

# **Creative Interventions for Children, Youth, and Families**

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When children are referred for counseling they typically feel anxious about the therapeutic process and are reluctant to talk directly about their thoughts and feelings. Activities that are creative and play-based can engage children and help them to safely express themselves. The purpose of this article is to provide mental health professionals with creative interventions to engage, assess, and treat children, youth, and families. A range of innovative activities are presented, including therapeutic games, puppets, and art activities. Studies have demonstrated the effectiveness of these play-based interventions for children (Utay & Lampe, 1995; Burroughs, Wagner, & Johnson, 1997; McCarthy, 1998; Johnson et al., 1998).

## **Guidelines for Practitioners**

The interventions presented in this article aim to capture and sustain children's interest and motivation in counseling, and to help them express internal conflicts within the context of a safe therapeutic environment. In using these interventions however, the following guidelines should be considered:

### **Have a Strong Theoretical Foundation**

Practitioners should be well-grounded in their theoretical orientation before using any activities or techniques in counseling sessions. Interventions should not be used indiscriminately or in a manner that ignores clinical theory. The activities in this article can be integrated into any theoretical orientation that uses a directive child therapy approach.

### **Build and Maintain a Positive Therapeutic Rapport**

Regardless of the activity being used, the therapist-client relationship is central to the client's realization of treatment goals. Since the rapport that develops between therapist and client forms the foundation for therapeutic success, the practitioner must create an atmosphere of safety in which the client is made to feel accepted, understood, and respected.

### **Conduct an Assessment and Develop a Treatment Plan**

The clinical assessment is a critical component of the intervention process, as it is the basis for effective treatment planning. Therefore, a comprehensive assessment should be completed and a treatment plan developed prior to treatment.

### **Introduce, Process, and Bring Closure to Each Activity**

When implementing an activity, first consider how it will be introduced to the client. The therapist's enthusiasm, creativity, and overall style will be key factors in determining if the client will become interested and engaged in the activity. The purpose of the activity should be outlined and the instructions clearly explained. Interventions should be carefully processed and used as a point of departure for further exploration. When the activity has been completed and sufficiently processed, the therapist should bring closure to the activity.

## Interventions

### ***The "I Don't Know, I Don't Care, I Don't Want to Talk About it" Game***

(Lowenstein, 2002)

Explain the game as follows: "We're going to play a game that's going to help us get to know each other. It's called *The 'I Don't Know, I Don't Care, I Don't Want to Talk About It' Game*. I'm going to begin by asking you a question; a question that will help me get to know you better. If you answer it, you get a potato chip\*, but if you say I don't know or I don't care or if you don't answer the question, I get your potato chip. Then you get to ask me a question; a question that will help you get to know me better. If I answer the question, I get a potato chip. But if I say I don't know or I don't care or if I don't answer the question, you get my potato chip. The game continues until we've asked each other five questions."

The therapist should order and pace the questions appropriately. Begin with neutral questions such as, "What do you like to do when you are not in school?" and "What is one of your favorite movies?" Feelings questions can come next, such as, "What is something that makes you feel happy?" and "What is one of your worries?" As the child begins to feel more at ease, questions that involve greater risk taking can be asked, such as, "What's something you wish you could change about your family?" and "Why do you think you're here today?" (Since this is an engagement activity, the therapist should be in tune with the client's readiness to answer questions that may feel threatening.) End the game on a positive note with a question such as, "What's one of your happiest memories?"

The therapist should handle the child's questions with discretion. Some self-disclosure is required, but only information that is appropriate and helpful to the client should be shared. If the child chooses not to answer a question, the therapist can respond, "You must know yourself really well; you know what you feel comfortable talking about and what you want to keep private for now." This is an empowering message for the child.

\* An alternative to potato chips can be used, such as beads that the child can accumulate to make a bracelet, Lego pieces, or gemstones.

### ***Paper Bag Puppets*** (Lowenstein, 2002)

The therapist and child each make a paper bag puppet to represent themselves. Once the puppets have been created, the therapist and child introduce their

puppets. Next, the therapist uses the puppets to interview the child asking questions such as: "What is your name?" "What is your favorite color?" "What is something that makes you feel happy?" "What is something that makes you feel afraid?" "If you had three wishes, what would you wish for?" Children will enjoy constructing their puppets. The informal discussion that arises during the puppet construction phase, coupled with the information gathered during the interview, will provide useful assessment material. Using puppets creates a safe distance for children and elicits information that they may not readily express directly. The puppets can be used in later sessions to help children communicate and act out scenarios relevant to their treatment issues.

***Butterflies in My Stomach*** (Lowenstein, 1999)

The therapist introduces the activity by pointing out that everyone has problems and worries. The therapist outlines the different ways the body reacts to stress; for example, when a person is scared, his heart might pound faster, or when a person is sad and about to cry, he might feel like he has a lump in his throat. The therapist then asks the client if he has ever heard of the expression, "I have butterflies in my stomach." If the client is unfamiliar with the expression, the therapist can offer an explanation, such as, "When you are worried or nervous about something, your stomach might feel funny or jittery, as if you have butterflies in your stomach. You don't *really* have butterflies in your stomach, it just feels like you do." Next, the child lies down on a large sheet of banner paper, while the therapist outlines the child's body. (Alternatively, the child can draw a body outline.) Then the therapist gives the child assorted sized paper butterflies (self-made butterflies can be used, or the practitioner can copy butterfly outlines from the book, *Creative Interventions for Troubled Children and Youth*, Lowenstein, 1999). The child writes his or her worries on the paper butterflies. Bigger worries are written on the larger butterflies, smaller worries on the smaller ones. If the child is reluctant to identify worries, the therapist can give prompts, such as, "Write about a worry you have at school" "Write about a worry you have at home" and "Write about a worry you have with other kids." The butterflies are then glued onto the child's body outline, inside the stomach. As the child identifies each worry, the therapist can facilitate further discussion by asking open-ended questions, such as, "Tell me more about this worry." The client's problem-solving abilities can be assessed and encouraged by asking, "What could you do about this worry to help yourself feel better?" To assess the client's available support network, the therapist can inquire, "Who are some people who can help you with this worry?" At the end of the exercise, the child can color the butterflies and decorate the body outline.

This activity facilitates self-awareness, open communication, problem solving, and catharsis of negative or overwhelming feelings. It is a useful assessment tool that can be applied to a wide variety of client populations. This is a particularly useful activity with children who have a multitude of presenting problems, as it enables them to communicate to the therapist which problems are most pressing and need priority in treatment.

**Color the Circle** (Adapted from Lowenstein, 2002)

Cut out eight three-by-three-inch paper circles and use a black marker to write one of the statements below inside each circle: (1) *It is hard for me to talk about my problems* (2) *I pretend that everything is okay even when I feel upset* (3) *I feel loved and cared for* (4) *I get along well with my family* (5) *I get along well with other kids* (6) *I am worried I will not do well in school* (7) *I feel I am a good person* (8) *I am glad I am getting help now.*

Provide the client with a pencil, and explain the activity as follows: "Read the statements in each circle and fill in each circle to show how you feel. If you totally agree with the statement, color in the whole circle. If you agree a bit, color in part of the circle. If you do not agree at all, leave the circle blank."

The client's responses can be explored and used as a foundation to assess treatment needs. This is a particularly useful activity with clients who have difficulty articulating their feelings because the client can communicate salient information without having to verbalize. The activity can be modified depending on the client's age and the assessment information to be gathered.

**The Way I Want it to be** (Lowenstein, 2002)

The client draws two pictures. The first on the sheet of paper is titled: *The Way My Life Is*. The second on the sheet of paper is titled *The Way I Want It To Be*. The client then discusses the two pictures. The therapist can ask the following process questions: How did you feel during the drawing activity? How are you going to get from the way it is to the way you want it to be? What do you need to do differently in order to get to the way you want it to be? How might therapy help you get to where you want to be? How will you feel when you get to where you want to be?

A variation for family therapy is to have the family draw two pictures. The first is titled: *The Way It Is in Our Family*. The second is titled: *The Way We Want It to Be in Our Family*. The therapist processes the activity as above, but the questions are reworded to suit a family session. Suggested questions include the following: How did each person in the family feel during the drawing activity? How is your family going to get from the way it is to the way you want it to be? What does each member of the family need to do differently to help your family get to the way you want it to be?" How might therapy help your family get to where you want to be? How will it feel to get to where you want it to be?

A client's artwork can be used in counseling sessions as tools for assessment and creative expression. This drawing exercise enables a client or a family to examine presenting issues and define treatment goals for future intervention.

Incorporating art activities into family sessions provides a medium to engage all family members. While the content of the family drawings provides valuable diagnostic information, the therapist should also focus on the family dynamics

that emerge during the exercise, such as interaction styles, issues of power and control, communication level, roles, and dysfunctional patterns.

***Paper Dolls*** (Adapted from Crisci, Lay, and Lowenstein, 1997)

Introduce the activity by stating, "We are going to do an activity about the important people in your life, and how you feel about them." The child makes a string of eight paper dolls (for instructions refer to Crisci, Lay, & Lowenstein, 1997, page 29).

The child uses the paper dolls to complete the activity as follows: "Label each doll by writing the names of the people who are important to you. Include yourself, each person in your family, and other people who are important either because you feel close with them or because they have hurt or upset you. For example, you may want to include certain relatives, someone who hurt you, your teacher, a best friend, baby-sitter, foster parent, therapist, or pet. Next, you are going to put stickers on the paper dolls to show how you feel about these people. Put a happy face sticker on the people who feel happy, and explain why they feel happy. Put a red dot sticker on the people who feel angry and explain who they are angry at and why they feel angry. Put a black dot sticker on the people who are mean or bad and explain why they are mean or bad. Put a star sticker on the people who help you and explain what they do to help you." As a closing activity, the child can make a sticker book to take home.

The paper dolls and stickers are used to engage children and to help them express thoughts and feelings regarding family and community relationships.

***The Dice Game*** (Adapted from Lowenstein, 2006)

Explain *The Dice Game* as follows: "This is a game to help you talk about your thoughts and feelings. To play, roll the dice. If you roll an even number (2, 4, 6), pick a card and answer the question. If you roll an odd number (1, 3, 5), you get a token. At the end of the game, trade in tokens for prizes (earn 1-3 tokens and get one prize, earn 4 or more tokens and get two prizes). Play the game until all the questions have been answered."

Develop questions geared to the client. For example, questions for a bereaved child can include: (1) Who told you your loved one died and what do you remember them saying? (2) How did you and each person in your family react to your loved one's death? (3) Tell about a worry you have had since your loved one died (4) Share a favorite memory of the person who died (5) What do you believe happens to people after they die? (6) What has helped you the most since you loved one died?

Since children enjoy playing games, this activity is engaging and facilitates communication about salient issues. The tokens and prizes at the end serve as positive reinforcements. The game can be adapted for group and family sessions.

### **Scavenger Hunt** (Lowenstein, 2006)

This intervention is most appropriate for group settings, but it can be adapted for individual or family sessions. The practitioner develops a list of scavenger hunt items for the group members to collect. The list can be modified depending on the age of the clients and the issues to be addressed in the session. For example, scavenger hunt items for a group of children dealing with divorce can include: (1) Definition of divorce (2) Outline of a hand (3) 5 feelings children may have when parents divorce (4) 2 people with the same shoe size (5) Words of advice to help children who feel the divorce was their fault (6) A group of children holding hands and singing a song.

The activity is explained as follows: "You will be divided into two teams. Each team will get a list of scavenger hunt items to collect. You will have 15 minutes to collect as many items on the list that you can. The team that collects the most items from the list wins."

A group leader should be assigned to each group to assist with reading and writing and to facilitate appropriate group interaction.

This intervention promotes communication regarding divorce, catharsis of feelings, and problem-solving. It encourages creative thinking and open dialogue among group members.

## **Conclusion**

Children will more readily embrace therapy if it is engaging, innovative, and immersed in play. Therapists can select from the activities presented in this article, modify the activities, or create their own. Regardless of the technique used, the therapist must keep in mind that the activity is not the therapy, it is merely the tool to facilitate the therapeutic process. The emphasis is therefore not on the activity itself, but on how the activity is used to engage the client and help the client work through treatment issues.

The activities in this article are designed to appeal to children so that a positive counseling experience results. Therapists *can* break through the resistive barrier, engage children in counseling, and have successful therapeutic outcomes.

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