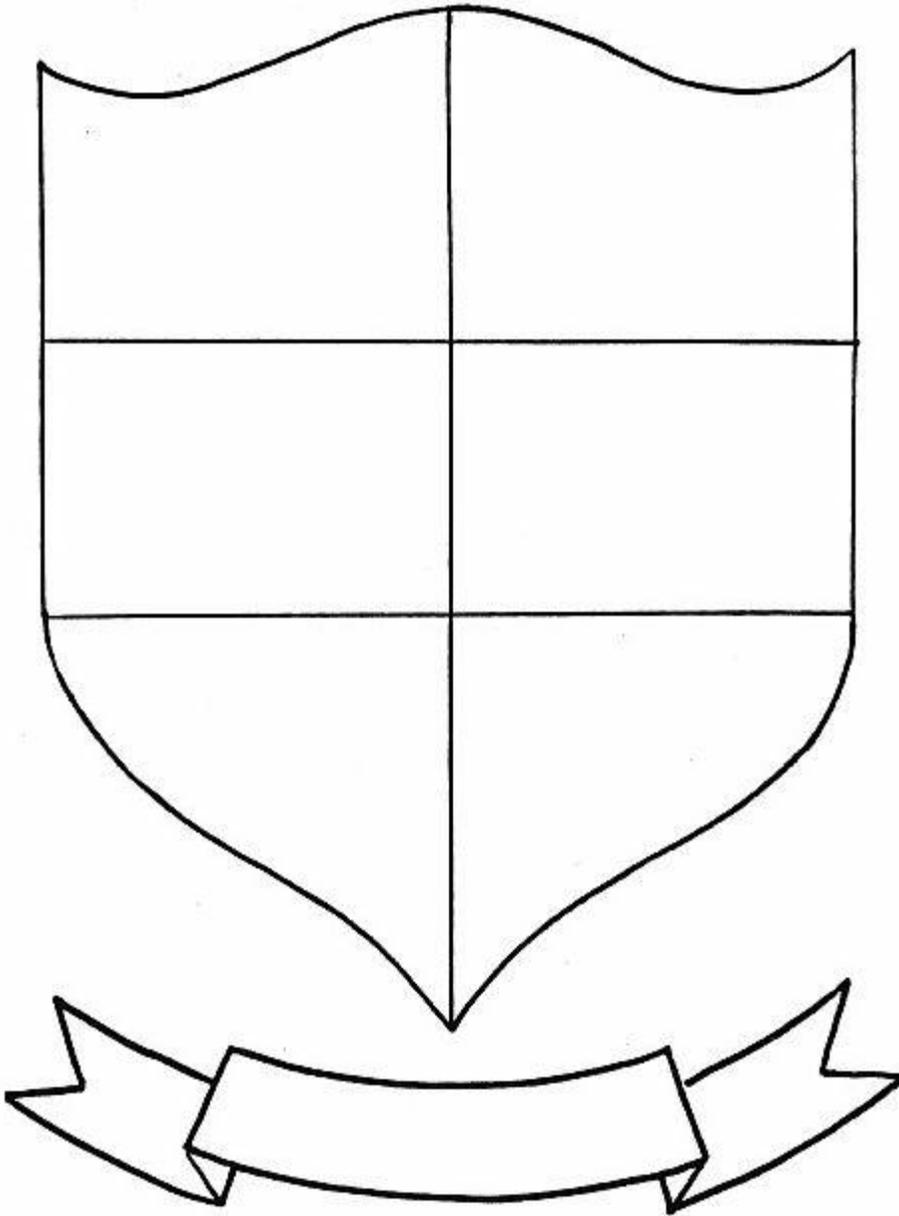
Personal Coat Of Arms



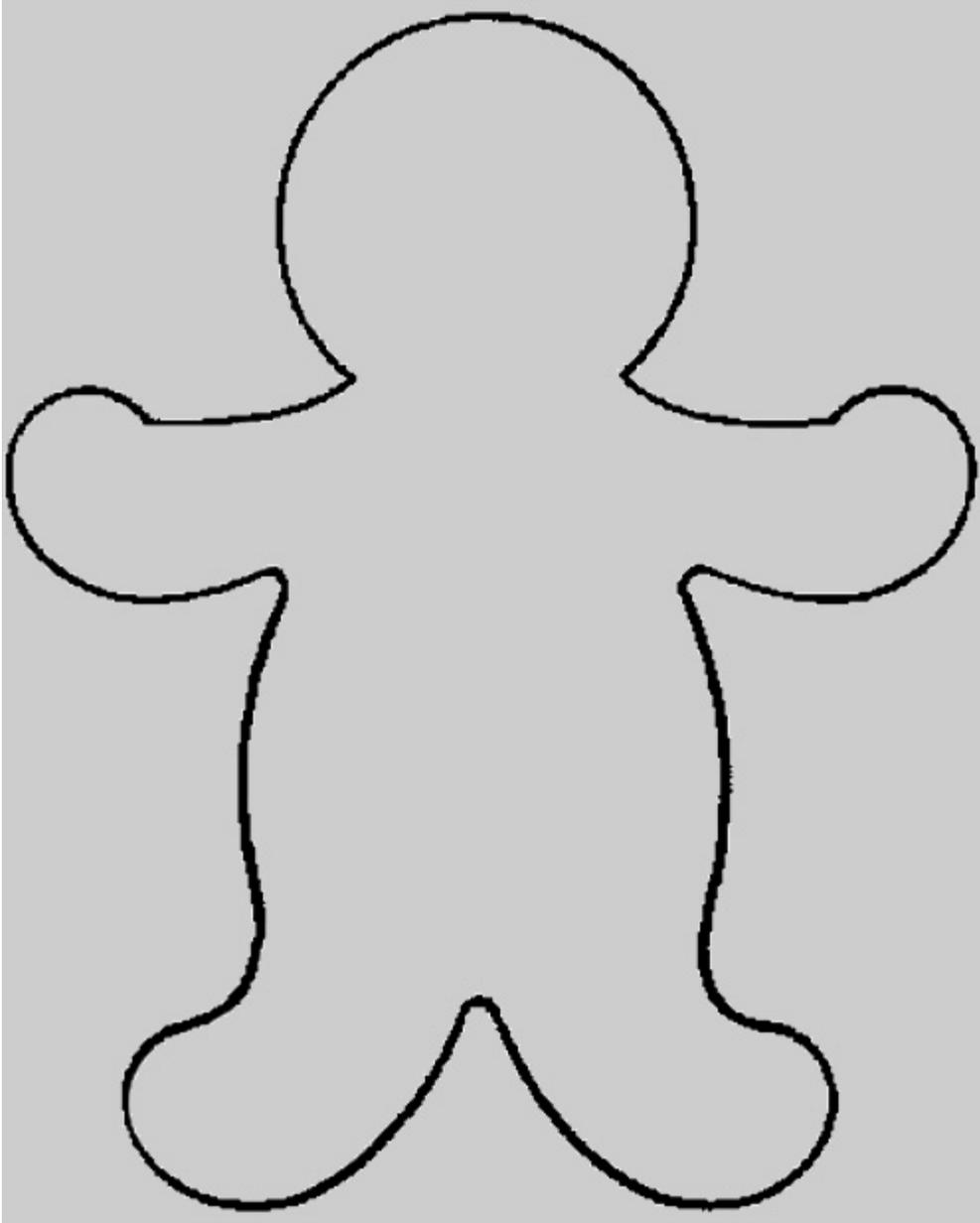


Shield of Power

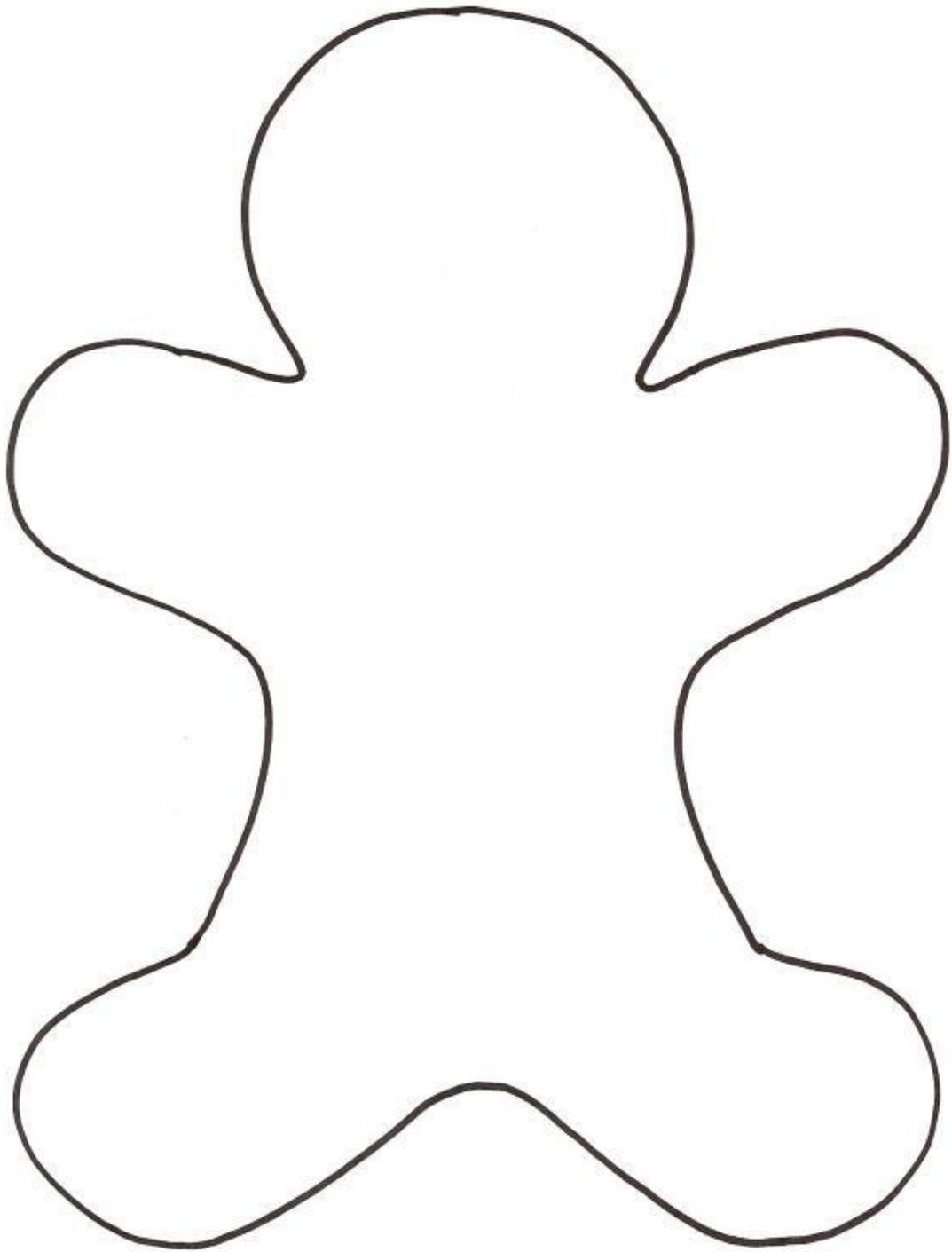
Personal Coat Of Arms



Family Crest



Feelings Body Templates



Mask Making Activity

The purpose of this activity is to identify the different masks we wear in different situations.

When we wear masks we are putting on a facade. Help your client identify what masks they are wearing in different situations with this activity.

Materials:

-Cut out mask below on card stock paper

-Art supplies for decoration of the mask: paint, markers, glue, glitter, scissors, feathers, fake gems, yarn, etc. (See mask cutout below or have your client create their own)

- Large Popsicle stick for holding the mask to the face.

Directions:

1. Ask the client to identify one feeling that they “mask” and try to hide.

What is the feeling they use to cover up the “hidden” feeling?

Process with the client how masks build walls in relationships.

2. The client will decorate the mask with the identified feeling. Add the Popsicle stick to the bottom of the mask.

3. After decorating the mask ask the client or student the following questions:

- What does this mask mean to you? When do you need to put the mask on?

Why do you feel you need to wear the mask?

How does it protect you?

How does it hurt you?

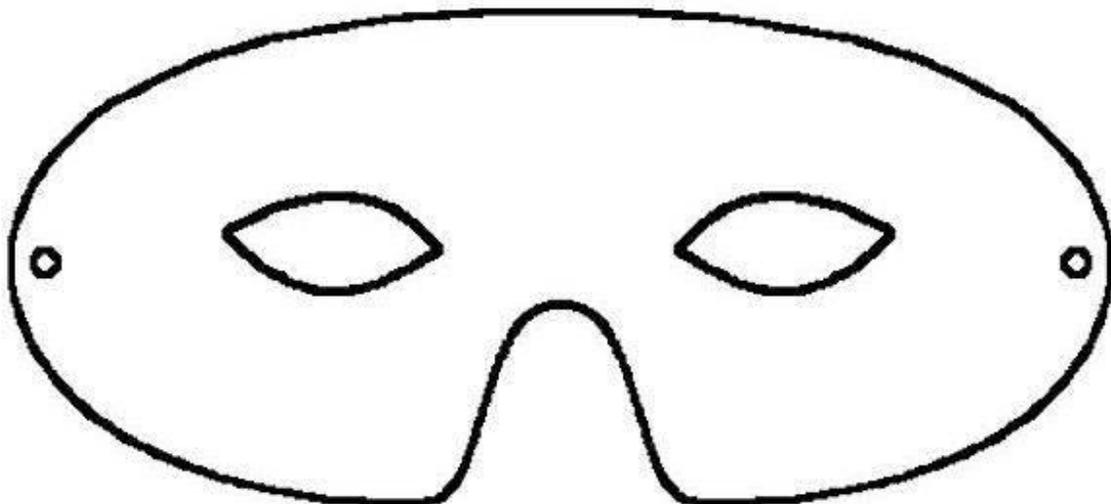
- Put the mask up to your face. How do you feel when you wear the mask? Now take it off. How do you feel when you take the mask off?

- Ask the client if they truly feel they are being true to their real self when they wear the mask.

How can they learn to take the mask off and let their real self show?

A feeling I try to hide behind a mask I wear is (Write the feeling below):

<http://www.creativecounseling101.com/play-therapy-masks.html>>Make Play Therapy Masks | Creative Counseling 101.co



Mask Template

Feelings Grid Exercise

Feeling	Colour & Line
Happy	
Sad	
Angry	
Excited	

Group Artwork Review







