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Integrating Creative Arts in Counseling: Review and Recommendations

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A research project submitted to the Graduate Faculty of

JAMES MADISON UNIVERSITY

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Dedication Page

This paper is dedicated to everyone who listened when I recommended a little art.

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Abstract

Creativity is present in many aspects of counseling practice. While clinical decisions are often assisted by the ability to think creatively, clinician may not identify the potential benefit further exploration of creative pursuits within the counseling room could provide. The following paper seeks to explore the benefits of arts in counseling as well as the barriers that keep clinicians and clients from feeling comfortable brings arts into sessions. Arts may assist clients dealing with trauma and grief and can provide support for training clinicians and those in training. Clients and clinicians both may keep themselves from connect with artistic activities due limited experience as well as concerns over their ability to produce art. This paper reviews possible solutions to address these barriers, such as increased education and as well as facilitation of experience. Review of past negative experiences as well as emphasis placed on the process of creation over the production of a piece of art could serve to alleviate possible concerns. This paper additionally reviews the benefit that an experiential workshop for training clinicians as a way to address barriers and increase comfortability with art use. Though limited, cursory data from a workshop offered to training clinicians supports the thought that experiential opportunities may increase comfortability in using arts based activities with clients.

Keywords: Expressive Arts, Creative Arts, Expressive Art Activities, Creative Art Activities,

Creativity in Counseling

Introduction

Counseling has been said to be both a science and an art. While it can be easy to identify the more scientific sides of counseling (i.e., evidence-based practices, diagnostics, etc.) it can be hard for some to reconcile the power of the “art” of counseling. Creativity has a key presence in the counseling room, yet it can be a struggle to clarify what creativity means. Bierly, Kolodinsky, and Charette (2009) attempted to simplify the meaning of creativity, identifying it as “the development of novel and valuable ideas” (p. 103). Creativity in counseling, as Rosen and Atkins (2014) state, is a broad term encompassing a “variety of therapeutic approaches used in a creative way” (p. 298).

When a counselor works to conceptualize a client, choose interventions, and offers challenges or reframes, they are relying on their clinical judgment as assisted by creativity. Even choosing evidence-based interventions or thinking broadly about a client and weighing the rationale and fit of diagnoses relies on the counselor’s ability to generate and recognize connections. While counselors by no means must identify as artists, there is a natural connection between the innate creativity of the counseling field and the use of expressive and creative arts in the counseling room. Despite the inherent connections between creativity and counseling, counselors can be hesitant to connect with creative arts-based work with clients due to lack of knowledge and limited experience, as well as personal concerns around ability.

The following addresses the use of creative arts-based counseling work, provides insight into the relevance of creative arts integration in counselor training, and explores implementation of introductory exploration of creative arts through an experiential workshop.

Review of Language and Professional Designations

It is important, both ethically and for clarity’s sake, to review terminology related to the use of creative-based interventions in counseling. Throughout this paper, creative arts and

expressive arts are used as umbrella terms encompassing such practices as writing, painting, dance, drama, and/or music (Bradley, et al., 2008). This convention follows the traditions of creative arts and expressive arts as referring to the use of a particular modality of artistic expressive and the use of multiple modalities within practices.

As a professional designation, the National Coalition of Creative Arts Therapies Associations (NCCATA) lists Creative Art Therapies as: art therapy, dance/movement therapy, drama therapy, music therapy, poetry therapy (National Coalition of Creative Arts Therapies Associations, n.d.). Individually, each of these are seen as distinct and have independent definitions of their profession, a legally defensible scope of practice, standards, and code of ethics. Each also maintains their own educational competencies and possesses and encourages evidence-based practices. To be a Creative Art Therapist, one must first be connected with their own distinct certification within their area of work (i.e., art therapy).

The distinction between Creative Art Therapies and Expressive Art Therapy is: Creative Art Therapy sticks to only one creative pursuit (e.g., music therapy using music/sound) rather than incorporating several approaches at once. Expressive Arts Therapy, on the other hand, is seen as incorporating interventions that move between and across modalities (e.g., art, dance, drama, music, etc.). Expressive Arts Therapy is an integrated and multi-disciplinary approach that combines visual arts, movement, drama, music, writing and other creative processes to nurture growth (International Expressive Arts Therapy Association, n.d.). Those interested in receiving the title of Registered Expressive Arts Therapist (REAT) must connect with the International Expressive Arts Therapy Association (IEATA) and complete their registration process and requirements (International Expressive Arts Therapy Association, n.d.).

Both Creative Art Therapy and Expressive Art therapy use forms of the arts and creative pursuits (drama, movement, visual art, music, writing, etc.) in conjunction with counseling to

address behavioral and mental health issues or stressors with individuals and/or groups. Currently, to use professional designations such as Art Therapist, Creative Art Therapist, or Expressive Arts Therapist in the United States, professionals must first connect with their governing body, such as IEATA, or the American Art Therapy Associations as well as with their state-based credentialing organizations.

Ethical Considerations

The American Counseling Association's code of ethics section on professional qualifications (C.4) states counselors must only claim credentials or qualifications they have adequately completed (American Counseling Association, 2014). Though distinct due to state-by-state credentials and other requirements, Art Therapy/Art Therapists, REATs, and other similar professionals function outside of the scope of this paper, as they have their own required training and theoretical foundations. It is important that counselors ensure they do not misrepresent their credentials or training: Integrating creative and/or art-based practices alone into clinical work does not give one the authority to claim the title of Art Therapist or registered Expressive Art Therapist.

However, the recommendations in this paper are intended for use by a variety of mental health professionals including Counselors, Psychologists, Social Workers, and School Counselors within the purview of their clinical practices. Creative and art-based interventions are not wholly unique to Creative Art Therapists, Expressive Art Therapists or related credentialed professionals. Indeed, mental health professionals from many backgrounds and areas of expertise can integrate creative practices into their work. In fact, many clinicians may find that they have been using creative based practices without naming them as such (Gladding, 2016; Rosen & Atkins, 2014).

Creative Arts in Counseling

Arts and creative interventions can serve to create a space of learning and growth by “reframing ideas, shifting perspectives, externalizing emotion, and deepening the understanding of an experience” (Waliski, 2009, p. 376). Connections with creative arts allow clients to gain deeper understanding of themselves and increase awareness of behavioral patterns (Levine, 2004). Historically there are a variety of ways in which mental health professionals have used creative arts for client benefit.

Creative Arts and Trauma Work

Traumatic experiences amplify individuals' external awareness, leading them to focus outward in effort to maintain safety (Sweeton, 2019; Levine, 1997). This outward attention can pull focus away from the internal experiences, leading individuals to a lack of awareness of physical sensations that indicate elevated distress. As Levine (1997) posited in the seminal self-help work *Waking the Tiger: Healing Trauma*, reconnection with the body in order to feel, observe, and modify is an integral piece of trauma work. From a neuropsychology perspective, it can be important to understand where in the brain clients are when working with trauma. For instance, unresolved trauma is often fragmented while stored in the right hemisphere (Chong, 2015; Perryman, Blisard & Moss, 2019). In contrast to this understanding of unresolved trauma, traditional talk therapies rely on the left hemisphere, where logical and language resides (Perryman, Blisard & Moss, 2019, Malchiodi, 2003).

Malchiodi (2003) highlights how creative arts can bring several senses into play simultaneously, potentially allowing for connection with parts of self not available in traditional talk therapy, such as inner feelings and unconscious thoughts. She further posited that the use of creative arts helps the client reconnect implicit (sensory) and explicit (declarative) memories of trauma, as these therapies provide a less threatening way for clients to tell their stories. Often referred to as the “felt sense” (Levine 1997), creative interventions such as movement-

based activity can serve to connect individuals to their body while also reducing stress responses from the amygdala and bolstering both memory and cortical areas in the brain (Sweeton, 2019). Further, certain art modalities can incorporate a specific brain hemisphere and engage neuroplasticity in aid of healing (Perryman, Blisard & Moss, 2019) such as writing a story or using poetry as ways to engage the left hemisphere, or drawing/painting, using clay, dance, standtray, or music to engage the right.

Creative Arts and Grief Work

People across the world participate in many rituals surrounding grief, with many using creative expression as a piece of their healing process (Levine, 1997b). This integration of arts and grief serves to bolster connection, expression, and the process of meaning making (Levine, 1997b, Neimeyer & Thompson, 2014,). Therapeutic grief rituals can take many forms, though most fall across the three domains of honoring, letting go, and self-transformation. Creative art used in grief work can come in the form of symbolic actions that include manipulating figurines in a sand tray, creating stories, and integrating color, sounds, and movement in drama-based interventions (Sas & Coman, 2016, Malchiodi, 2008). Grief can be processed and acknowledged, and thoughts and feelings around loss can be explored through use of creative expression (Malchiodi, 2008).

As with trauma, creative arts can assist clients in in moving through their experiences. Certainly, there are cases during which the loss is traumatic itself and the accompanying grief is an additional factor. In both cases creative arts may become an important piece of counseling work.

Creative Arts and Counselor Development

Self-reflection is a large part of counselor training. As such, many assignments and recommendations during counselor training programs incorporate activities that promote

reflection. Just as creative arts can be a conduit for reflection for clients, the same is true for counselors in any stage of training (Sacco & Amende, 2021). Villarreal-Davis, Sartor, and McLean (2021) noted that expressive arts and experiential learning are inherently linked, both using creativity to link sensations, feelings, and cognitive processes with the verbal and non-verbal. It follows that expressive arts can be beneficial to counselors in training. Trainees must become aware of their own experiences as they begin to connect therapeutic knowledge and their burgeoning intuition (Sacco & Amende, 2021; Shepard & Brew, 2013), and the use of creativity can foster further exploration and reflection (Gladding, 2008; Waliski, 2009). There are a multitude of ways that creativity and expressive arts have been explored for potential use in counselor training and supervision.

Zeglin, Niemela, Rosenblatt and Hernandez-Garcia (2019) emphasize the importance of including creativity in counselor training and noted that this can at times be counter to linear teaching trends in counselor education, which may lead to confusion during required trainee self-reflection (Ziomak-Daigle, 2017) and potentially slow trainee development. By infusing arts into counselor training, trainees are given a variety of ways to reflect and grow through their developmental process. This can additionally support diverse student populations by branching away from the western ideal of speaking as the “the one way” of communicating. In the ways clients benefit from creative art integration into counseling practice, counselor trainees of any background may also benefit.

Arts can offer a supportive feature in counselor training. While discussing possible benefits of using a Processing Wheel (described below), Burgin (2018) additionally highlights how use of similar creative activities can work to introduce the whole brain into work. Historically, the Left hemisphere is seen to encompass logical activities and language while the

right hemisphere supports intuitive and empathic functions. It has been proposed that art making activates the right side of the brain (Clarkson & Leigh, 1992; Malchiodi, 2003).

Counselor supervision, an aspect of counselor education, serves to assist supervisees in their development as well as ensure that clients are provided with adequate services (Burgin, 2018). Graham, Scholl, Smith-Adlock, and Wittmann (2014) review the disservice that a “one-size-fits-all” vision of supervision is to training counselors. As counselors we can understand that clients may respond best to a variety of approaches, interventions, and techniques (Gladding, 2016). Counselors in training require this same understanding.

Graham, Scholl, Smith-Adlock and Wittman (2014) review the creative approaches of bibliotherapy, psychodrama, and sand tray for use in supervision. Through bibliotherapy, supervisors can lead supervisees to connect with characters and storylines as a way to connect with and express emotions, thoughts, and concerns in a safe and unthreatening way. Psychodrama allows participants to connect with self-awareness, self-efficacy, and autonomy (Gladding, 2016). In supervision, psychodrama can be used to address themes in counselor development such as counseling orientation or counselor competency. The use of sandtray in supervision mirrors its use in counseling. Supervisors maintain a protected and supportive space for supervisees’ experiences within the sandtray and also maintain awareness of supervisees’ development level and needs.

There are also a variety of ways creative arts can be used in group supervision. Burgin (2018) proposes the use of a processing wheel in group supervision to process work with clients as well as increase feelings of support. The work of using a process wheel begins with supervisee reflection on a time in their clinical work that has left a lasting impression. Following this they connect with art supplies to mark on a pie slice shaped of paper a visual response to the experience that came to their mind. After sharing and reflecting on the creating process, these

individual pie shaped pieces are placed together into the shape of a complete circle, completing the wheel. Following the formation of this process wheel, universal themes can be explored and connections between experiences made between the individual experiences that make up the whole. In addition to these specific approaches, there are multiple ways to adapt and integrate creative arts into supervision.

Historically and contemporarily, there are a variety of ways arts have been used in counseling. While the benefits are known, there is still the potential for apprehension and barriers that keep clinicians from connecting with art based activities. Fortunately, where there are barriers there are often those posing ideas to overcome them.

Perceived Barriers and Potential Solutions

Despite mounting evidence and historical use of art expression in therapeutic spaces, when considering the use of expressive arts, counselors can get stuck in the same thinking as some clients —namely, feeling pressure to create a final product. This may mirror the mindset that clients may bring to counseling: the idea that they must solve their problems or have a single clear solution to their problems. In each case there is emphasis on the final creations and perhaps a finished, intact, and possibly ideal product. However, the crux of creative art-based interventions is in the process, not the product. This possible distortion can be addressed by a person-centered approach to creative arts.

Natalie Rodgers, who is known for linking humanistic person-centered ways of thinking with expressive arts, says it best by clarifying that “The creative process is healing. The expressive product supplies important messages to the individual. However, it is the process of creation that is profoundly transformative” (Rodgers, 2016, p. 346). Person-centered expressive arts therapy applies the foundations of a person-centered approach within the context of a multitude of creative arts. The core values of unconditional positive regard, empathy, and

congruence (Rogers, 1957) fit well with creative interventions as does the belief that clients are the expert who contain the ability to help themselves. Exploring theoretical frameworks for expressive art interventions and linking them with a person-centered approach could relieve counselor apprehension in implementing creative art interventions and assist them in educating clients on the potential benefits of diverging from usual talk therapy expectations in a counseling session.

As Natalie Rogers points out, it is the process of creating art that is therapeutic (2016). Certainly, in Humanistic approaches the process occurring in the therapy room is considered paramount. It is through creation that the true wealth of creative arts is revealed, not in the production of an art piece. Though created products may indeed hold meaning and importance to clients, by deviating from the importance of the product we open ourselves and our clients up to the journey that creating takes us on. This emphasis on the importance of process over product can serve to increase both counselor and client comfortability with arts based activities, as it takes pressure off of the final product created.

Wilson and Ziomek-Daigle (2013) named three phases of counselor connections with expressive arts and viewed these as the phases of counselor development of working with arts.

The phases they established were:

1. Apprehension/Resistance
2. Comfort
3. Endorsement.

Through these, it is seen that initial resistance can be expected and could prove to be a potential barrier to integration of creative arts. It is important, then, to recognize that following this possible barrier is an increase in counselor comfort is using expressive arts as well as

increased counselor support for their use. Review of these phases, and the validation of initial concern, could serve to support counselors through their development of working with arts.

Just as in counseling we understand that client apprehension can come from past experiences, so it follows can counselor apprehension. Malchiodi (2007) encourages exploration of individuals' personal art history. This practice is not reserved for only client use. Possible questions for reflection could serve to reflect on past experiences and potential beliefs individuals hold about art that may impact their resistance. Reflection questions could include "How do you connect with art?", "What were your experiences with art as a child?", "What does your family believe about art", "Have you had negative experiences with arts". In addition to prompting reflection, these questions, when asked to clients, supervisee, and/or training clinicians, serve to inform individual reactions towards arts based activities.

As detailed above, creative arts are not reserved for clients, nor are counselors immune to the same faulty logic that creates barriers to opening up to the potential benefits of engaging with creation. To connect counselors in training with creative arts and dispel possible concerns as to their implementation, I encourage an experiential emphasis on creative art exercises. If the creation process is where some of the "magic" lies, allowing training counselors to connect with their own process could serve to illuminate potential benefits and increase comfortability in implementation.

Workshop

Following research and self-exploration of creative arts in counseling, the author facilitated a workshop to James Madison University Clinical Mental Health Students across three distinct cohorts. The workshop ran for 2 hours and included 12 participants, two of whom were only able to attend part of the event. Participants were asked to fill out a brief survey

surrounding their experiences pre- and post-workshop related to their personal and professional experiences with creative arts.

This workshop began, much like this paper, with a review of ethical considerations. From there, expressive art-based activities were reviewed with an emphasis both on potential use with clients as well as potential reflective practices for participating counselors in training. Despite the emphasis on expressive arts, neither the facilitator nor any of the participants were Art Therapists, Registered Expressive Art Therapists, or similarly credentialed. Limitations were reviewed and the brief and introductory nature of this workshop stated. The facilitator named the intention of exploration and increased comfort with creative art activities as the might pertain to use with clients or further personal exploration. Choice was highlighted as a vital part of the workshop. While the facilitator encouraged participation through occasional distress and/or uncertainty, participants were reminded of their power to either move away from or alter activities if/as needed.

Addressing Perceived Barriers

As counselors can at times shy from using expressive arts with clients due to their own perceived lack of skill, the emphasis of the workshop was on increasing clinician comfort for connecting with expressive arts as a means of experiencing and reflecting on personal experiences. The facilitator encouraged participants to reflect on their own experiences with art. Though no mandatory sharing or processes was brought into the workshop time, the facilitator encouraged participants to think on how their past experiences with art may now affect their comfortability with using creative arts. To further address clinician concerns that might arise such as "I'm not an artist," the key differences between arts in therapy versus arts in an art class were reviewed (see below).

The following list of key differences were adapted from Rubi Garyfalakis's, DTATI, RP, RCA, blog post on Art as Therapy's Website (2014):

Key differences between Arts in Counseling and Art Classes

1. The Relationship

A. When meeting with a counselor, the basis of connection between counselor and client is their therapeutic relationship.

B. When connected to an art class, the role between the facilitator and members is that of student and teacher.

2. The Space

A. Therapy takes place in a safe and confidential space.

B. Art classes do not maintain confidentiality, though they may take place in a safe and secure environment it is not a requirement.

3. The Goal

A. Counseling focuses on client self-expression in the many forms it takes. The goal of expressive arts as they connect with counseling is to assist with communication or serve as an experiential feature of treatment.

B. Art classes serve as a place to learn a new skill and/or technique.

4. How materials are viewed and used

A. In counseling, expressive art materials are tools to support communication.

B. In art classes, expressive art materials are tools used to accomplish a task.

5. How the Product is used

A. In therapy art products are an extension of or a reflection of what the client is communicating. There is not a right or wrong.

B. Art classes focus on what is produced; the finished products are often what classes build towards.

Experiential Activities

As an experiential workshop, most of the time was spent leading participants through several creative art activities. A variety of art materials were provided, including colored pencils, pens, markers, crayons, tempera paint, and brushes, as well as paper. The following five sections provide an overview of activities that were reviewed during the workshop as well as published support and suggestions for use.

Body Scan and Outline

The first activity presented in the workshop involved a body scan followed by a body outline. The facilitator encouraged participants to use their preference of art materials and provided diverse outline images incorporating a variety of body shapes ranging from stylized to realistic. This activity served as both an introduction to art activities as well as a check-in and/or relaxation practice preceding a workshop that could potentially be activating. At the end of this activity participants were encouraged to keep their body outline image for review at the end of the workshop and/or outside of the workshop for their own processing. Common themes across outlines included use of color and shapes to signify body sensations and emotions (see Appendix A).

Evidence and suggestion for use. The mindful meditation practice of a body scan is a guided exploration that emphasizes awareness of current physical sensation throughout the body (Thompson & Gauntlett-Gilbert 2008). This exploration is non-judgmental in nature and encourages gentle curiosity on the part of participants. The workshop facilitator constructed a scripted body scan from which to lead participants through a “check in” and exploration of sensations in their bodies. Following this scan, participants were instructed to symbolize their

experiences through color, images, messages, etc. The activity of filling in a body outline has a history of being used with younger children (Steinhardt, 1985) due to the visual representation inherent to the activity that favors expression via non-talk or -writing means.

Commonly found in mindfulness-based programs (Crane, et al., 2017) the meditative activity of a body scan alone can serve to foster embodiment, and connect with the self, and increase mindfulness (Kabat-Zinn, 1994). When paired with a body outline activity, creative arts are brought into participant experience and potentially can help reveal “troublesome aspects” (p.98) that can then be discussed with clinicians (Gladding, 2016).

Malchiodi (2020) reviews the use of body outlines and scans in a variety of settings such as medically, as a way of recording areas of pain, as well as with children in play therapy, with instruction to color the body with color-coded emotions. Through creating a visual image, clients from a variety of backgrounds are given additional opportunity to understand themselves and connect with their felt sense of their experiences. Clients are also connected with the chance to authentically express their implicit understanding of themselves. In this way both client and counselor benefit– the client with renewed insight into themselves, and counselors with the chance to gain deeper understanding into the client’s experience.

Scribble Drawing

Participants were directed to put aside previous activity and were given a new sheet of paper as well as a variety of drawing implements (i.e., colored pencils, pens, pencils). This activity asked participants to spend several moments marking a continuous line onto a single sheet of paper in the movement commonly described as “scribbling” Once individual scribbles were completed, the facilitator directed participants to spend several minutes looking at their page and emphasizing any images/symbols that came to mind or continuing to complete the image they saw. Facilitator invited participants to share with other members what images they

identified within their respective works. Common themes across drawings included use of color and shading to fill in gaps and outline significant images that members identified within their scribbles and use of participant-identified pleasing colors to complete the scribble image (see Appendix B).

Evidence and suggestion for use. Florence Cane (1983) was one of the first to write on the use of scribbles in a therapeutic space. With her scribble technique, the goal was to address and remove possible barriers such as those with less confidence or negative self-talk related to the art making process. To that end Cane found value in using this as a warmup exercise with clients who identified distress at the concept of art making (1983). Cane's original technique asked individuals to close their eyes and use their non-dominant hand to scribble for around 30 seconds, after which they explored the image by outlining or emphasizing images they spotted within the lines.

Wood and Pignatelli (2019) explored yet another adaptation of Cane's scribble technique, this time offering insight and recommendations for use within Counselor training and Supervision. They coined the Term Scribble Story Technique and through select case study vignettes reviewed the benefits and areas of change found within trainees following use of this activity. In one case with a female counseling student, they highlighted how this activity "helped foster processing of personal change regarding her counselor identity and self-talk, as well as change in the therapeutic encounter" (Wood & Pignatelli, 2019, p. 241).

While these developments are not limited to this technique, the authors noted how this approach provided a novel experience that couples unconscious wisdom and symbolic representation. While their adaption was reviewed in the context of counselor training, the insights their case studies identified (i.e., identity, self-talk) are common concerns addressed with clients. This connection suggests this adaption could benefit clients as well as counselors.

This activity addresses possible barriers to participant/client interaction, mainly the false belief that one must create “good art” or have innate artistic talents to benefit from creative art exercises in counseling. The emphasis on no required art ability along with the freedom of movement and meaning making from found images allows for this exercise to be accessible to even the most art wary.

Finger Painting

Participants were directed to use supplied paints and their hands to create desired images onto paper. Facilitator offered this time as exploration of the sensation of paint and paper and supplied no guidance as to suggested or required images. Should participants experience uncertainty and or distress over what images, if any, to paint, the facilitator emphasized this as an exploration of supplies and sensations or production of a product. Paint brushes were also available should participants decline from using their hands.

Participants shared experiences of sensations as they painted with their hands, noting feelings such as “The paint was cold” as well as how their hands moved across the paper and how, and how the paint filled the page (see Appendix C). The facilitator questioned participants if they would now be able to “ruin” said painting, with several stating a desire not to. Facilitator highlighted the importance that participants self-designated onto their creations, noting the impact that exploration and creation had outside of personal perceived artistic ability.

Evidence and suggestion for use. Finger painting can be a helpful tool for counselors as they work across age ranges and developmental needs. Historically, finger painting has been seen as a projective technique- a means of allowing a true free flow of emotions, meaning, and experience (Abt, & Bellak, 1950). Finger painting can help loose restraints placed on individuals and allow for fewer boundaries between their experience and their expression. While its roots are historic in nature, finger painting remains a staple childhood and an activity that many can

relate to due to its open nature. As Yassenik and Gardner (2017) highlight, the sensory/kinesthetic nature of finger paints that can make them accessible for those as young as preschool. This fits both with ability and developmental level as children of that age range communicate primarily through expressive and creative play.

Stanko-Kaczmarek and Kaczmarek (2016) reviewed the possible benefits of finger painting as a tactile sensation to promote mindfulness. Finger painting is novel, playful, and can provide a pleasant sensory experience, making it a potentially helpful and enjoyable experience for clients. As Stanko-Kaczmarek and Kaczmarek shared, there may be times when finger painting produces a disgust response which could possibly interfere with client interest and/or willingness to participate as well as negatively impact client's mindfulness experience. Despite this possibility, and should clients be receptive, finger painting can provide tactile sensations which can facilitate state mindfulness (Stanko-Kaczmarek & Kaczmarek, 2016).

This activity and other involving finger painting can be a good foundational expressive art activity for counselors to have in their repertoire. As finger painting is appropriate for a wide range of ages and developmental levels and offers the ability to connect with a true unfiltered expression. The sensory element of this practice is both novel, which may encourage or interest client use, as well as potentially a means of including mindful practice into creative arts use in the counseling room.

Self-Tree

The facilitator directed workshop members to set aside previous works in favor of a fresh page. Participants were invited to continue to use writing implements used in previous activities as well as given optional use of paint and paint brushes. Members were introduced to the image of a tree representing themselves. First, they were to outline the image of a tree as well

as given option to explore any personal meaning to the type of tree chosen (e.g., oak, willow, etc.). Once a tree image was completed, they were directed through the following outline:

Roots: Where we come from (e.g., values, history, family)

Trunk: What we care about and our skills (personal strengths, what makes you “you”)

Branches: Where we are growing (hopes, dreams, growing edges)

Leaves: What we are holding on to and letting go of (achievements, reminders, losses, hurts)

Once connected with the above outline, participants were to fill in their tree as it relates to their personal experience (see Appendix D). Common themes between participants included personal connection with trees, types of trees, use of different seasons, as well as creative use of prompts to connect with personal meaning.

Evidence and suggestion for use. The above activity is informed by use of symbolic imagery from the Tree of Life Therapy exercise (Denborough, 2008; Ncube, 2006), altered at the facilitator's discretion and simplified for time. Originally explored by Zimbabwean/South African psychologist, Ncazelo Ncube-Mlilo, the Tree of Life invites us to take a look at our lives in order to retell and rewrite our story (Denborough, 2008; Ncube, 2006). While the above activity is informed by the constructionist narrative view of Tree of Life, it takes creative liberty to adjust as needed. Another documented adjustment comes from Margaret Hayward. Hayward was participating in a Tree of Life workshop focused for women who had experienced domestic violence. In this workshop she identified a potential short coming: where do people who have abused or traumatized participants go in the image. She offered the image of a compost heap, a place for these impactful relationships to be represented but on survivors' terms (Denborough,

2008). Hayward offered the extended metaphor for a place for rotting things to become fertilizer for the tree.

Tree of Life has a wide use among population and individuals who have experienced trauma (Senehi, 2015) such as refugee youth (Hughes, 2014; Stiles et al., 2021) as well as with orphans in grief (Hirschson, Fritz & Kilian, 2018). Ncube, main proponent and co-founder of the Tree of Life intervention noted “how re-traumatizing it can be for people to simply tell and re-tell a single storied account of loss or trauma as these single-storied accounts result in people dwelling only in the problem-saturated territories of their identity” (Ncube, 2006, p. 6). With its emphasis on providing a secure place of self-identity before delving into painful difficulties, the Tree of Life avoids potential re-traumatization (Ncube, 2006; Stiles, et al., 2021). This culturally grounded and aware intervention offers connection with the accessible image of a tree as well as an emphasis on empowering participants to create their story while honor their experiences.

Tree of life offers both clinicians and clients a culturally responsible and trauma sensitive collective narrative approach (Denborough, 2008; Ncube, 2006,). To utilize the Tree of Life through use of the Tree of Life Practitioners Guide, practitioners must connect with a Tree of Life Training through Phola.org. While official the Tree of Life Intervention requires this training, the image of a tree and accompanying narrative work falls within the scope of practice from a variety of mental health practitioners.

Workshop Closing

At the end of the workshop participants were invited to look back at their previously completed body scan outline. The facilitator instructed members to spend a moment reviewing their images and reflect on their experiences throughout their time. Participants noted appreciation for the activities reviewed and were encouraged to take completed works with them and potentially allow themselves time for further review and self-reflection.

Pre- and Post- survey

As a part of participation in the above workshop, participants were directed to complete a pre- and post- survey (see Appendix E and Appendix F). The facilitator created the surveys in an effort to gauge salient effects of experiential efforts and instruction on participants' reported knowledge and comfort in implementing creative arts based activities with clients. As participants waited for the workshop to begin, they were directed to complete a pre-survey which included a Likert-type scale for (state number) questions. The scale ranged from 1-5, with 1 indicating Strongly Disagree, 3 indicating Neutral, and 5 indicating Strongly Agree, with the optional addition of N/A for possible cases where questions were not applicable for the participant. At the close of the workshop, participants were directed to complete a post survey based on their experiences. In addition to the above-mentioned scale, the post survey included short response prompts for participants to write their personal thoughts about the workshop. Questions included: what did you like about this workshop, what did you dislike about the workshop, how was this workshop useful to you, how could this workshop have been more useful to you, as well as a space for participants to write any additional remarks.

Findings

A barplot of differences between pre- and post- survey results for each question and participant can be seen in Figure 1. The mean paired percent increase was calculated for each question. To do this, the difference between Likert scores (i.e., post- pre-survey) was calculated for each participant, converted to a percent increase, and averaged together (Table 1). Absolute values for these increases ranged from 7.17% to 82.50%. All increase showed improvement in participant comfortability.

Facilitator compiled participants' feedback from the post survey and identified potential themes expressed across questions. Common themes of appreciation for experiential

exploration, occasional discomfort, and desire for further connection with expressive arts were noted.

Feedback included appreciation for the variety of activities and connected them with potential use with clients. Participants enjoyed the freedom and the challenge of having “no prompt” at times during the workshop. The value of personal introspection as well as the ability to listen and share with participants was also noted.

Participants related a desire for a longer workshop experience, as well as potential interest in smaller group “break out” spaces for participants to share and process their experiences. As expected, responses shared that connecting with creative art activities brought discomfort and apprehension. Participant shared it was a times difficult to “let go” in the face of potential barriers, though noted the experiential nature of the activities assisted in getting “past the block” they felt.

Overall participant responses indicated that members had a positive experience and feel this workshop was an effective tool in increasing their comfortability in integrating creative arts into their counseling practices. These findings are consistent with Wilson and Ziomek-Daigle’s (2013) three phases of counselor connection with expressive arts as well as with expectations based on the experiential and process-oriented nature of workshop exploration. While this can begin to indicate that further implementation of experiential workshop could serve to address barriers and increase comfortability, this area requires larger scale, empirical studies to further demonstrate possible effectiveness and indicate possible improvements to overall design.

Conclusion

Expressive arts encourage us to go within ourselves, to explore our experiences and connect as well as make meaning. Integrating creative art practices into both work with clients as well as clinician training offers both the ability to connect with parts of their self that may

otherwise be distant or difficult to reach. While there is a variety of research into the benefits of art in counseling, there are of course barriers to its practice for both clinicians and clients.

Experiencing creative art activities can support training counselors by increasing their comfortability with then using creative arts with clients as well as by encouraging trainee self-reflection and growth.

When exploring use of arts within counseling and counselor training contexts, it is additionally important to have an understanding of possible sensory concerns, and trauma sensitive practices. Choice should be key to arts-based activities, and effort should be made to offer alternatives and/or optional adjustments (i.e., offering brushes as well as use of pants/body to paint) to increase accessibility. Practice could also include use of air purifiers/ventilation as well as awareness of ingredients of materials used with those with sensory and/or allergy concerns in mind.

Creativity is core to the field of counseling and emerges in a variety of facets within the therapeutic space. Creative interventions, expressive art activities, even use of metaphor fall within the realm of creativity. Creative arts can be used for a variety of client presentations and presenting concerns, with evidence suggesting they provide a space for expression and understanding.

The importance of creativity can be vital to counseling. As Gladding (2008) stated, Overall, counseling has grown and is growing because of the creative people who have nourished it and contributed to it. Their actions should be celebrated and held up to persons entering the field as models to emulate. At the same time, counseling must move forward, realizing that there are many ways to continue being creative. (p. 103)

We should remember that creativity gives us, as counselors and clients, an additional means of communication and potentially therapeutic experience. It is also the foundation of

what allows for adaptation within ourselves and in our practice. Just as people change and evolve over time, so must counseling. By infusing creativity into counseling, we embrace change and growth in our field.

Arts belongs to everyone, regardless of perceived ability or position. Creative art based interventions have proved beneficial for individual clients, groups, counselors in training, as well as those seeking clinical supervision. Connecting and integrating creative arts into our practices adds to the wealth of experiences and tools we have to offers ourselves and others.

When we reach the end of our traditional descriptive powers, it's time to weave collective meaning from poetry, painting, writing, dancing, photographing, filmmaking, storytelling, building, singing, animating, designing, baking, performing, printing, carving, sewing, sculpting, and a million other ways we daily create life out of Chaos and share it with each other for comfort. (Tucker, 2021, n.p.)

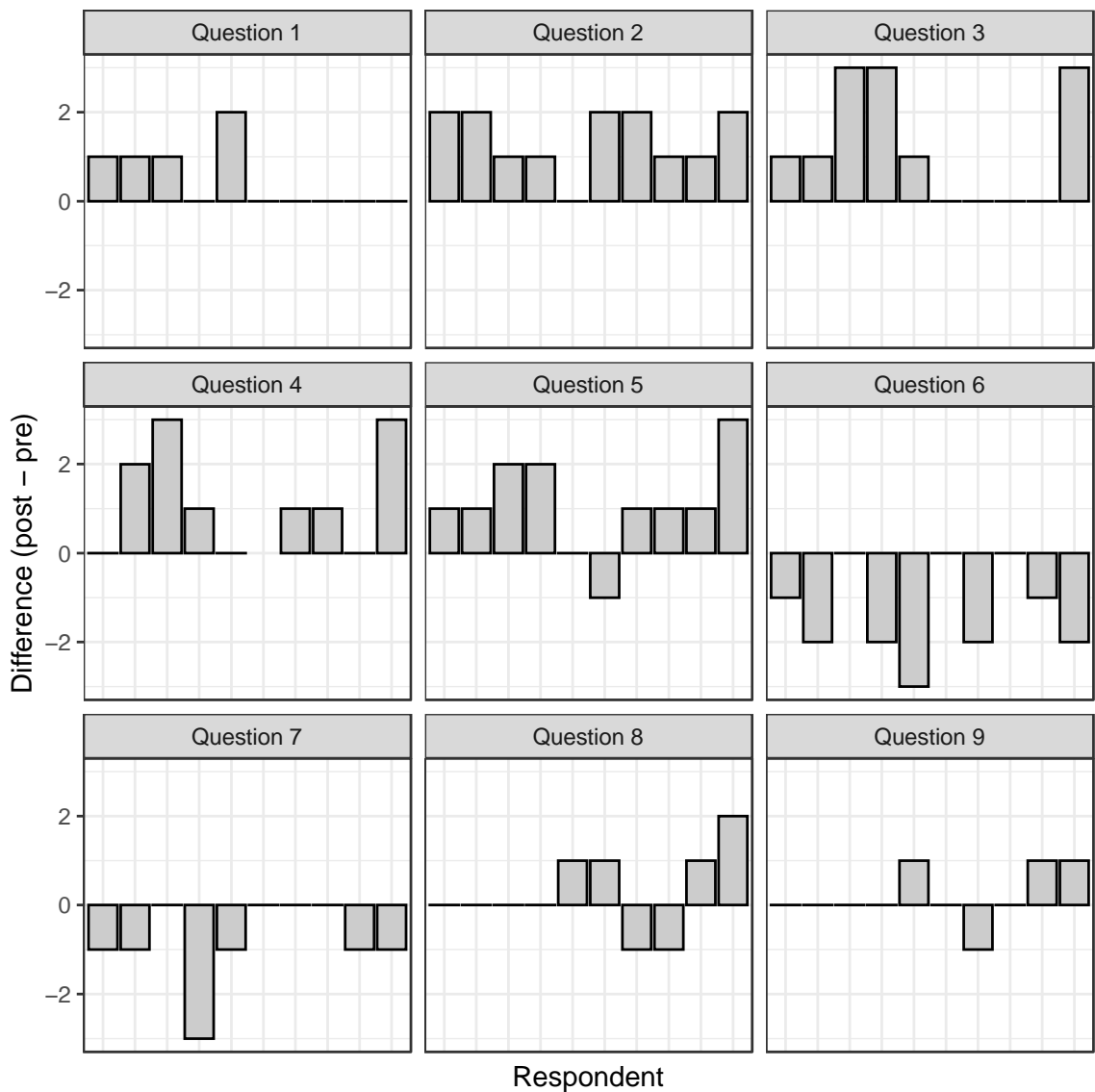
When we connect with creativity, we experience and create. When we connect in the therapeutic space, we do the same. For both counselors and clients, there is meaning in the making.

Table 1*Mean Paired Percent Increase Likert Scores by Question*

| Question | Mean Paired Percent Increase |
|----------|------------------------------|
| 1 | 14.17% |
| 2 | 44.17% |
| 3 | 82.50% |
| 4 | 69.76% |
| 5 | 44.67% |
| 6 | -37.50% |
| 7 | -28.33% |
| 8 | 13.50% |
| 9 | 7.17% |

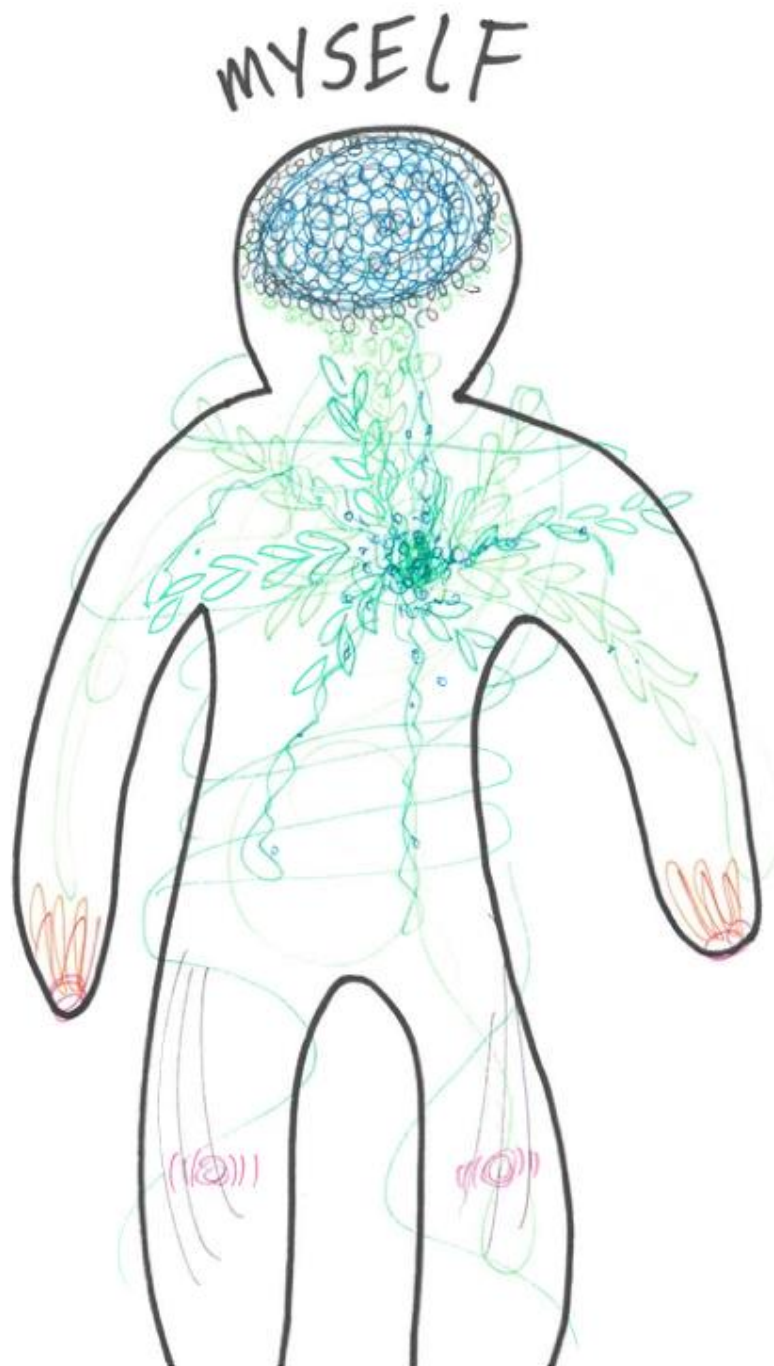
Figure 1

Difference in Paired Likert Scores for Each Question



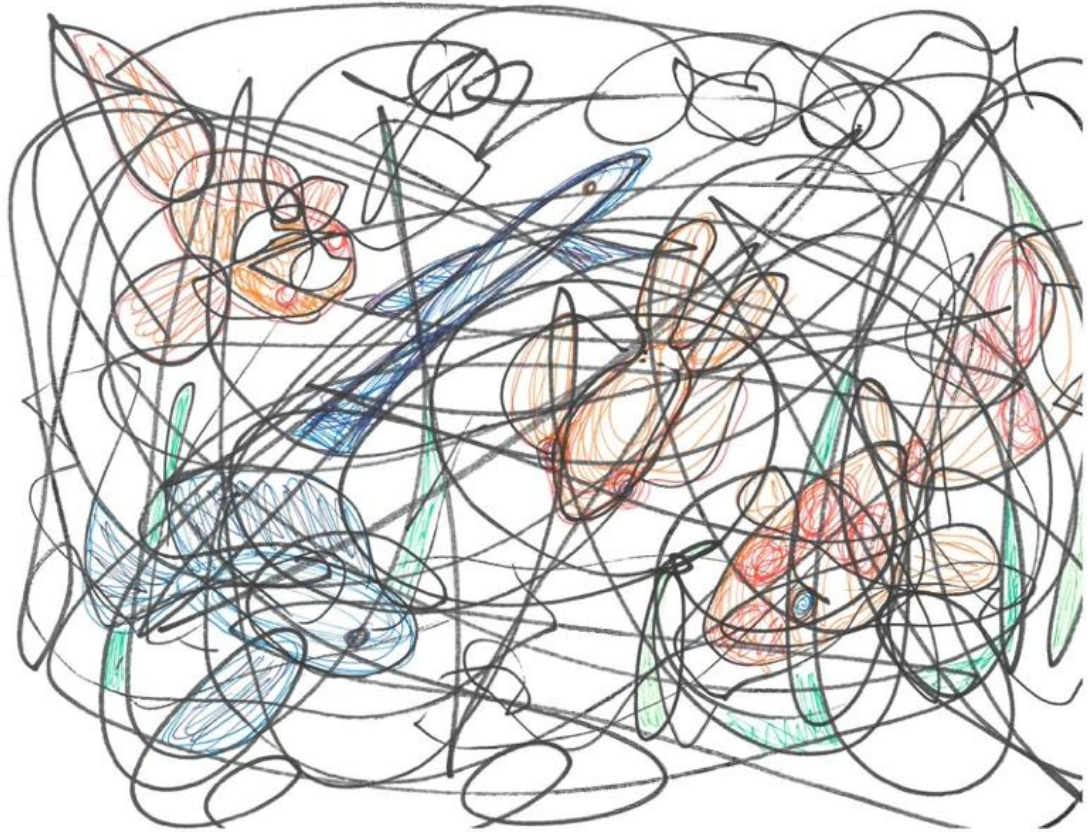
Appendix A

Body Scan and Outline Example Image



Appendix B

Scribble Drawing Example Image



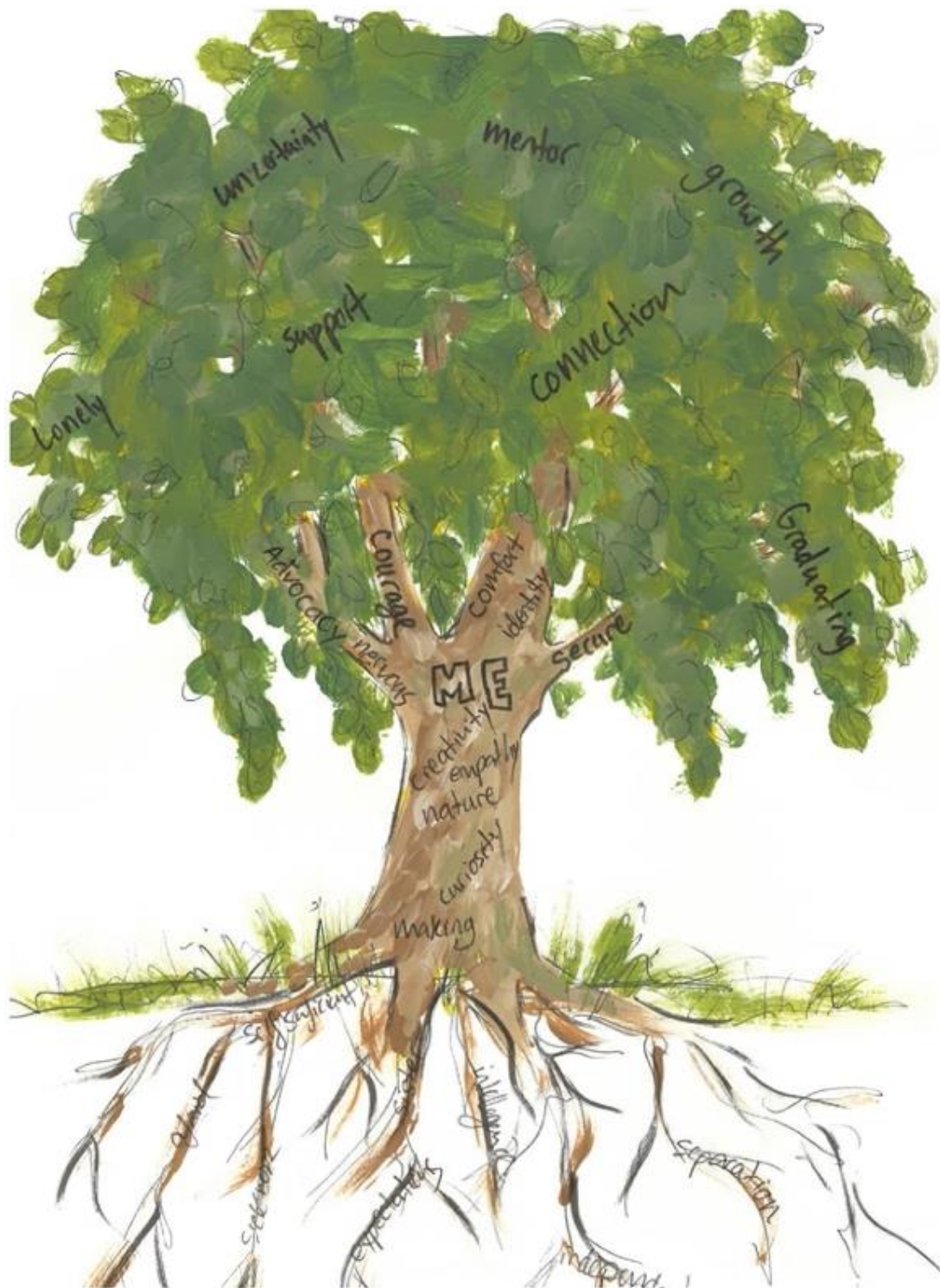
Appendix C

Finger Painting Example Image



Appendix D

Self-tree Example Image



Appendix E

Workshop Pre-Survey Example

Please use the following scale to respond to the statements below by circling the number which best reflects your experience/response.

| | | | | | |
|--------------------------|----------|----------------|----------|-----------------------|-----------------------|
| 1 | 2 | 3 | 4 | 5 | N/A |
| Strongly Disagree | | Neutral | | Strongly Agree | Not Applicable |

 I understand the similarities/differences between Art Therapy and Therapy 1 2 3 4 5 N/A

I understand the similarities/differences between expressive techniques and "Art" 1 2 3 4 5 N/A

I have experiences using expressive techniques 1 2 3 4 5 N/A

I am comfortable using expressive techniques with a client 1 2 3 4 5 N/A

I am comfortable using expressive techniques by myself 1 2 3 4 5 N/A

I am uncomfortable using expressive techniques with a client 1 2 3 4 5 N/A

I am uncomfortable using expressive techniques by myself 1 2 3 4 5 N/A

I will use expressive techniques with a client 1 2 3 4 5 N/A

I will use expressive techniques with myself 1 2 3 4 5 N/A

Appendix F

Post-Survey Example

Please use the following scale to respond to the statements below by circling the number which best reflects your experience/response.

| | 1 | 2 | 3 | 4 | 5 | N/A |
|--|-------------------|---|---------|---|----------------|----------------|
| | Strongly Disagree | | Neutral | | Strongly Agree | Not Applicable |
| ----- I understand the similarities/differences between Art Therapy and Therapy | 1 | 2 | 3 | 4 | 5 | N/A |
| ----- I understand the similarities/differences between expressive techniques and "Art" | 1 | 2 | 3 | 4 | 5 | N/A |
| ----- I have experiences using expressive techniques | 1 | 2 | 3 | 4 | 5 | N/A |
| ----- I am comfortable using expressive techniques with a client | 1 | 2 | 3 | 4 | 5 | N/A |
| ----- I am comfortable using expressive techniques by myself | 1 | 2 | 3 | 4 | 5 | N/A |
| ----- I am uncomfortable using expressive techniques with a client | 1 | 2 | 3 | 4 | 5 | N/A |
| ----- I am uncomfortable using expressive techniques by myself | 1 | 2 | 3 | 4 | 5 | N/A |
| ----- I will use expressive techniques with a client | 1 | 2 | 3 | 4 | 5 | N/A |
| ----- I will use expressive techniques with myself | 1 | 2 | 3 | 4 | 5 | N/A |
| ----- | | | | | | |

Please respond to the following prompts:

1. What did you like about the workshop?
2. What did you dislike about the workshop?
3. How was this workshop useful to you?
4. How could have this workshop been more useful to you?
5. Please include any other questions comments below:

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[blog/2017/3/14/whats-the-difference-between-art-therapy-and-an-art-class](https://www.artastherapy.ca/art-as-therapy-blog/2017/3/14/whats-the-difference-between-art-therapy-and-an-art-class)

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