

## Being Creative When Children Clam Up

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Children for a variety of reasons often “hit a wall” when asked to verbalize their feelings and concerns in therapy whether individual, group, or family therapy. At that point the child becomes anxious and the therapist is challenged to shift gears and find “face saving” and productive ways for them to participate in a meaningful way in the therapy process. Some children may not be able to verbalize due to developmental limitations, others may “shut-down” due to anxiety, anger, fear, resentment, a few may not be able to verbalize due to trauma events or trauma that occurred in the preverbal period. When this wall is hit it is helpful for the child if the therapist has a repertoire of strategies that are not language-dependent such as symbolic play either directive or non-directive, drawing, storytelling, or therapeutic work with symbols. This article intends to broaden the range of tools the therapist can utilize when children reach the limits of their ability and/or willingness to verbalize.

Children with rare exceptions do not choose to come to therapy, rather they are “brought” or “sent” by parents who in turn are sometimes pressured to do so by extended family, schools, or courts. The child’s experience upon arrival at the therapist’s office is often akin to being sent to the “principal’s office.” Creative methods of engagement are driven by necessity because good therapy doesn’t usually take place in the principal’s office. The therapist must think out-of-the box for ways to transform the experience for the child and make the context a safe, comfortable, and playful context that gradually allows for trust to build and for the child to unburden.

When children reach the outer limits of their ability to express their psychic pain in verbal language as they often do, they are uncanny in their ability to articulately express from the

depths of their soul the pain beyond words in the language of play, artistic images or symbols. Just as the poet is said to be able to “create harmony out of chaos”, the child becomes the poet who uses not words but creative modes of expression to create harmony out of inner chaos or to make sense of a shattered relational world. The child can do this with a precision that would be the envy of even a Keats, Byron, or a Shelly. Drawing on the work of Allan Schore, play, artistic depiction, and use of symbols is the language of the right hemisphere that is dominant in the first three years of life while the left hemisphere does not even come on line until about fifteen months. Play, drawing, and use of symbols thus permit access to trauma occurring in the preverbal period. Examples of therapy tools developed by the author are offered on the following pages that engage the child in an active and interactive therapy process when verbal expression reaches a natural limit. I wish to emphasize that these are tools that can be integrated in a wide range of therapy approaches and theoretical models, but they are not the therapy itself, rather they are simply tools.

## **Three Doors**

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**Theme:** Therapeutic Exploration of key issues of loss, disappointment, and hopes and dreams for the future

**Recommended Age Range:** Nine to Seventeen

**Treatment Modality:** Individual, Group, and Family Therapy

**Goals:**

- 1) To offer older children and teens structure that facilitates communication about important losses and disappointments
- 2) To facilitate therapeutic communication about what is valuable and worth holding onto from their past
- 3) To further therapeutic exchange regarding hopes and dreams for the future

- 4) To highlight strengths and resilience

## **Materials**

Paper, Pencil, Markers, Colored Pencils, Crayons

## **Description**

The child is asked to imagine what is on the other side of the three doors. The first door is the door to their past that opens to whatever disappointments, losses, or setbacks that they've experienced. These are experiences they may wish to put behind them. The second door opens to the things they want to hold on to from their past. These could be happy memories, relationships, skills, or lessons learned that they value and wish to keep. The third door opens to their hopes and dreams for their future. The child can either describe to the therapist what is behind each door, or write, or draw or to use miniatures to symbolize what is to be found on the other side of each door. The therapeutic value of this activity will rest largely on the ability of the therapist to take what the client expresses and expand on it to create meaningful and heartfelt exchange around issues central to the child's emotional life.

## **Discussion**

This therapeutic activity like many others previously described (Crenshaw, 2006; Crenshaw, 2008a; Crenshaw & Mordock, 2005) gives children and teens the tools to discuss matters in therapy that are emotionally significant that they may wish to talk about but cannot easily initiate the therapeutic conversation. The therapist can, however, structure the therapeutic session by using such activities to enable them to more easily share their inner feelings and in this instance some of their regrets, disappointments, as well as valuable lessons learned from their past, ways that their past hurtful experiences may have strengthened them and their hopes and dreams for the future.

This activity is intended to honor the strengths-based approach and the view that children can gain strength and hardiness from weathering some of the disappointments and setbacks in their past and challenges them to seek out what they would want to hold onto and carry forward from their past. This focus draws on the Solution-Focused approach to therapy as pioneered by Insoo Kim Berg and her colleagues. This activity is informed by the strengths-based, competency approach to therapy (Brooks & Goldstein, 2001; Brooks & Goldstein, 2004; Brooks & Goldstein, 2007; Waters & Lawrence, 1993). Garbarino (2008) observed, "All of us have some capacity to deal with adversity, but some of us have more than others and thus more resilient, whereas others are more vulnerable in difficult times" (p.7). In pursuing the door to the past it is important for clinicians to balance the recognition of and honoring of strengths without in any way minimizing the genuine suffering caused by harsh experiences in life or painful losses (Crenshaw, in press).

Likewise, clinical sensitivity is required in pursuing the open door that leads to the child's hopes and dreams (Crenshaw, 2008a; Crenshaw, 2008b). Some children because of the adversities they have faced in life keep their expectations low, a way of coping known as the "survival orientation" (Hardy & Laszloffy, 2005). They cannot afford "the luxury of hope" (Crenshaw, 2008a; 2008b). While hopes and dreams are vital forces in the lives of children, it can in some cases fortify them for facing tough challenges but in some cases may be regarded as dangerous to their psychological well-being if their hopes and dreams have been crushed too many times.

Thus the third door offers insight into a child's reliance on hopes and dreams to sustain them in their quest for a better life.

One of the advantages of this strategy is the wide range of choices offered to children and teens from direct verbal expression to drawing, therapeutic writing or even the use of symbols to communicate their inner life.

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## Heartfelt Feelings Coloring Cards Strategies

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**Theme:** Feelings Expression

**Recommended Age Range:** Six to twelve for the expressive domain; Nine to twelve for the relational domain

**Treatment Modalities:** Individual, Group, Family

## Goals

- Teach feelings and vocabulary for identification and expression
- Increase awareness and expression of heartfelt feelings in relation to the key attachment figures in the child's life
- Explore sensitive issues and heartfelt matters with children in a way that is non-threatening and leads to greater disclosure and gradual exposure to the avoided painful material

## Materials

- The Heartfelt Feelings Coloring Card Strategies (HFCCS) Kit that includes a Clinical Manual and 20 *expressive* and 20 *relational* cards. The kit can be ordered from the Coloring Card Company ([www.coloringcardcompany.com](http://www.coloringcardcompany.com)) or by calling (908) 237–2500. Additional sets of cards can be ordered as needed.
- Crayons, markers, or colored pencils for the child to color the heart, and pencils or pens for the child to write in the card

## Description

The Heartfelt Feelings Coloring Card Strategies (HFCCS) Kit is a series of strategies that use the potent symbol of the heart shape in therapeutic activities. The strategies are inviting and natural to children (coloring and writing in greeting cards) and can be used in play therapy, child therapy, family therapy, group therapy, and art therapy to facilitate the expression and sharing of heartfelt emotions (Crenshaw, 2007, 2008).

The greeting cards were developed in collaboration with the Coloring Card Company, which makes greeting cards for children created by child artists. The HFCCS has the unique feature of emphasizing two core domains: the *expressive* and the *relational*. In the *Expressive domain* the child is instructed to pick a feeling from a group of 40 emotions in the Clinical Manual. The feelings are arranged from simple such as “sad” to more complex such as “perplexed” — the latter would be appropriate for children at the upper limit of the age range.

The child is then directed to pick a color to go with the feeling. If the child picks blue for sad, for example, she/he will then be asked to color in the heart on the front of the greeting card with the color blue. When finished, the child is instructed to write about a time when her/his heart was filled with sadness on the inside of the card on the lines provided. This gives the child an opportunity to express the heartfelt feeling in the context that produced the feeling. If the child is too young to write, she/he can dictate the response and the practitioner can write it on the inside of the card.

In the *relational* domain the clinical manual contains specific directives for the child that allows for exploration of their social world, for example, “Draw in the heart on the front of the card a person who once was in your heart but no longer is.” The *relational* component consists of systematic exploration of the heartfelt feelings in connection with key attachment figures and with important persons in the child's interpersonal world. The *relational* cards have the heart

shape on the front of the card but the instructions on the inside of the card are different from the *expressive* cards. Using the example above, the child would be asked on the inside panel of the card to write or dictate a note to the person who was once in their heart but no longer is.

## **Discussion**

Many practitioners have used some variation of the heart shape in child, play, art therapy and other creative arts therapies. The *expressive* domain offers structured therapeutic practice in identifying, labeling, and expressing feelings. These are key skills in affect regulation and for developing social competence. Allan Schore (2003a; 2003b), in his groundbreaking work on affect regulation, has demonstrated that affect dysregulation is central to almost all forms of psychopathology. Therapeutic interventions that address this crucial deficit will have wide application across the psychodiagnostic spectrum.

The *relational* domain emphasizes that our most heartfelt emotions do not develop in a vacuum. They develop in an interpersonal context. The social context is critical. Some children get angry at school but not at home. The main value of this therapeutic activity is that it creates an entry point for the child to further explore her/his heartfelt feelings and the interpersonal context that elicits them.

The Clinical Manual also contains a number of variations of the HFCCS for use in bereavement work, supervision, examining countertransference feelings, and highlighting strengths in the child, group, or family therapy.

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## **Heart Symbol Strategies**

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**Theme:** Feelings Expression

**Recommended Age Range:** 6 to 17

**Treatment Modality:** Individual, Group or Family

**Goals**

- To create and expand on a potentially healing therapeutic dialogue about important losses and disappointments in the child's life
- To identify and highlight important interpersonal resources that are critical to a child at a time of emotional crisis

## **Materials**

A collection of hearts of a wide variety of shapes and colors and materials can be easily obtained at novelty shops. The collection can include plastic, felt, glass and gem stone materials. Children are fascinated by the beauty and variety of the hearts in the collection. The hearts can be placed in a leather-bound and velvet lined jewelry box that adds further mystique and value to the collection as perceived by the children.

## **Description**

### **The “Velvet-Lined Box of Hearts”**

The child is asked to pick from a collection of hearts in a leather bound and velvet-lined jewelry box a heart that symbolizes someone important whom they miss—someone they do not see at all (a person who died or someone who moved away) or someone they do not see as often as they wish. They can pick more than one heart to represent each of the persons they are missing. On inquiry, the child is asked to tell why they picked that particular heart for each of the persons they are missing, and to talk about that important person who is presently missing from their life.

### **The “Circle of Hearts”**

The child is instructed to pick a heart from the velvet-lined box of hearts to represent the self. Then the child is asked to pick a heart for every person that loves them. These hearts are arranged in a circle around the heart they have picked for self. If children are unable to make a full circle of people who love them, they then should be directed to place also in the surrounding circle a heart representing friends, peers or adults who care about them or support them. If they are still unable to complete the circle the children can be asked to pick a heart to represent people who they would like to be able to turn to for love and support.

## **Discussion**

The heart symbol has been a potent symbol in cultures around the world throughout the ages. For many, the heart symbolizes love, for others passion, or the emotional center of the person. Among the strategies previously described are the Heartfelt Feelings Strategies (Goodyear-Brown, 2002; Riviere, 2005; Crenshaw, 2008) and the Heartfelt Feelings Coloring Card Strategies (Crenshaw, 2007). The strategies above build on the previous ones by using the heart shape in symbol therapy work.

As with all strategies that are evocative of emotion, sometimes quite powerful emotions, only the clinician working with the child or family or group of children can decide if such a strategy would

be appropriate for a given client(s) at a particular time. Obviously, timing and pacing are critical factors in clinical decision making, as well as a thorough understanding of the child's level of functioning at any one point in time, including the ability to tolerate anxiety and emotional distress. The level of external stress in the child's life at the given point of time also needs to be considered. It is impossible to overemphasize the factor that repeatedly has been demonstrated empirically to have the most bearing on psychotherapy outcome, the quality and strength of the therapeutic alliance. The ultimate goal is to expand emotionally meaningful and heart-centered dialogue with the child, family, or group that contributes to the healing process.

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## **The Magic Key**

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*Therapeutic Engagement of Children and Adolescents: Play, Symbol, Drawing, and Storytelling Strategies (2008) Jason Aronson Publishing*

**Theme:** *Therapeutic Exploration of Losses*

**Recommended Age Range:** *Nine to Fourteen*

**Treatment Modality:** *Individual, Group, and Family Therapy*

### **Goals:**

- 1) *Verbally identify key issues to address in therapy*
- 2) *Increase awareness of losses, particularly unacknowledged or disenfranchised grief*
- 3) *Verbally express denied or disconnected feelings about prior losses*
- 4) *To expand therapeutic dialogue about the issues that matter most to the child*

### **Materials**

*Paper*

*Markers*

*Pencil or Colored Pencils*

*Crayons*

### **Description**

Read the following instructions to the child:

*Imagine that you have been given a magic key that opens one room in a huge castle. There are four floors in the castle and since the castle is huge there are many rooms on each floor, but your magic key only opens one of the many, many rooms in the castle. Pretend you go from room to room, and from floor to floor, trying your magic key in each door until you finally come to the door that your key opens. You turn the key and the lock opens. Because you have been given a magic key that only opens this door, what you see is the one thing that money can't buy that you always thought would make you happy. Pretend that you are looking into the room. What is it that you see? What is that one thing that has been missing that money can't buy that you always thought would make you happy? When you have a clear picture, please draw it as best you can.*

### **Discussion**

Projective drawing and storytelling strategies along with therapeutic play and the use of symbols are central to tools used in therapy with children and adolescents (Crenshaw, 2004; 2006; 2008). *The Magic Key* (Crenshaw, 2004, Crenshaw & Mordock, 2005; Crenshaw, 2008), is a projective drawing strategy that was developed to evoke themes of loss, longing, and missing in the lives of children.

In early versions of this strategy, the caveat “that money can't buy” was not included in the directions. It is not surprising in this highly consumer-oriented culture that many children drew a big screen television or the latest video game console. Some children, however, drew a missing or deceased parent, a safe home they never experienced, or a family where the parents don't argue. They drew a home they always longed for, one that sadly was missing in their lives. By adding the qualifier “that money can't buy” the strategy focuses the child on essential emotional needs that have not been met or important losses that the child has suffered rather than the latest electronic gadget or toy.

This projective drawing strategy is especially useful with children whose lives are replete with loss. Many severely aggressive children have suffered profound, multiple losses (Crenshaw & Garbarino, 2007; Crenshaw & Hardy, 2005; Crenshaw & Mordock, 2005). This strategy is one of the ways to access these feelings when children are disconnected from their emotions or have great difficulty verbalizing their painful affect. Issues of timing and pacing, including the readiness of both the child and therapist to undertake emotionally focused work, are critical. Before using this tool readers should review the Play Therapy Decision Grid (Crenshaw and Mordock, 2005) and determine whether the child is appropriate for the Coping or Invitational Track of therapy. This technique should only be used with children judged to be ready for the Invitational Track. Children appropriately assigned to the Invitational Track will be judged to have adequate ego strengths, mature defenses, ability to manage anxiety and the ability to tolerate and contain strong emotion without becoming overwhelmed. The child in the Invitational

Track will not show signs of “spillover” from therapy sessions resulting in disruptive anxiety and behavior during or immediately following the session. The name of the Invitational Track is meant to imply that the child is invited to go as far as he or she can at any one point in time in approaching the painful affect or events that need to be faced and resolved.

Tools, such as the *Magic Key*, are meant to expand and enrich the therapeutic dialogue between therapist and child and do not constitute the therapy itself. The therapy process entails much more than the application of tools such as this but they can facilitate meaningful exchange and therapeutic dialogue which can aid the healing process. Whatever drawing the child produces in response to the directions to the *Magic Key* serves as a springboard to elicit more of the child’s feelings, wishes, fears, dreams, hopes, and serves to create a portal of entry to the child’s inner life.

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David A. Crenshaw, Ph.D., ABPP is a Board Certified Clinical Psychologist by the American Board of Professional Psychology, a Registered Play Therapist-Supervisor by the Association for Play Therapy. Dr. Crenshaw is Founder and Director of the Rhinebeck Child & Family Center, in Rhinebeck, NY, which provides training and consultation to programs and clinicians serving at-risk kids. He served as Clinical Director of two residential treatment centers for children at-risk during a thirty year span. He is Past-President of the New York Association of Play Therapy. Dr. Crenshaw is the author of *Therapeutic Engagement of Children and Adolescents: Play, Symbol, Drawing and Storytelling Strategies*; *Evocative Strategies in Child and Adolescent Psychotherapy*; co-author with John B. Mordock of the *Handbook of Play Therapy with Aggressive Children* and *Understanding the Aggression of Children: Fawns in Gorilla Suits*. He is the editor of a new book: *Child and Adolescent Psychotherapy: Wounded Spirits and Healing Paths*. A forthcoming edited book to also be published by Jason Aronson/Rowman & Littlefield is called: *Reverence for Healing: Honoring Strengths without Trivializing Suffering*.

