This article brought up many different debated elements to using art in counseling. The important areas to focus on included using artwork in therapy, verbal communication verses artwork as a form of communication, confidentiality, ethics, documentation and ownership of artwork used in therapy. Art therapy is used more frequently now with both adults and children and can have therapeutic healing power. Other forms of art therapy include music, dance, visual art, literature and drama (Hammond, Gantt 1998). One controversial issue this article discussed was the question of if artwork created in counseling is equal to verbal communication. Hammond and Gant discussed how art materials can provide a vehicle for self-expression (1998). Some clients may be reluctant to share their story with a counselor, with the use of art in counseling clients may have the ability to be more open about their past or current issues through the use expression through art. This brings up the question of confidentiality and if their information or artwork will be shared with other people, and when is that confidentiality broken? When artwork is not viewed as equal documentation the artwork then becomes susceptible to inappropriate exposure (1998). The authors discuss their view on confidentiality and documentation, they disagree that that all art should go in the record (1998). Other ethical issues are discussed such as, who should keep the artwork and should the client sign their work? The authors raise a controversial discussion throughout the article that mental health professionals must be careful when using art in therapy to protect client confidentiality, appropriately document and discuss the use of the artwork and ownership of anything created while in treatment.

I never thought that using art in therapy would have so many elements to confidentiality, documentation, ownership and ethics. I do agree with the authors in that I do not think that all artwork should go into the record. Individual artwork is open to interpretation, and if viewed by someone else (maybe an insurance company audit) they may not feel that it was an appropriate session to bill for in the documentation did not accurately represent the sessions and what client and counselor were completing in session. If there is poor documentation regarding what happened in the session, but the artwork tells a different story would the counselor be held liable for unethical practices? Maybe the client wouldn’t want their artwork to be kept in their medical file? To me, artwork is personal and meaningful. I think that if I was to create artwork in a counseling session I would want to keep it and not put it in the chart. Artwork helps to release inner demons and express true feelings without having to say anything. Artwork is powerful and can be scary when you realize what doors you may have opened by writing a poem or painting colors of your emotions on a piece of paper. Then the other debate is, can all clients participate in art therapy? Would this modality work of all individuals? Because we all learn differently and we all function differently I think no. we as counselors need to be careful, handle people with care.

Using a strength-based approach for counseling children has received many great reviews. Portrie-Bethke, Hill and Bethke discuss the usefulness and strategies of using Adventure Based Counseling (ABC) and Adlerian play therapy to provide a strength based approach for mental health counselors working with children with ADHD (Portrie-Bethke, Hill & Bethke 2009). Adventure Based Counseling integrates group counseling, experiential learning, and outdoor education (2009). The goal is to help mental health counselors to explore clients’ lifestyle, help them to problem solve, educate and build relationships. There are four phases of Adlerian play therapy that help the counseling process for children and families and is more successful than just behavioral treatment alone of children with ADHD. The four phases are to build an egalitarian relationship with children, explore lifestyles, help children gain insight into their lives, reorient and reeducation them (2009). The article discusses each phase of Adlerian play therapy and includes activities that counselors can use while implementing this Adventure Based approach. Counselors working with children with ADHD encounter challenges often, the challenges include impulsivity of the child, distractibility and hyperactivity (2009). Using this approach and the activities requires specialized training, supervision and the cost of materials (2009). Counselors also need to be aware when third party billing they may need to provide outcome data and be cautious of the location they are providing their services. With limitations in mind the Adventure Based Counseling approach provides counselors with a creative, strength-based, action oriented treatment approach for children diagnosed with ADHD. The counselor can find ways to help them detect their self-defeating behaviors and gain insight into the purpose of these behaviors.

Third party billing really limits the ability to do good work. Although having a private practice where there is limited documentation and few limits to what a counselor can do can/could be detrimental to the person served. Is horseback riding therapeutic, yes? Can you bill for it? Yes. Private pay, however if this was to be billed under experiential counseling such as Adventure-Based Counseling, would this be ethical? There are so many helpful ways to work with children with ADHD however counselor struggle to find the words to appropriately documents what actually is happening each session. This may happen more often than not with inexperienced counselors at their first job, internship or any new counseling experience. This is one thing I think school does not prepare new counselors for, How to document. This is one of the more important parts to being a new counselor and third party billing. Who teaches the person how to write what they are doing with clients using the medical language? Ignore the last few sentences, I would love to use the ABC approach with children, I find a true value in an approach like this. Talk therapy just doesn’t work with all children or maybe even any children for that matter.
The use of bibliotherapy in counseling can be used to empower clients as well as let them take an active role in the healing process. Briggs and Pehrsson (2008) discuss grief counseling and incorporating the use of bibliotherapy. Clients may display different responses to grief including emotional, psychical, behavioral and spiritual (Briggs & Pehrsson 2008). The authors also discuss several different approaches to use when grief counseling, such as developing an existential understanding of the client, rebuilding interpersonal processes, and expanding verbal and nonverbal processing such as through books, journaling, art, pottery or movement (2008). Books and the use of bibliotherapy has been used throughout history, using literature as a therapeutic tool can increase insight and provide clients with new perspectives on any of their emotional needs. The authors also discuss the benefits of using bibliotherapy in counseling such as the use of providing information, gaining insight, stimulating discussing, communicating values, reducing perceived isolation and generating solutions (2008). Although there are many helpful uses for this technique there are also limitations such as not all books and literature is appropriate for all clients, when using this approach the counselor will have to be cautious of the material chosen for the individual client. Bibliotherapy is typically not used alone, often times it is combined with traditional talk therapies, practicing bibliotherapy with grief counseling can be effecting when working with clients that have experienced loss (2008). There are many books and literature that can help clients address there emotional needs as well as address issues with loss and grief. When using bibliotherapy the counselor must keep in mind the limitations, cultural considerations as well as how the client will internalize the literature. Workbooks are also very useful for counselors as well as a variety of other types of literature to help clients through the healing processes.

I love the idea of being able to use books and other forms of literature in therapy. The article gave some great examples of books to use with kids. I have a client who is living with her mom full time. Her father and mother are divorced and dad has a new girlfriend that just had a baby. I talked with mom about what would be the best way to discuss all the changes with her daughter. Mom bought a children’s book that closely resembled her current situation and read it to her almost every night. This little girl was able to understand and transition to what was going on within her family system because of the good work that mom was doing, but also in part because of the book that mom read to her. She was able to identify with what was going on and didn’t feel like she was a bad person or that her parents didn’t love her even though there were many changes happening within the family system. Personally I think I need to read more books for my own therapy. Self help books, or books that inspire me to do something great or change the way I have been acting towards a person or situation. I need to keep doing what makes me happy and at times in this crazy world of busyness I think I get lost in it all.
This article compiled the feedback from several different authors on the use of creativity in counseling. In “Growing Creative Therapists: Introduction to the Special Issue” Hecker and Kottler discuss three different assumptions and lay a framework for using creativity in counseling. Creativity tends to cause more creativity either from the counselor or client, most counselors can feel stuck in the counseling process and the authors last assumption is that usually the problem of feeling stuck starts with the counselor not with the client (Carson & Becker 2004). Using creativity in counseling can increase the counselors ability to help the client problem solve, learn more about them as a person and can provide other ways for counselor and client to interact without talk therapy alone. In the article “Samuel T. Gladding on Creativity” Gladding discusses creativity as a way of thinking outside the box, where clients can have in some ways enlightening experiences in counseling. Gladding also noted that therapy does not always have to be creative in order to be effective, creativity comes with time and the counselor must keep a sense of playfulness (2004). Hazler discusses in his article “Confusion, Creativity, and Credibility in Therapy: Confronting Therapist Frailties and Self-Doubts” that feeling confused in therapy is a common experience. It is important to share moment-by-moment inner experience in therapy to promote communication about what may or may not be occurring in the session (2004). It is also important for the counselor to be aware of their own confusion and the clients’ confusion within the counseling process and to look at confusion as a helpful tool instead of a disadvantage. In the last article discussed, “Using Tai Chi Metaphors to Increase Creative Practice” author David Chen discusses the use of metaphorical lessons that help clients to handle life stressors, deal with relationships and how to find balance in life. Using creativity is not only important for the work with clients, but it is also an important issue in counselor education. Counselors must remember that creative interventions carry power and clinicians must be aware all the tools used while working with children and adults.

I have seen such progress with certain clients that have participated in creative ways to deal with stress, loss, change while in counseling. I think it depends on the clients. Some people are not going to participate in what some might call “fruity” activity during counseling while others would rather be creative than talk. Being creative in counseling really doesn’t need to come with a lot of preparation. The counselor just needs to be open to new ideas and to be able to be free in session and not feel like they have to stick to a ridged treatment module to follow. A lot can be said without words, if a client draws their experience or shares a poem about a time in their life where they were struggling. I believe that the communication and therapeutic relationship is enhanced if the therapist can help the client to be creative with innovative ways to express feelings and past experiences. The client may also realize things about themselves that they did not know before. Writing this makes me feel like I should write a poem or reflect on a feeling of anger that I had today through drawing or playing with clay. Maybe I’ll just have to do that.
There are many different interventions used in play therapy. Hall, Schaefer and Kaduson discuss 15 different play therapy techniques that counselors can use with children. The **Feeling Word Game** involves the client sharing names of feelings followed by the therapist and then the client sharing a story to identify feelings. This activity is a nonthreatening way for counselors to indirectly discuss questions and issues (Hall, Schaefer, Kaduson 2002). **Color-Your-Life** helps children develop skills to manage and identify their affect. The **Pick-Up-Sticks Game** involves the game of pick up stick with the addition of the child identifying a feeling with each color. Children pick up the sticks and then share a story of a time when they identified with the feeling. The **Balloons of Anger** activity incorporates a successful way for children dealing with anger to express that anger. This technique allows children to see how anger can build up inside of them and how if it is not released slowly or safely it can explode and possibly hurt themselves or others (2002). **The Mad Game** is used to help children identify that anger is a common, acceptable feeling; this activity also helps children to express anger verbally (2002). **Beat the Clock** helps to increase a sense of self-control and impulse control in the child (2002). This game helps children to resist distraction and gain a sense of accomplishment. The **Slow Motion Game** helps children with body regulation skills in a playful group context. The **Relaxation Training: Bubble Breaths** activity is used to help children learn how to slow their breath and relax. This can also be used as a coping skill outside of therapy. **Worry Can** helps children discuss and process their worries. The **Party Hats on Monsters** technique incorporates drawing to help children face their fears. **Weights and Balloons** in an effective technique for teaching children the cognitive behavioral theory of depression (2002). Using a **Puppet to Create a Symbolic Client** helps to remove the focus from the child, increasing the individuals’ comfort level and allows them to stay at a safe emotional distance while working through their issues (2002). **Broadcast News** helps to increase a child’s problem solving skills. The last activity discussed is the **Spy and Sneak** game helps children to realize that they can achieve more attention by acting in a positive verses a negative way (2002).

Would all children clients participate in activities such as discussed above? Some of the clients I have encountered might not. I have met some very resistant teenagers, so maybe these activities are too juvenile or maybe I should find other ways to build rapport without having to push activities on them that they might not be interested in doing. There are so many more activities you can do with children that at times I think it is best to follow the voice of the child and see where their own creativity leads them in the counseling session. I also think that with younger children it would be easier to implement these activities, they are more open to games, or maybe this is just a thought due to my inexperience. Or, my inexperience may free my mind to help the child explore their inner issues that come out as behavior problems or anger. I would like to practice more ways to help resistant clients to open up and participate in play therapy techniques, I also think I need to me more comfortable with my own practices and abilities.

Authors Robert and Kelly (2010) discuss the use of metaphors as a tool that provides a framework new counselors that helps them expand their ability to conceptualize and use cognitive skills. With the use of metaphors clients can show their true feelings and can help the counselor to guide further discussion about their role in life (Robert & Kelly 2010). Metaphors can be defined as the transfer of meaning from one element to another and is recommended for counselors in training to foster case conceptualization skills, diagnosis and treatment planning (2010). Counselors have expressed interest in the power of language, storytelling, and narratives to influence and help create change in clients’ world-views (2010). Counselors attempt to discuss the conditions for change and growth; by using metaphors this becomes possible for new or trained counselors. The use of metaphors can be used with children and adults. Robert and Kelly (2010) discuss that research has show that children as young as 4 years old respond metaphorically to their world, and that metaphor cognition in adults helps them to problem solve and understand how they relate to the world around them. Using metaphors is a powerful tool for counselors in training to use, the use of metaphor has an impact on five change processes, including building rapport, accessing emotions, challenging beliefs, working with resistance and introducing new ways of thinking (2010). The authors discuss how metaphors provide a vehicle for clients to form mental images of feeling states and perceptions of their issues that make connections between experience and successful communication and understanding (2010). The use of metaphors can be helpful however new counselors must be cautious and stay with the clients’ words and perceptions while using this technique.

I find that we use metaphors all the time even while not in counseling. When we realize there are different ways to make sense of the world I think we start using that strategy more. Such as when things happen and we ask ourselves questions. “Why I did I do that?” or “what does that mean?” Some of us are able to think back to childhood and conceptualize how things are today, but some have mental blocks due to trauma or another happenings that we can’t think through, process through or even want to explore in adult hood. I think metaphors for some people can help them determine resilience. But resilience can mean different things for different people. Does it mean the ability to recognize personal strengths and then use them to help us problem solve? Or is it the ability to get out of dangerous or harmful situations whether it is emotional or physical? I think the meaning is different for everyone, just as the use of a metaphor can mean differently things for different individuals. Conceptualizing on your own can be very difficult, for some, and some love that challenge.

Coven (2004) discusses how the Gestalt approach focuses on a person’s life and uses action experiments to increase a person’s awareness, when people are aware they can make charge and take charge of their life. In Coven’s experience of working with Taiwanese students he notes that his expectations that the students and professors would be cognitive and reserved were not valid (Coven 2004). The participants engaged in the skill of scanning and tracking the action and reactions of the student that shared their dream. The audience or group of participants is critical to the effective directions and processing of a dream. The Gestalt techniques the author used to enhance the experience were to encourage the group members to stay in the here and now, enhance ownership of their dream, intensify the role players’ experience so that their personal elements were more figural, and increase interpersonal contact by having the participants speak directly to the other actors and group members using their names (2004). Coven (2004) continues to discuss how the themes of the students’ dreams related to independence-dependence issues with parents, the author continues to discuss how that if the experience was not a training, they could have explored how the issues were connected to relationships between the professors and students. This group experience and participation promoted intrapersonal and interpersonal group interaction and overall enhanced the learning experience for this population.

When I was little maybe between the ages of 9 and 14 I would write down my dreams every morning before school or if it was a weekend when I got up. Whenever I would visit home I would find my dream journal and read it. Some of my dreams as a little girl were very alarming, and ridiculous. What was I concerned with as a child? What was I dreaming about? Mostly they were about monsters, and things that had to do with my parents or siblings. And then there were the ones that included horses and animals and dreaming of doing something great when I grew up. Lately my dreams have been very difficult to sift through; I dream about every night and sometimes wake up in wonder. Or other times, I just wish I could sleep longer to see how it ends or see if I can somehow pursued the ending in my alternate life. Sometimes my dreams make me feel like I am stuck in my “real life” it also makes me want to find a counselor of my own to work through my dreams and process what they mean to me in reality. Reading this article did help me to realize there are ways to process through dreams. I wouldn’t like to process my dreams in a group setting, nor would I like to lead a dreamwork group at this time. If I can’t process my own, how would I be able to help others. I do like the idea of processing dreams one-on-one with clients. I feel like I would have to allow the client to bring up the dream first, and not have me introduce it as an intervention until I had some training.
The author’s goal of the research project was to survey all 50 states and expand the research base of mental health practitioners who identify as play therapists and/or practitioners who use play therapy (Lambert, LeBlanc, Mullen, Ray, Baggerly, White & Kaplan (2007). The researchers focused on play therapists across the mental health professions by surveying members of the Association for Play Therapy (APT). The participants that responded were primarily female and the main professional identity identified was professional counselor. The participants primary practice setting was private practice or mental health setting (2007). The primary area of expertise was play therapy and those who had membership in the American Counseling Association (ACA) were more likely to list their expertise as mental health/community counselors, those that considered themselves as play therapists tended to belong to the play therapy professional organization (2007). The authors concluded that this study was just a “snapshot” or mental health provider of play therapy, including who they are and what they do; given the small percent of ACA members who participated in the study, the authors assumed that the number of ACA members conducting play therapy is very low (2007). From the study it is gathered that more research is needed regarding play therapy to ensure that mental health providers working with children have the skill and information necessary to be successful in treatment (2007).

I think many counselors are conducting play therapy without having taken many courses and or studied the techniques of play therapy. I also think that a therapist may not even realize that they are using play strategies with a child for lack of training. A therapist can use a non-directive approach to treatment and if the child naturally gravitates towards play and then the counselor then becomes engaged in the activity, then ultimately the counselor is engaging the child in play therapy techniques. Younger children respond well to play therapy techniques, I think the traditional talk therapy techniques don’t work with children of a certain age due to their cognitive and developmental level of how the interpret the world around them. Some play therapy or creative techniques would also work with adults. Some adults may not respond to traditional forms of therapy and need a counselor to be creative in order to help the person open up or explore the depths of their past and help them conceptualize and problem solve. Through play therapy I believe you can read into a child’s’ inner metaphor to understand how they think of the world or how they view people or their surrounding. Through play therapy you can help them to process and problem solve so that they feel more confident and increase their self-esteem. This is easier said than done, sometimes those moments of “work” with a child can slip right by us without us knowing and then we have to find ways to get back to the theme of the therapy to continue to help the child process and problem solve.

Icebreakers and team building activities are important for counselors and group facilitators to use when running group therapy or other forms of group sessions. Stephens and Tembrock (1992-1994) creators of “Energizers, Icebreakers and Team Building Initiatives” created 52 activities for group facilitators to use that increases the comfort level of participants, increases communication and unites participants. The activities discussed in the article helps facilitators help make activities a positive learning experience for the participants. Through the use of the activities the facilitator can help creative problem solving and support leadership and growth of the participants. The activities increase personal awareness, growth and an appreciation for their work, communities and lives. The article describes how to facilitate all 52 activities in a group setting, however the authors do not illustrate for each activity to learning purpose or desired outcome for each. This may be viewed as a limitation of their work. Facilitators must be aware of physical safety, personal space, and mental comfort zones when engaging a group in one of the activities. The facilitator must also know their audience and help with processing the meaning of the activities so that the games can be learning activities.

This article had many good ideas, however I am interested in activities and icebreakers for one-on-one counseling. I can also see how most of the activities discussed could be seen as aversive to participants, although if they agreed to be in a group I suppose they should be ready for activities and group participation. Some of the explanations were difficult to follow and I didn’t find it helpful that there was not a purpose statement for each activity. For training purposes and helping the facilitator engage the group appropriately, I think explanations of purpose and goals for each activity is crucial for successful facilitation. The activities also seemed like icebreakers and team building activities a facilitator would want to use at children’s’ camps or sports camps to help kids lean about each other and them selves and feel more comfortable in their environment. I would definitely want a co-facilitator if I were going to run a group and include an icebreaker or team building activity such as they authors discussed. One of my favorite activities described was the “Trust Walk” where participants partner up in pairs, one person is blindfolded and they other person is their guide for 10 minutes, then they switch. I can just remember wanting to do this activities as a child with friends, or with my parents. I remember feeling almost “out of body” during those moments when you trust someone to tell you when to step up a stair or that you wont let you run into anything. I also remember feeling very silly and having a smile on my face as if the unknown was very comical to me. I would entertain myself and try this activity again, with a willing partner.