

Narrative and Art Therapy for Students with Learning Differences:

An Integrative Literature Review and Picture Book

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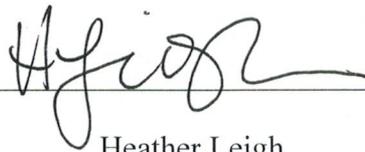
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06 / 23 / 2020

Date

Narrative and Art Therapy for Students with Learning Differences:  
An Integrative Literature Review and Picture Book

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Submitted to the faculty of Herron School of Art and Design  
in partial fulfillment of the requirements for the degree

Master of Arts in Art Therapy

Herron School of Art and Design

Indiana University

June 2020

## ABSTRACT

The ability to regulate emotions is a key therapeutic need for students with learning differences that presents challenges to their emotional health, and also impacts their academic performance and social interactions in the school setting. An integrative literature review was conducted to explore the therapeutic possibility of combining narrative therapy and art therapy for students with learning differences. Five areas of the literature were examined and integrated: learning differences, therapeutic treatment of students with learning differences in the school setting, emotional regulation, narrative therapy, and art therapy. An additional search was conducted to find published narrative and picture-based books related to emotional regulation used in a school setting. The resulting data was used to support the creation of a narrative therapeutic tool for art therapists and related professionals such as school counselors to use with this population. A *Creative Safari* asks the reader/client to respond to various emotional-focused prompts creatively using art-making throughout the entire story. This unique approach combines elements from art therapy and narrative therapy, two approaches found to be beneficial for this population in the literature. Recommendations for further research include field testing of A *Creative Safari* by art therapists and counselors to further refine this tool.

*Keywords: Art Therapy, Emotional Identification, Emotional Expression, Emotional Regulation, Narrative Therapy, Narrative Art Therapy, Learning Differences, Students*

## DEDICATION

This body of work is a compilation of many hours of writing and editing, dozens of resources reviewed, and countless insights. I dedicate this work to my supervisor, Chelsea Leeds M.A., LMHC, ATR-BC and the students from my internship year at Midwest Academy that inspired me to do this research. Each and every one of my students are truly unique and they all have brilliant minds. In my two years at Herron School of Art, I have received supervision from Chelsea Leeds, M.A., LMHC, ATR-BC. She was there to catch me when I fell and cheered me on when I rose. Her drive and wisdom pushed me to do my best. I would not be who I am today without her guidance and constant support throughout my two years at Herron.

## ACKNOWLEDGEMENTS

My name may be listed as the author of this thesis, but I could not have done it without the support of people who love me and who I love. The following are just a few.

To Madie Hamsley, M.A School Counseling and Alisha Burnstein-Carder, M.A, in my last internship year, I have learned so much from you both. I am thankful to continue to do so.

To Brooklyn Bobo, I am not sure what this past year's internship would have been without you. You taught me how to be an advocate, to believe in myself, and to work alongside another. I am lucky to have a colleague and a friend in you, wherever life takes us.

To my professors, Eileen Misluk ATR-BC, LPC, LMHC, CEDCAT, Chelsea Leeds M.A., LMHC, ATR-BC, Megan Van Meter MA, LMHC, LPC-AT/S, ATR-BC, and Heather Leigh DAT, ATR-BC, LCPC, LMHC, it was such a privilege to learn from you. The world is a better place with you in it and the work you do. Because of your love, wisdom, and guidance, I now believe I can make the world a better place as well. Thank you for believing in me, always.

To my classmates, Hannah, Valeria, Ashleigh, Ilene, Keaton, Libby, Lexie, Natasha, and Katy, how lucky we are to have shared two years of our lives together. We have persevered, laughed, learned, cried, celebrated, and lived through two of the most influential years of our lives. I wouldn't have wanted to experience this program without you all. Thank you for teaching me how to dance freely, to love better, and to be the best version I can be.

To Maria Pavy, I couldn't have asked for a better friend for the past 10 years. No matter how busy we are and where we are in the world, I can count on you for support, love, and adventure. I love you.

To some incredible mentors in my life, Alexander Trout and Brian Shivers, thank you for shaping me into the person I am today. You both believe in me when I don't, push me to think

deeper, and show me what it means to love people, always. I am who I am because of you.

To Mom, Dad, Mawmaw, Pawpaw, Jeff, and Julie, thank you for not only your financial support during these crazy two years, but also your encouraging words. I could not have done it without your challenging questions, advice, and simply your love. I am one lucky daughter and granddaughter.

Emily and Nick, we will always be the Pulos triple threat. I believe that having the honor of being your older sister has shaped who I am for the better. You two drive me to not only do my best, but to always remember to relax and have fun. I love you both with all of my heart.

To my husband David, I am so thankful to have you in my life as my partner, supporter, and my constant. Your patience and support during our first year of marriage and my last year of graduate school was exactly what I needed to accomplish all that I did. I couldn't have made it without your home cooked meals and endearing words every day. I love you to the moon and back. Thank you.

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## CHAPTER I

## INTRODUCTION

During an interview for students with learning differences, the author of this research noticed that engagement in a creative and narrative activity sparked the student's attention. The author read *The Giving Tree* (Silverstein, 1964) and asked the students to then make their own "giving tree" as an evaluation of what needs they may have right now. The engagement and enthusiasm from the students was inspiring. The inspiration and development of this research was initiated when it was evident that art therapy and narrative therapy were collaborating. This research investigates the potential therapeutic use of narrative therapy and art therapy principles to address a common need of students with learning differences.

The ability to identify, regulate, and express emotions is a therapeutic need for a wide variety of client populations (Hassija & Cloitre, 2015; Mazefsky et al, 2013; Steinberg & Drabick, 2015). For students with learning differences, this presents challenges in not only their emotional health, but also their academic performance and social interactions (Elias, 2009).

Narrative therapy is a therapeutic approach that uses story and metaphor to externalize a problem (Lysaght, 2009). Art therapy uses creative expression and intentional art activities called directives as a method of therapeutic processing (Rubin, 2016). Both of these approaches have been successful in supporting students with learning differences, but they have very seldom been used together and very few resources are published to help therapists do so.

In response to this, *A Creative Safari* was developed for those that are challenged with emotional difficulties due to the lack of resources utilizing art and narrative therapy techniques. This research was developed with the intention to integrate narrative therapy and art therapy to help students with learning differences further develop emotional regulation skills in a non-

stigmatizing and playful way. The final outcome was *A Creative Safari*. This picture book follows the main character on a safari adventure that leads the therapist and students on a journey to developing emotional identification, regulation, and expression skills.

## **Operational Definitions**

**Art therapy-** Art therapy is an experience of an individual's environment through creative expression (Rubin, 2016) as a way of finding meaning through the interconnection of the self, therapist, and artwork (Deboys, Holttum, and Wright, 2017).

**Attention-deficit/hyperactivity disorder (ADHD)-** ADHD is a neurodevelopmental learning difference that affects an estimated five percent of students (Steinberg & Drabick, 2015) and makes attention and impulsivity difficult to manage (Pliszka, 1997). About a quarter of those diagnosed with ADHD qualify for an additional learning disorder (Pliszka, 1997).

**Autism Spectrum Disorders (ASD)-** A developmental disorder that impacts interpersonal interactions, social understanding, and social imagination (Haque & Haque, 2015) and is usually accompanied by behaviors such as perseveration, a need for routine, and sensitivity to sensory experiences (Evans & Dubowski, 2001).

**Containment-** A perceived sense of control as a result of an expressive response. For example, responding to an emotional circumstance through controlled art making (Havsteen-Franklin & Altamirano, 2015).

**Directive-** An expressive therapy process prompted from the therapist that asks the client to create in response to the current treatment focus (Kahn 1999).

**Emotional expression-** In context of emotional regulation skills, the act of internally acknowledging and externally showing how one feels in regard to their emotional state (Chan & Horneffer, 2006).

**Emotional identification-** In the context of emotional regulation, the act of labeling one's own emotional state, either intrinsically or extrinsically (Hassija & Cloitre, 2015).

**Emotional regulation-** Emotion regulation is the ability to and process of identifying,

maintaining, expressing, modulating, and controlling the duration of feelings and responses of emotions (Hassija & Cloitre, 2015; Steinberg & Drabick, 2015).

**Externalizing-** The method of removing the emotion from the self and identifying it as another entity. The removal of the problem from the individual creates a boundary to safely process the problem (Haskins, Johnson, & Grimes, 2016). It is often used in narrative therapy, especially when addressing emotions (Johnson, 2012).

**Learning differences (LD)-** Learning differences can refer to anything that interferes with an individual's social interaction or internal processing. The use of the word differences not only refers to learning disorders such as Dyslexia, but also for other disorders such as Attention Deficit/Hyperactivity Disorder and Autism Spectrum Disorder. The word *differences* removes the stigmatizing connotation that may come with the terms disability or disorder (Freilich & Shechtman, 2010).

**Learning disability (disorder)-** Learning disabilities are typically life-long neurological disorders and require special support and resources throughout the individual's life (Hendricks and Wehman, 2009). This can include comprehension, reading, writing, and mathematics (Freilich & Shechtman, 2010).

**Narrative art therapy-** The combination of narrative therapy and art therapy in treatment that oftentimes includes story writing, illustrating, and reading of stories to allow a client to externalize and use symbolism and use metaphors to process treatment goals (Kerr, 2011).

**Narrative therapy-** A therapeutic approach founded on the concept of how reality is constructed by the client and is subjective to the client. The therapist uses techniques such as collaboration, externalizing, alternative endings, identifying expectations and unique outcomes,

and strength finding (Haskins, Johnson, & Grimes, 2016).

**Processing-** The therapeutic practice of guidance in exploring a theme, topic, experience, or feeling with a client. This can appear as creatively expressing, talking, questioning, and sense-making (Kahn, 1999).

**Rapport-** The level or connection between two individuals, typically in a professional relationship such as therapist and client (Leach, 2005).

## CHAPTER II

### METHODOLOGY

This research was structured as an integrative literature review in which the researcher explores the published literature on the selected topic and organizes the findings to provide the reader with an overview of their hypothesis (Whittemore & Knafl, 2005). This integrative literature review explored the therapeutic possibility of narrative art therapy for students with learning differences, with the goal of using the data to support the creation of a narrative therapeutic tool for art therapists to use with this population.

The initial review of the literature involved searching the following sources: IU CAT, ProQuest, PsychNet, Sage Publishing, PubMed Central® (PMC), Taylor and Francis Online, Academia, Research Gate, Elsevier Publishing Company, ERIC-Educational Resources Information Center, Wiley Online Library, Semantic Scholar, ASHA Publications, Scholar's Archive, CiteSeerX, and Digital Commons. A combination of the following terms were searched to find initial resources: learning differences, emotional regulation, narrative therapy, art therapy, emotional identification, emotional expression, special education, students with learning differences, school counseling, school-based art therapy, and narrative therapy in schools.

Based on the results of the initial search, five key areas of literature were identified as central to providing support for creating the therapeutic tool:

1. Learning differences
2. Treatment for students with learning differences in the school setting
3. Emotional regulation (also including the related topics of emotional identification and emotional expression)
4. Narrative therapy

## 5. Art therapy

Additional searches were conducted in the academic literature on the intersections of these five topics. Findings included academic articles but did not include creative resources actually used in therapeutic practice, such as picture books and other therapeutic tools, that could be used as a model for this project.

Therefore, an additional internet search was conducted for published narrative and picture-based books related to emotional regulation used in a school setting; for example, those that school counselors and teachers might use. There were approximately 10 websites found to have this content. Each was examined in detail. A representative selection of published children's books from these sources was chosen that best addressed the intersections of emotional identification, emotional expression, and emotional regulation, with learning differences and narrative therapy. The potential art therapy application related to these sources was inferred based on the academic literature on this topic.

Results from the academic sources are presented in the review of the literature that follows the results section and Appendix A incorporates key findings from the academic literature with the findings from the internet search of existing published resources. Appendix A contains the therapeutic tool created: a combination of a picture book with art-based interventions to be used by therapists in working with students with learning differences.

## CHAPTER III

### LITERATURE REVIEW

In this literature review, learning differences and their diagnosis criteria, symptomology, etiologies, and the impact on academic performance will be covered first. Then, treatment approaches used in schools with a specific focus on narrative therapy and art therapy in schools will follow. Narrative therapy and art therapy as a treatment approach for students with learning differences will follow, and finally, the investigation the combination of Narrative therapy and art therapy for students with learning differences.

#### **Learning Differences**

The term learning differences is used to refer to a range of diagnoses that affect an individual's ability to learn. Learning disorders such as Dyslexia and neurodevelopment disorders such as Attention-Deficit/Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD) are included in this classification. The substitution of the word *difference* for the more diagnostic terms *disability* and *disorder* removes the isolating, discriminating, and stigmatizing connotation that comes with the latter.

According to Anderson (1992), there are a few possible origins, or etiologies, of learning disabilities: genetics, environmental, and biological, or organic. Learning differences typically require special support and resources throughout the individual's lifetime (Hendricks and Wehman, 2009). Learning differences may manifest over time as neurological dysfunction or cognitive difficulties and they often impact the individual's emotional regulation abilities (Freilich & Shechtman, 2010).

Learning differences are commonly comorbid with an assortment of mental health

conditions. The personal narrative of those with learning differences is oftentimes met with negative experiences and self-perceptions that may lead to anxiety and depression (Cashin et al., 2013). Diagnoses that are comorbid with learning differences are either internalizing or externalizing in nature (Hill & Updegraff, 2012). The most commonly reported internalized disorders are mood disorders and anxiety (Freilich & Shechtman, 2010). For instance, up to 84 percent of those diagnosed with learning differences may also have an anxiety disorder and up to 62 percent of those with learning differences may have disruptive, aggressive, and externalizing behaviors (Anderson, 1992; Scarpa & Reyes, 2011). Similar to the perseveration experienced by those with ASD, the symptomatology of depression and anxiety can include ruminating thoughts (Rieeffe et al., 2011).

**Attention-deficit/hyperactivity disorder (ADHD).** Attention-deficit/hyperactivity disorder (ADHD) is a neurodevelopmental learning difference affecting an estimated five percent of students that makes attention and impulsivity difficult to manage (Steinberg & Drabick, 2015; Pliszka, 1997). About a quarter of those diagnosed with ADHD qualify for an additional learning disorder (Pliszka, 1997). ADHD is assumed to be a result of both genetic and environmental causes (Sullivan et al., 2015). For example, research from Sullivan et al. (2015) noted that an individual is more likely to be diagnosed with ADHD if a family member is also diagnosed with ADHD. Sullivan et al. (2015) also concluded that emotional patterns and behaviors at as young as six months may predict individuals later diagnosed with ADHD.

ADHD is classified as an externalizing disorder (Anderson, 1992). Similarly, anxiety is an externalizing disorder and the comorbidity of anxiety and ADHD increases the individual's impulsive behavior (Pliszka, 1997). For individuals who also struggle with behavioral issues, a subtype referred to as ADHD with conduct disorder may be diagnosed (Pliszka, 1997). An adult

diagnosed with ADHD with conduct disorder is more likely to be diagnosed with a personality disorder during their adult life compared to the general diagnosis of ADHD (Pliszka, 1997).

**Autism Spectrum Disorder (ASD).** Autism Spectrum Disorder (ASD) is a developmental disorder that impacts interpersonal interactions, social understanding, and social imagination as well as cognitive and behavioral flexibility impairment (Cashin et al., 2013; Haque, 2015). Those with ASD are recognized to have average and above-average intelligence (Cashin et al., 2013). Potential cognitive dysfunctions may manifest as difficulty in comprehending, communicating, interacting, and processing information within themselves or with others. An additional struggle is interpreting and naming their emotions (Chasin, 2013).

**Dyslexia.** Dyslexia is a learning disorder related to language manifesting as issues in communication such as reading, spelling, and phonics (Rahmani, 2011). According to Peterson & Pennington (2012), dyslexia is a phonological disorder that is founded in genetics. Despite sufficient instruction and neurotypical intelligence, an individual has difficulty distinguishing words (Peterson & Pennington, 2012). This diagnosis typically occurs after the child has begun formal education while ASD and ADHD may be present before they begin schooling (Peterson & Pennington, 2012). It is more likely for a male to be diagnosed with dyslexia than a female; however, this may be due to the comorbid externalizing disorders such as ADHD (Peterson & Pennington, 2012). Additional comorbid language diagnoses include reading disabilities, language impairment (LI), and speech sound disorder (SSD). LI presents difficulty with syntax and semantics or grammar, and vocabulary respectively. Whereas SSD is difficult in vocally producing the sounds required of verbal communication in the individual's native language (Peterson & Pennington, 2012). Students with dyslexia may struggle with a math disability as well (Peterson & Pennington, 2012). Having dyslexia impacts an individual's emotional,

behavioral, and social life. Between the stigma, the accompanying diagnosis, and the difficulty with academics, it is common for these students to have lower self-esteem and behavioral problems (Livingston, Siegel, & Ribary, 2018).

### **Student Needs**

Academic support and positive classroom environments are necessary for the success of all students, not just those with learning differences (Elias, 2009). Students need social and emotional work in the classroom in conjunction with and to support their academic growth. When emotional regulation work is addressed, the classroom is less likely to be hindered by heightened emotions which ultimately lead to low academic performance and the effectiveness of the teacher's lesson (Elias, 2009). Further supporting this view, Sutherland, Waldman, & Collins (2010) claimed that the healthy expression of emotions in the classroom results in a stronger community and an increased self-esteem in students.

**Emotional Regulation.** Emotional regulation is a subcategory of temperament and is the ability to identify, express, and control one's feelings (Hassija & Cloitre, 2015; Mazefsky et al, 2013; Steinberg & Drabick, 2015). The need for emotional regulation applies to all students; neurotypical and those with learning differences (Blanchard-Fields, 2007). Emotional dysregulation oftentimes results in an overwhelming sensory experience, especially for those with learning differences such as ASD and ADHD (Deboys, Holttum, and Wright, 2017). Emotional regulation is important for a student's well-being due to the impact it has on not only their current social interactions but also their lifelong social skills, problem-solving skills, and stress management (Blanchard-Fields, 2007; White et al., 2014). If schools are expected to prepare students for the future, then social-emotional work such as emotional regulation is a necessary priority in the standard academic curriculum (Elias, 2009).

Regarding students with learning differences, the focus on emotional regulation is even more significant. Students with learning differences typically perform below their peers in emotional regulation skills and academic success (Johnson, 2012). It is commonly misunderstood that those with learning differences will improve psychosocially if their academic performance improves. Research published by Freilich and Shechtman (2010) indicated that improving academic performance should not be the priority, but rather social and emotional growth before and with academic work. Freilich and Shechtman's (2010) research suggested that even large quantities of time devoted to academic remediation did not improve performance as strongly as emotional regulation work did on academic performance. Essentially, when the priority is set on social and emotional growth, academic struggles are more likely to subside (Freilich and Shechtman, 2010). With an increase in reported emotional difficulties impacting the classroom, it is especially difficult for a student to focus on academics without the necessary emotional management, or regulation, skills (Elias, 2009 Deboys, Holttum, and Wright, 2017).

***Attention Deficit Hyperactivity Disorder.*** Compared to their neurotypical peers, individuals with ADHD have more difficulty with emotional regulation (Seymour et al., 2012). Naturally, problem-solving skills are diminished when overwhelming emotions and behaviors occur (Seymour et al., 2012). In addition to problem-solving difficulties, individuals with ADHD may also have difficulties in identifying negative emotions within themselves and others, which is a central skill in emotion regulation (Seymour et al., 2012).

Work on emotional regulation skills may be a necessary treatment goal due to it may being a cause of conflict within interpersonal relationships (Mazefsky, et al, 2013). Research from Lopes, Salovey, Côté, Beers, & Petty (2005) also supported this finding and suggested work on emotional regulation to improve social interactions as well.

***Autism Spectrum Disorder.*** Individuals with ASD may struggle with executive functioning skills more than their neurotypical peers (Seymour et al., 2012). This may be evident in their potential trouble with beginning new tasks, their lower problem-solving skills, and their interpersonal interactions with their peers (Seymour et al., 2012). Samson (2015) suggested that the increased difficulty may stem from a lower ability to identify emotions as well as ceasing negative emotions and responses. It is common for those with ASD to experience these emotional regulation deficits in various ways (Scarpa & Reyes, 2011). Research completed by White et al., (2014) noted that the anxiety experienced by an individual with ASD is connected to their emotional regulation problems. These problems can result in and can also be caused by conflicts and stressful social interactions. Other anxiety-inducing situations for those with ASD include novel experiences and places, unexpected changes in routine, and interacting with new people (Samson, 2015).

***Dyslexia.*** Individuals with dyslexia often times also manage mental health implications. Between 60 and 75 percent of individuals with dyslexia have a psychiatric diagnosis such as depression, anxiety, and attention deficits (Livingston, Siegel, & Ribary, 2018; Peterson & Pennington, 2012). These conditions can be lifelong and are accompanied by social isolation, suicidal ideation, and poor decision making; all of which are a result of emotional regulation issues (Livingston, Siegel, & Ribary, 2018). Additionally, the stigma of a dyslexia diagnosis only increases the level of emotional regulation difficulty (Livingston, Siegel, & Ribary, 2018).

***Academic support.*** Students who need emotional and behavioral support at school also need academic support (Albert, 2010). Academically, students with learning differences typically perform below their peers (Johnson, 2012). According to McLeskey and Waldron (2011), the effective instruction required for success of students with learning differences should consider

student grouping, the design of the lesson, how instructions are given, independent practice, and a method to monitor progress. While these approaches may be beneficial, academic struggles may not necessarily be due to lower intelligence as perceived by many but rather a lack of adaptive and executive functioning skills (Johnson, 2012; Peterson & Pennington, 2012).

Research consistently concludes that a student with a learning difference's academic performance will improve when other issues are addressed such as the social environment, external stimuli distractions, and perceived support from teachers (Bolic Baric, Hellberg, Kjellberg, & Hemmingsson, 2016)

**Classroom environment.** A suitable learning environment requires safety, respect, and responsibility, honesty, and trust among other community-based qualities (Elias, 2009). Participating in healthy relationships and working towards goals requires an individual to have and develop emotional regulation (Hassija & Cloitre, 2015). With so much emphasis on a positive social environment in the classroom, students with learning differences such as ASD and ADHD may be suffering due to a more difficult time reading verbal and nonverbal social cues (Johnson, 2012). The struggles of students with learning differences in reading verbal and non-verbal social cues can be reduced when the social environment is nurtured with healthy relationships and opportunities for social-emotional work (Elias, 2009).

**Parental support.** Students are susceptible to the influence of parental love and support as well as their dismissal and neglect of their child's needs. For all students, parental involvement in the monitoring and assistance of schoolwork has an impact on their academic success (Rogers, Wiener, Marton, & Tannock, 2007). Research suggests that parental involvement during elementary school results in higher intrinsic motivation for students in middle and high school (Rogers, Wiener, Marton, & Tannock, 2007). For families with students with ADHD, tension

around behavior, schoolwork, and discipline is higher than peers without ADHD (Rogers, Wiener, Marton, & Tannock, 2007). The reactive rather than responsive approach makes homework time difficult for the student with ADHD (Rogers, Wiener, Marton, & Tannock, 2007). Parental psychoeducation may be an effective and essential treatment method to support their child's learning difference (Scarpa & Reyes, 2011).

### **Treatment Approaches for Learning Differences in Schools**

The treatment approaches used in schools for students with learning differences vary. A common approach is Cognitive Behavioral Therapy (Schwartz, Sandall, McBride, & Boulware, 2004). Some services are provided and required by legal programs and expectations such as *No Child Left Behind* for a wide range of needs determined by the government (Yell, Drasgow, & Lowrey, 2005). narrative therapy and art therapy treatment approaches have also been used to help students with learning differences in school settings (Lambie & Milsom, 2010) (Deboys, Holttum, and Wright, 2017). These treatments and services are provided both as individual sessions as well as in groups, with groups recently becoming a more prevalent approach (Epp, 2008).

**Narrative therapy in schools.** Even within the classroom, narrative approaches have been suggested to be beneficial for students in a variety of ways (Lambie & Milsom, 2010). When the material is presented as a story narrative rather than in the standard textbook format, students retain and apply the knowledge rather than regurgitating facts (Fernald, 1989). Further supporting its use in a school setting, narrative therapy is beneficial for school counselors and their students due to the ability to have continuity between several short sessions as well as the effectiveness of its techniques such as externalization (Haskins, Johnson, Grimes, 2016).

Additional research supports the use of narrative therapy for students with various

diagnoses that impact their educational experience. For example, Lambie & Milsom (2010) stated that asking questions directed to the student's learning difference as if it was its entity, almost like another creature, separates the condition from the child. This allows the student to approach the related difficulties by removing themselves from the learning difference (Lambie & Milsom, 2010). For example, the prevalence of social phobias and anxious thoughts in high school female students was statistically reduced when CBT was combined with drama and narrative therapy (Ghavami, Sadeghi, & Mohammadi, 2014).

**Art therapy in schools.** Holttum and Wright (2017) claim that art therapy can be successfully integrated into education due to the setting because it is supportive and familiar to the student in comparison to mental health clinics and offices. The school setting is non-threatening and comfortable (Wright, 2017). Students participating in art therapy also report that one-on-one interaction with an art therapist is a positive addition to their daily school schedule (Deboys, Holttum, and Wright, 2017). Before therapy even begins, art therapy is accepted by children, simply due to the familiarity of using basic art supplies that they already use at school (Epp, 2008). Children also appreciate the freedom to talk as much or as little as they want while creating artwork with the assurance that the therapist is supporting them (Deboys, Holttum, and Wright, 2017).

The similarities between the processes of art therapy and education in a school setting may be a reason why the two can work so well together (Albert, 2010). As mental health professionals, art therapists in schools can adapt the art therapy to the setting by using the existing curriculum and expectations and transferring those to the therapeutic setting (Albert, 2010). Teachers introduce assignments by first setting the expectations and then finding a way to complete the goal. Similarly, an art therapist first sets a therapeutic goal, such as decreasing

emotional outbursts, and then designs projects and processes to achieve that goal (Albert, 2010).

Another similarity of education approaches and art therapy is how teachers introduce a new lesson by reviewing previously known material and then bringing the students' attention to novel information before scaffolding the skills and information until the students are competent in the standard. Background knowledge and frontloading is a similar process for an art therapist (Ablert, 2010) that may look like psychoeducation followed by a progression of small steps toward a therapeutic goal (Ablert, 2010). This approach was demonstrated by a program piloted by Henley (2013) that combined expressive arts therapies and alternative education. The art therapist and teacher had a structured process for each day that introduced the students to news content and then explored their reactions in reflective art and class discussions. The same process was done with classic literature the next hour. The writing was a difficult expectation for these students but was done occasionally. Exploring academic topics through creative expressions was an effective way to motivate the students to learn and help them to develop better behavioral patterns (Henley, 2013).

According to the American School Counseling Association (ASCA), art therapy and the ASCA National Model of School Counseling can work together successfully (Randick & Dermer, 2013). Supporting this, when art therapy and the rest of the school structures are consistent in their treatment and expectations of students, the two can collaborate very well together (Anderson, 1992). This is executed through art therapy goals that align with common topics addressed by school counseling such as conflict resolution between students and their peers and teachers, development of social skills, addressing academic difficulties, and increasing social-emotional skills (Randick & Dermer, 2013). Several researchers have supported this intersection of school counseling and art therapy (Kahn, 1999). There are several factors of

academic success that can be improved by art therapy such as the students having a better understanding of their weaknesses and an increased development of problem-solving skills (Bush, 1997; Spier, 2010). Additionally, research conducted by Sutherland, Waldman, & Collins (2010) reported group art therapy can increase the sense of group belonging which is an important aspect of an effective learning environment. Further supporting the school counseling and art therapy intersection, Gibbons (2010), researched art therapy as a possible intervention for classroom conflict. He noted that due to human nature, the classroom will occasionally be a place of conflict (Gibbons, 2010) and found that art therapy can be an approach to mediating this conflict. This finding was also supported in a separate research publication by Wadeson & Wirtz (2005).

*Existing art therapy school programs.* Art therapy is currently utilized in a variety of ways in many schools. The American Art Therapy Association (2011) recognized eleven schools as model art therapy programs. The American Art Therapy Association (2011) expects a successful art therapy program to address academic performance needs, remove barriers to learning, increase retention and attendance rates, and support positive social development.

*Miami Dade-County Public Schools.* The art therapy program in Miami Dade-County Schools was developed to assist teachers who needed help with children exhibiting behavior problems (Bush, 1997). Credentialed art therapists were hired for a pilot program that not only helped the teachers in supporting their students, but it helped the students who were struggling with adverse and problematic behaviors (Bush, 1997). Since its development, it has now become the largest school-based art therapy program in the nation (Isis, Bush, Siegel, & Ventura, 2010).

*Jersey City Public Schools (JCPS).* JCPS piloted their art therapy program in 1993 (Nelson, 2010). The art therapy program not only assisted the 13 percent of students that

qualified for special education, but also incorporated opportunities for staff cohesion, Behavior for Better Choices, and technology-based art therapy (Nelson, 2010). The technology-based art therapy program was an animation class that incorporated therapeutic skills and techniques. The feedback for this elective program was extremely positive and addressed multiple goals and needs: career and skill development, educational course requirements, and therapeutic skills (Nelson, 2010). JPCS utilized art therapy for its staff members as well. A professional development workshop was originally developed to introduce staff members to school-based art therapy but was adapted to address the needs of staff as perceived by the art therapist. The art therapist created a multiple session workshop that addressed staff cohesion, morale, and professional identity, and it received positive feedback from the participants (Nelson, 2010).

### **Narrative Therapy**

Narrative therapy is a therapeutic approach with the understanding that reality is constructed and subjective to the individual. Our lives are determined by the perspective we have and the story we tell (Lysaght, 2009). The therapist uses techniques such as collaboration, externalizing, alternative endings, mindfulness, identifying exceptions, and unique outcomes, as well as strength finding to help the client process an event (Haskins, Johnson, & Grimes, 2016). Cashin (2008) noted that standard treatment goals of narrative therapy include personality development and improving social interactions, as well as removing, reducing, increasing, adding, or changing emotions, thoughts, and behaviors.

Narrative therapy is founded on the belief that each person has a story that constructs their perspective on their life; a relative and personal truth (Lysaght, 2009). This belief and concept are sometimes labeled as *individual construction of meaning* meaning that humans organize life events into groups that develop into a personalized understanding of the world

around them (Cashin, 2013). It is important for the therapist to provide the client with positive regard and gentleness when the client is telling their story (Lysaght, 2009). The process of storytelling is therapeutic, but it is the response of the audience that also impacts the storyteller (Lysaght, 2009).

Narrative therapy allows the client to take ownership of their story. Practically, this can look like removing the story from a loop in their mind and chronologically organizing it, something that is oftentimes difficult to do after a trauma (Rubin, 2016). This process is called *externalizing* and is defined as a method of removing an emotion or a personal experience of self by writing, verbalizing, or drawing an expression of the experience (Johnson, 2012; Lysaght, 2009).

Storytelling provides an individual with an externalized structure from within themselves to make sense and understand what is going on around and to them (Lysaght, 2009). Additionally, stories from others also provide structure and guidance to understanding their own stories (Lysaght, 2009). Removing, or externalizing, the issue from the client's identity provides safety and distance from the issue for the client to process and resolve (Lysaght, 2009).

An additional component of narrative therapy is *reconstruction* (Chow, 2015). This is the revising of a client's story to be more productive, supportive, or beneficial to the client. This process of changing the client's perspective for their benefit is done with the guidance and support of the therapist (Chow, 2015). In a client's life story, there may be aspects that blame themselves or are too painful to bear. Narrative therapy approaches this with an alternative ending or story (Chow, 2015).

Co-constructing a story with a client incorporates options (Chow, 2015). For example, the client and therapist identify holes and outliers within the story, or the therapist guides the

client in replaying conversations and interactions to reconstruct the outcome so that the client has a positive association (Chow, 2015). The client and the therapist work together throughout the entire process.

**Narrative therapy and learning differences.** Narrative therapy utilizes the natural human desire to understand the world through stories to help people make sense of their social interactions (Petragalia, 2007). It is common for individuals with learning differences to have a personal narrative that is filled with negative notions regarding new experiences (Cashin et al., 2013). For those with learning differences, understanding, developing, and expressing their narrative may be much more difficult due to the generalized struggle to understand social structures and this is why narrative therapy can help reshape these internal conflicts (Petragalia, 2007).

Depending on the level of need, students with learning differences may be in the same classes as their neurotypical peers (Kuttler, Myles, Carlson, 1998). When a student has difficulty with daily tasks such as transition, one treatment technique used is social stories to help them understand and process the transition (Kuttler, Myles, Carlson, 1998). Rather than just labeling with words, even a small icon provides a short description of the expected behavior during that time which allows the student to connect actions to tasks, time, and location (Kuttler, Myles, Carlson, 1998).

Gillam et al. (2015) noted that children with ASD sometimes struggle with the narrative approach due to the need to be able to understand emotions in a story and having developed planning skills; and the tendency to hyper focus can be a hindrance. In response to this, Cashin (2013) suggested that the co-authorship of a story to be more successful than a solely client created story. The teamwork approach also provides the client with the necessary social skills to

cooperate with others. Gillam et al. (2015) designed a three-phase model to teach narrative thinking to children with ASD that resulted in improvement in perspective taking, complexity, and grammar. Phase one teaches story elements, phase two connects and elaborates stories, and phase three involves creating and editing the stories.

Cashin (2008) discussed the assumed difficulties of narrative therapy with someone living with a learning disorder due to linguistics. On the contrary, Cashin published again in 2013 claiming that the externalization of a problem, especially in a novel circumstance, allows the individual with ASD to process in the current moment and develop hope for future interpersonal interactions (Cashin, 2013). This process of reframing and creating one's own stories, with or without the therapist, might just be exactly what a person with a learning difference, like ASD, needs for success.

**Narrative therapy and emotional regulation.** Narrative therapy addresses social-emotional skills through several techniques and has been researched to be successful in doing so (Beaudoin, Moersch, Evare, 2016). This may be due to the nature of narrative therapy and its ability to process information and circumstances in a more complex and less dualistic way (Fernald, 1989). The development of social-emotional skills positively impacts an individual's peer and family relationships, lifelong perspectives and behaviors, and internal states (Beaudoin, Moersch, Evare, 2016). In research done by Beaudoin, Moersch, and Evare (2016), the intervention of narrative therapy techniques such as re-authoring and externalizing suggested improvement in these skills.

The use of metaphor is an externalization technique used in narrative therapy that aids in the client's ability to safely and effectively approach a difficult emotion or memory (Chow, 2015). Furthermore, when processing a past experience during narrative therapy, the client can

experience the emotions with the support of the therapist to increase emotional regulation (Hassija & Cloitre, 2015). When working on emotional regulation, the therapist does not instruct clients to suppress their feelings, but rather encourages them to express how they are feeling in a way that is functional, and with self-efficacy, so that the client might build stress tolerance (Hassija & Cloitre, 2015).

### **Art Therapy**

Art therapy is an experience of the environment through creative expression (Rubin, 2016) that can be used as a way of finding meaning through the interconnection of the therapist, client, and artwork (Deboys, Holtum, and Wright, 2017). Art therapy can provide a significant amount of support through a breadth of techniques, directives, and interventions (Rubin, 2016). A variety of individuals, including but not limited to those with physical needs, emotional needs, students with educational difficulties, and survivors of trauma may find art therapy to be an effective treatment method (Bush, 1997; Velden & Koops, 2005). Whether it is done individually or in a group, art therapy presents unique opportunities for growth and development.

**Art therapy and learning differences.** Art therapy has been extensively researched with students with learning differences. There are common behaviors and characteristics in those with learning differences that impact academic performance such as a lack of problem solving and communication skills, tendency to perseverate, concrete thinking and the need for routine, sensory sensitivity, conduct issues, hyperactivity, and internalizing thoughts (Evans & Dubowski, 2001). Research done by Epp (2008) found art therapy to be beneficial in improving these difficult behaviors and tendencies. Additionally, Anderson (1992) concluded that progress on these behaviors and skills in art therapy developed the flexible thinking required for positive adjustment in social interactions. Art therapy is a successful intervention because it provides the

student with an opportunity to express themselves and problem solve by thinking abstractly, processing visually and nonverbally, and increasing communication (Deboys, Holttum, and Wright, 2017; Epp, 2008; Freilich & Shechtman, 2010).

Research suggests that students with ASD respond well to portrait drawings in art therapy despite the need for improving social interactions in their daily lives (Martin, 2008). Due to the comorbidity of learning differences and other mental health concerns, Drake, Coleman, and Winner (2011), found art therapy and drawing to be effective modes of treatment for short-term mood repair. In addition, Elbrecht's (2019) research suggested that the use of clay improved the behavior of those with ADHD, possibly due to the activation of the whole body to manipulate the clay. As insight of the beneficial power of art therapy, participants have noted that when they were able to put what is on their mind onto the page, it allowed them to move on from their ruminating thoughts (Elbrecht, 2019).

**Art therapy and emotional regulation.** Art therapy supports individuals in developing social skills and the ability to express their feelings through gaining insight (Gladding, 2011; Lenz, Holman, & Dominguez, 2010). Deboys, Holttum, and Wright (2017) examined the relationship between art therapy and emotional regulation. Participants reported that their memory, mood, confidence, and ability to express themselves increased with the support of art therapy (Deboys, Holttum, and Wright, 2017). Art therapy interventions such as clay making and pounding allow the individuals to develop a higher sense of control over their emotions and behaviors (Elbrecht, 2019). Art therapy can aid in control over the individual's emotions because creating art manipulates the chaos of materials and makes something organized and an extension of the self (Haeyen, 2018).

### **Narrative Art Therapy and Learning Differences**

Narrative therapy can be combined with art therapy as an effective treatment approach and as an assessment model (Kerr, 2011; Silver, 1993). For example, Rawley Silver (1993) developed a semi-structured art-based interview assessment, called Draw-a-Story (DAS), that could detect if an individual may be experiencing depression through evaluation of the artwork's integration, logic, realism, and problem-solving. Those experiencing depression responded to the Draw-a-Story assessment with negative or violent content (Silver, 2009). While the inclusion or exclusion of negative content does not dictate a depression diagnosis, it does provide insight to this possibility, typically with a score of at least 1 on the DAS (Silver, 2009)

Applying this to students with learning differences, creating a story can be an effective treatment directive when using narrative therapy and art therapy to support a student in emotional regulation. The student will assign emotions to the characters regularly throughout the story-writing process and then be asked to relate the character's experience to their own (Johnson, 2012). For students with significant emotional and behavioral concerns, the integration of narrative therapy and art therapy allows them to gain a stronger understanding of their relationships with those around them (Dunn-Snow, 1997). As a treatment approach, narrative art therapy also aids the student in the ability to understand the continuity of one session, due to the use of story-making and illustrating in sessions with an art therapist, which is especially useful for clients with ASD (Regev & Snir, 2013). Velden and Koops (2005) noted that the addition of art to narrative therapy may be what allows for this continuity.

The integration of narrative therapy and art therapy may also be effective due to the fundamentals of the two approaches (Kerr, 2011). Both narrative therapy and art therapy support individuals in thought organization. The enhancement of communication through both words and

images provides an integrated treatment approach (Kerr, 2011). By integrating narrative therapy and art therapy, the client will be able to progress in their treatment goals over several sessions in a safe and structured environment that also allows for creativity and expression (Kerr, 2011).

Additionally, a study completed by Rahmani and Moheb (2010) gave participants in an experimental group ten weeks of narrative therapy that incorporated art therapy through clay work. Participants and their caregivers reported a decrease in anxiety symptoms and an improvement in academic performance and social interactions (Rahmani & Moheb, 2010).

## CHAPTER IV

## RESULTS

In this study, an integrative literature review was used to examine and integrate five key areas of literature related to working with children with learning differences using a combination of narrative therapy and art therapy. The results provided support for creating a narrative picture book with art-making interventions for art therapists to use with students with learning differences. The finished book presented in Appendix A. The five key areas of literature that provided support for the creation of this book included:

1. Learning differences
2. Treatment for students with learning differences in the school setting
3. Emotional regulation (also including the related topics of emotional identification and emotional expression)
4. Narrative therapy
5. Art therapy

The integrative review of the academic literature resulted in the following key findings:

1. The comorbidity rates of individuals with learning differences and psychiatric diagnosis is universally high.
2. Emotional regulation is a key skill and treatment goal for those with learning differences. Without emotional regulation, other goals such as academic success are difficult to address.
3. Emotional regulation is a life-long skill that is impacted by learning differences.
4. Support from others is required for students with learning differences. The concept of teamwork and encouragement from others is a large predictor of general success in the

student's social-emotional life.

5. Literature supported the hypothesis that narrative-based picture books are used as a resource in therapeutic and school settings for children with learning differences.
6. However, academic literature lacked examples of resources actually used that could inform the intended project.
7. Narrative therapy and art therapy are used together, however, the combination of these using a book accompanied by art interventions does not appear in the literature reviewed.

Based on these findings, an additional search was conducted on the internet for published narrative and picture-based books related to emotional regulation used in a school setting. There were approximately 10 websites found to have this content. After each was examined in detail, one site was found to have the most relevant resources: [playtherapysupply.com](http://playtherapysupply.com). This website contained a comprehensive list of topics related to the key themes for this project. Topics selected from this list included: *anger, anxiety & fear, autism spectrum, behavior, conflict resolution, coping, decision making, depression, emotions, empathy, family, grief, impulse control/ADHD, relationships, resilience, self-awareness, self-esteem, story-telling, and stress*. Books examined from this site were those that were already published and have been used as interventions in school and individual counseling. The potential art therapy application related to these sources was inferred based on the academic literature on this topic.

The following books were examined and found to explore similar concerns and have shared themes related to this research. These books typically incorporate a narrative approach that supports the development of the student's emotional regulation. The titles and authors are presented here for ease of reading and full publication information can be found in Chapter VII:

References:

- *The awfulizer: Learning to overcome the shame game*, by Kristin Maher
- *Have you filled a bucket today? A guide to daily happiness for kids*, by Carol McCloud
- *Wilma Jean, The worry machine*, by Julia Cook
- *What were you thinking?: Learning to control your impulses*, by Bryan Smith
- *It's hard to be a verb*, by Julia Cook
- *Don't feed the worry bug*, by Andi Green
- *How to save the dragon*, by Madeleine Mathews
- *When Sophie gets really really really angry*, by Molly Bang

A detailed review of these books resulted in the following key findings on seven points: (1) formatting, (2) language, (3) narrative approach and story development, (4) content, (5) artwork/imagery, (6) supplemental activities, including art-making, (7) integration of narrative and art-making. Details are as follows:

#### H. Formatting

- a. Supports engagement and ease of reading.
- b. The font was stylized and incorporated into the illustrations.
- c. In general, three sentences were included on each page.

#### I. Language

- a. The vocabulary was age-appropriate.
- b. Emphasis provided a sense of teamwork, indicated with wording such as "let's" and "we."
- c. Narration used the first or third person.
- d. The tone of playfulness with silly wording and rhyming.

#### J. Narrative approach and story development

- a. The plot development was dependent mostly on the illustrations.
- b. The main character asks questions of the reader throughout.
- c. The main character developed self-awareness in order to cope with their emotions as the resolution of the story.

#### K. Content

- a. Modeled the importance of interpersonal support with the identification of a problem and a solution to that problem from another person.
- b. Normalized and de-stigmatized emotions.
- c. Provided examples of naming emotions and how they may be expressed both in physical reactions and behaviors.
  - i. Examples:
    1. The Way I Feel: When the main character felt shy, they said that they feel like they need to hide.
    2. Wilma Jean the Worry Machine: Wilma Jean describes how her body feels when she has the worry flu such as her face feeling hot and her teeth grinding.
    3. When Sophie Gets Angry-Really, Really Angry: The author describes how Sophie behaves when she is angry.

#### L. Artwork/imagery

- a. Compositions were full-page and included many two-page spreads.
- b. Colorful illustrations throughout the book with a consistent color scheme.

#### M. Supplemental activities provided, including art-making

- a. Two of the books selected included a supplementary teacher's guide with examples of interactive games: *It's Hard To Be A Verb! Activity and Idea Book Supplementary Teacher's Guide* and *Wilam Jean the Worry Machine Activity and Idea Book Supplementary Teacher's Guide*. The worksheets included in the guides were the same structure with different topics and the same template was used in a t-shirt design art prompt.
- b. One book, *How to Save the Dragon*, by Madeleine Mathews, was formatted in two parts: the actual story and six processing prompts for instructor reference. Each prompt was followed by a template for student response.
- c. Another book, *Have You Filled A Bucket Today?* provides a website where the instructor can find resources and activities related to the book. These include coloring pages, word searches, and crosswords.

#### N. Integration of narrative with art-making

- a. While four books provided activities with the opportunity for creative reflection and response, none explicitly provided an opportunity for artmaking concurrently within and as part of the story.

In response to the findings above, *A Creative Safari* was written and illustrated. Per research findings, the treatment goals of *A Creative Safari* are emotional regulation, including identifying and expression. Unlike many interventive books used in counseling referenced above, *A Creative Safari* prompts to respond creatively using art prompts throughout the entire story.

## CHAPTER V

## DISCUSSION

**Overview of Results**

The literature states that storytelling provides the client with an externalized structure from within themselves to make sense and understand what is going on around and to them (Lysaght, 2009). *A Creative Safari* was written and illustrated with this and other insights gained from the results above. *A Creative Safari* asks the reader/client to respond to various emotional-focused prompts creatively throughout the entire story. The key finding was the lack of opportunities for artmaking within the plot of the stories used in counseling. The lack of reflection prompts and artmaking opportunities in the stories are what led to the development of *A Creative Safari*. While there may not be many books that have an emphasis on artmaking throughout the story, there are formatting choices that are effective. The author examined the use of color and design and the use of developmentally appropriate language, in addition to other patterns in the literary and visual composition of children's books, to develop *A Creative Safari*. The discussion below will include an introduction to the book, describe the formatting choices, and provide a section-by-section breakdown of *A Creative Safari*. Finally, it will identify the strengths and limitations of the book, as well as implications and application.

**Introduction**

*A Creative Safari* is a therapeutic resource that utilizes principles from art and narrative therapy intended for school-aged children, students, and clients receiving services under the guidance and support of a therapist, for example, an art therapist or a school counselor. This narrative therapeutic resource incorporates art therapy and narrative therapy to educate the client how to identify, regulate, and express their emotions in a playful and non-stigmatizing approach.

With its playful approach, *A Creative Safari* may also appeal to professionals who are not art therapists.

The client and therapist will follow Sadie, a hyena, who guides them on a safari to discover not only animals but also many emotions. There are periodic reflection and art directives proposed throughout the book. The plot is structured with the intention to provide the student with containment while exploring something unfamiliar and potentially uncomfortable.

### **Formatting Choices**

*A Creative Safari* was designed intentionally for the development of emotional identification, regulation, and expression with treatment goals specifically needed by those with learning differences. The three treatment goals of emotional identification, expression, and regulation are client-dependent. Teamwork was a prominent theme (Cain, 2000; Cook, 2016; Mathews, 2019). Children's literature was referenced for common characteristics of developmentally appropriate language and structure. Aesthetically, color schemes and use of color, full page spreads, and emphasis on illustrations were evident (Cain, 2000; Cook, 2016; Green, 2011; Mathews, 2019). These choices were selected to make *A Creative Safari* consistent with the children's literature examined; they are further discussed below.

**Treatment Goals.** There are three treatment goals for *A Creative Safari*: emotional identification, emotional regulation, and emotional expression. Throughout the literature, it is evident that this is an effective progression in development of emotional regulation skill (Ting & Weiss, 2017). Each one builds upon the previous skill for effective emotional regulation skills (Elias, 2009).

**Teamwork.** It was evident in both the children's literature and professional literature that the concept of teamwork is strong support for clients. Chow (2015) thoroughly explained the

process a narrative therapist may use with a client. The entire process is done together to support the client. The children's literature models this importance simply through the consistent use of "let's" and "we" in the dialogue or the assistance of another in problem-solving (Cook, 2016; Mathews, 2009). Logically, this makes sense as a teamwork approach supports building rapport and models a counseling relationship. The client and the art therapist must work together with the main character, Sadie, in order to successfully finish the safari. Teamwork encourages perspective of each other and others while working towards a similar goal (Cashin et al., 2013).

**Design.** In the children's literature examined, the illustrations were in full color and there was a consistent use of a single-color scheme that provided the reader with a sense of predictability and cohesion. Many of the books included a variety of illustration compositions. Some pages had a clip art style to them, some full pages, and occasionally there were full two-page spreads. This variety was visually interesting and kept the reader's attention. Additionally, the type on the page was typically incorporated into the illustration either by placement, line direction, or a consistent font theme (Cook, 2016).

### **Breakdown of *A Creative Safari***

The following is a section-by-section breakdown of *A Creative Safari*. Choices, reasoning, and intentionality of each section is included as a summary of each section.

**Introduction.** The reader is first introduced to the main character, Sadie, a hyena. Sadie welcomes the reader and introduces the safari as a team effort. Sadie invites the reader to introduce them self by creating a poster about themselves as means of introduction. An *about me* collage is a common opening ritual used with clients early on in treatment as a no-fail introduction that gives the client control in what they express.

**Emotional identification.** The first section of the book addresses emotional

identification because this is an important starting point in the development of social emotional skills (Elias, 2009). There are details provided about how the character is feeling physically and what they are thinking. The reader is then asked what emotion the character might be feeling. In the first directive of the safari, Sadie asks the reader to name, identify, or label an emotion that the meerkat, the first character, might be feeling based on their behavior. This allows the therapist to discuss with the reader/client why they might have chosen that emotion. The second directive presents the reader with a problem and asks them what emotions might come with problem-solving. These context details are how the reader will learn to identify emotions in others and themselves.

**Emotional regulation.** The section on emotional regulation addresses anger and excitement. Similarly, these emotions are named. Sadie asks the reader to respond with how they might regulate or express that emotion. The reader is asked to literally and metaphorically contain feelings in a feelings jar for the main character, Sadie, to use when she is feeling overwhelmed with excitement. This process is then taken a step further with the next character presented, a zebra, by asking the reader to reflect on a time that they felt angry and how their outside behavior and actions reflected that anger. The first directive was naming and containing, and the second directive is identifying and containing.

**Emotional expression.** The section focusing on emotional expression addresses joy and sadness. The emotion is named for the reader and it is up to the reader on how they help the character express that emotion. This is also a common theme found in the literature (Cain, 2000). The reader is given the opportunity to express this emotion as they see fit and there is no correct method. This is supported in the literature as a method to build more social emotional skills and self-esteem (Sutherland, Waldman, & Collins, 2010).

**Summary of emotions.** After the development of the three parts, it was clear that there needed to be a way to summarize and close the book by applying what was covered throughout the safari. This was accomplished by asking the reader to clearly name the emotions they learned about and create a wheel that represents these emotions. This structured directive is simple and summarizes the growth and learning in a contained way.

**Farewell and conclusion.** The next and final directive of the book is a postcard for the reader to create about what they have learned. Not only does this incorporate narrative therapy through the use of letter writing, but it also incorporates art therapy in the design of the front of the postcard. This final activity could be conceptualized as a form of treatment termination of the work with Sadie. It can also serve as an informal assessment for what the client has gained from the overall experience and in relation to treatment plan. Therefore, insight can be obtained for the next phase of treatment with this client.

**Supplemental materials.** At the end of the book, supplemental materials are provided. These include coloring pages that can be utilized for additional art-making opportunities or when the client needs a more structured experience or grounding during the treatment trajectory. There are also templates for select art making directives, such as the feelings jar and postcard, for optional use if the client needs prompting or additional structure. These supplemental materials are optional and can be utilized as the therapist sees fit.

### **Strengths**

*A Creative Safari* uniquely integrates two therapeutic approaches, narrative therapy and art therapy, as a noteworthy treatment for students with learning differences. It was written and illustrated by an aspiring art therapist with intentionality and research to support every decision made in the production of the book. In addition to the research, the author was practicing her

clinical internship at a school specifically for students with learning differences. Many of the choices made were supported by both the research and this experience to best support the students with whom the author was working. Considering inclusion and multicultural concerns, *A Creative Safari* strived to be a positive representation for all clients. In an attempt to embrace all gender identities, the characters were not referred to as male or female. Regarding physical and cognitive abilities and social hierarchies, the hyena as the main character was selected because it is typically presented as a villain or of malicious intent. Students with learning differences and their accompanying comorbid diagnoses are often times apart of a marginalized, misunderstood, and underrepresented community. The intention was to respectfully honor the value of everyone by including a misunderstood animal presented as the protagonist.

The intentional placement and amount of art directives throughout the plot establishes *A Creative Safari* unlike other therapeutic children's books utilized in treatment known to the author. Additional highlights of this treatment resource are the templates provided to the therapist for art making and the context for the prompting and engaging directives. *A Creative Safari* triggers creativity and imagination early in the session, which supports a possibly rapid connection and strong rapport between the client and the therapist. This approach also breaks down the age barrier between adult and child. Not only does the art act as a third subject in the room, but the main character, Sadie, guides the therapist and the client together on a safari that equalizes the ground closer to the client.

*A Creative Safari* incorporates principles from narrative therapy and art therapy, but the execution of the directives are also designed with a general counselor's competencies in mind. While an art therapist would be ideal, it is not necessary for the ethical and beneficial use with clients with learning differences. When a related professional follows the plot line, the art

functions as a therapeutic tool rather than as art therapy; this is why an art therapist may not be required for the ethical execution of *A Creative Safari*. However, an art therapist would be able to bring their specialized skills and training to expand upon or add to the directives.

### **Limitations**

*A Creative Safari* was developed in less than one academic year and the author had one year of experience with this population. Although the directives were designed with the author's specific students' needs in mind, they may not be applicable to all students with learning differences. Therefore, this project is just the beginning of the author conceptualizing an integrated treatment approach for students with learning differences.

This book may not be successful for a variety of reasons. For example, an exhaustive search of the published literature was not conducted due to time constraints. Only a sample of books were reviewed and analyzed. The literature review processing *A Creative Safari* required an in-depth amount of research much too robust for the time given to complete the project. Although the emotions selected to be explored throughout the story are common, their selection was subject to the author's perception of need from clinical practice rather than from extensive research. Field testing would be a next step in evaluation and editing for if the emotions selected are the most beneficial.

### **Implications and Application**

*A Creative Safari* was designed to be adaptable and is presented in a way for the therapist to customize it to the treatment goals of the client. Art materials suggested for the treatment toolkit can be supplemented and substituted as the therapist sees fit. The directives are also intended to be flexible in regard to the use of two-dimensional and three-dimensional materials to adapt to what the therapist has at their disposal and what is best for the client. For example,

the feelings jar is specifically intended to be three-dimensional, but it can also be adapted to two-dimensional.

While this book is designed for clients with learning differences, it may be beneficial for any client with emotional regulation difficulties. As mentioned above, an art therapist is not required to facilitate this treatment plan. School counselors and mental health counselors may also find this resource to be beneficial and supportive of their clients. The directives involved do not require extensive education and understanding of art therapy, but rather they are therapeutic interventions addressing emotions. It must be clear to the therapist that they are not facilitating art therapy when using this book because they are not trained or certified as such; they are using art as a therapeutic tool to process emotional regulation skills. Emotional regulation work is a common competency for counselors, and therefore they can use the book in combination with their professional training to help their clients.

Every treatment trajectory is unique which may require the therapist and the client revisit certain emotions depending on what the client may need. It is important for the therapist to use discretion when resourcing this narrative therapeutic tool in treatment. It is intended to be as fluid as needed to best fit the client's treatment goals.

## CHAPTER VI

## CONCLUSIONS AND RECOMMENDATION

The ability to identify, regulate, and express emotions effectively is a therapeutic need for a wide variety of client populations. For students with learning differences, challenges in emotional regulation not only impact their emotional health, but also their academic performance and social interactions. *A Creative Safari* was developed to address the lack of resources for clients with emotional difficulties that combine art therapy and narrative therapy, two approaches found to be beneficial for this population.

**Recommendations**

*A Creative Safari* is a starting point for addressing the needs described above, but there is much more that can be done. Recommendations for *A Creative Safari* include use by therapists, further research, integration of the Expressive Therapies Continuum, and variations of application.

*A Creative Safari* should be utilized by art therapists and related therapists in the field to gain insight on the practical use of it in treatment. When utilized in several therapeutic settings and with several therapists, a better understanding of the accurate effectiveness of *A Creative Safari* will be known. While originally intended for students with learning differences, the core treatment goal is for emotional regulation is a worthwhile goal for neurotypical students as well. Additionally, further research on the impact of a character-led session in comparison to a therapist led session could be a profound research development. It is important to compare feedback and results from therapists that are treating neurotypical clients and those treating students with learning differences.

Another variation and adaptation of *A Creative Safari* specifically for expanding its use for trained art therapists could be the integration of the Expressive Therapies Continuum (ETC) and the related concept of Multimedia Dimension Variables (MDV) (Graves-Alcorn & Kagin, 2017). The combined ETC and MDV approach would add intentionality in materials selection as related to the intended outcome (Graves-Alcorn & Kagin, 2017). This intentionality could significantly increase the therapeutic power of *A Creative Safari* when used by art therapists.

There are many avenues for further development of *A Creative Safari*. With continued growth in the fields of art therapy and narrative therapy, it has the potential to be edited and adapted to the needs of therapists and clients. The various possibilities for further development of *A Creative Safari* are very exciting and I look forward to what is to come.

## CHAPTER VII

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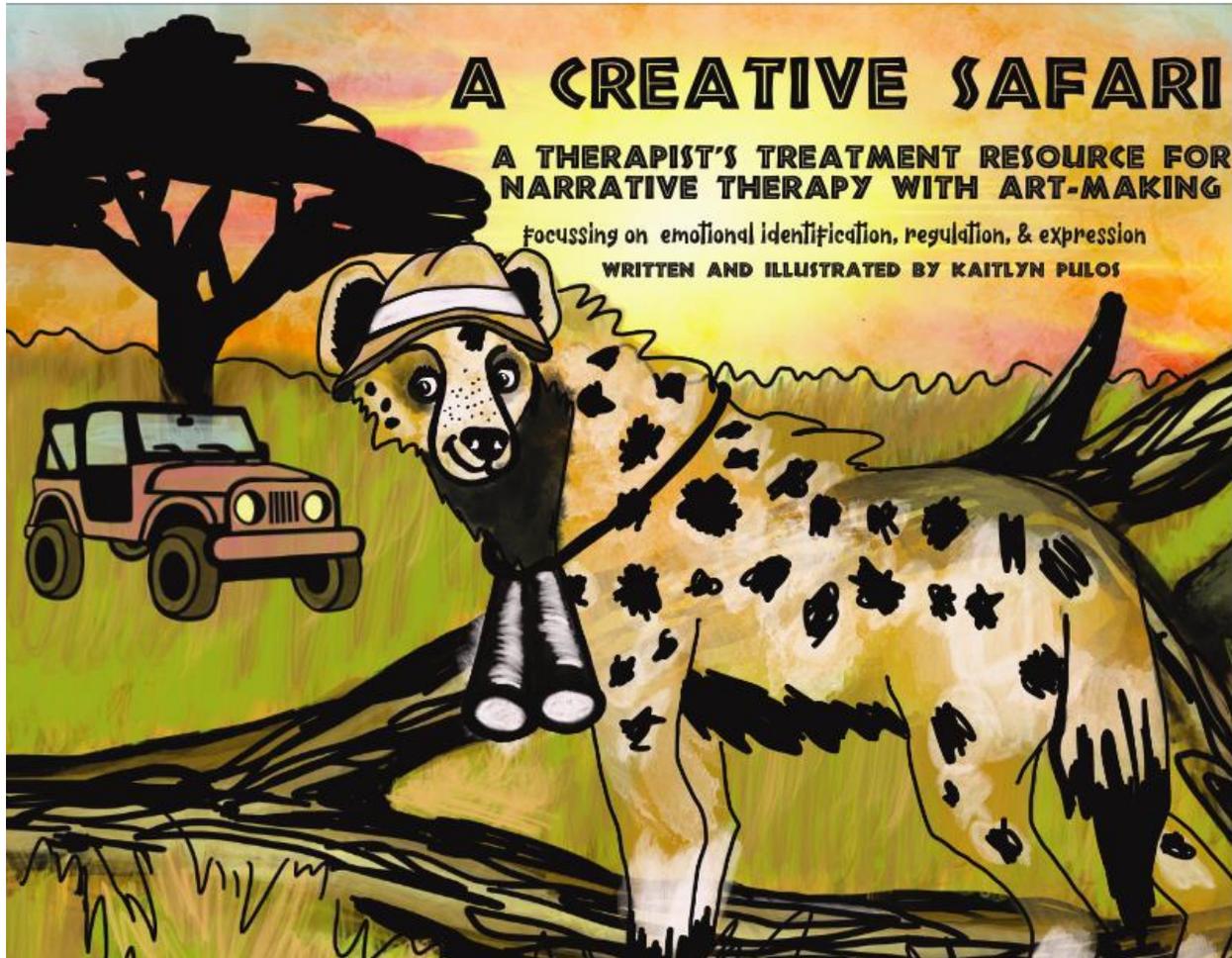
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APPENDIX A

**A Creative Safari**

*A therapist's therapeutic resource for narrative therapy with artmaking*



# A CREATIVE SAFARI

## A THERAPIST'S TREATMENT RESOURCE FOR NARRATIVE ART THERAPY

focussing on emotional identification, regulation, & expression

### Letter to Therapist & How to use this book

I want to start by saying thank you for starting this journey. A Creative Safari was created for you, a therapist, working with kids.

As I am sure you know, each and every client/student is unique in their needs, strengths, development, and treatment plan. This book is not designed to be a one size fits all. Please use your discernment to decide what is best for your client. For example, this book does not have a time restraint. Do as many or as few directives as needed in each session. I imagine one per session should be just fine, especially for settings with limited session time. Add and modify each directive as needed. Additionally, each of the art directives are presented so that you can choose the art materials. Basics such as coloring and painting supplies, paper, collage materials, and some sort of modeling clay should be sufficient.

At the end of the story, there are templates for you to use that relate to the safari. These are coloring pages and prompting images to help the client if needed. Again, please use them as you see needed. I imagine them as fillers when a break is needed as well as prompting for hesitant art making. Make copies so you can use them with as many clients as you'd like.

Lastly, the literature review and thesis written concurrently with this book can be found on Merron School of Art's website. This book was created as an intersection of Narrative Therapy and art therapy for work on emotional regulation, specifically for young clients with learning differences. While originally intended to be used in school art therapy, it can be used in any clinical setting as well.

Once again, THANK YOU! I hope this turns out to be a helpful resource for you!

**HELLO!**  
You must be my new ranger friend.



I am Ranger Sadie. We have an adventure ahead of us.  
It is important for us to work together on this adventure.  
Are you ready?

1

So, ranger, who are you? What are your strengths? What do you like?

**CAN YOU CREATE A POSTER ABOUT YOURSELF!**

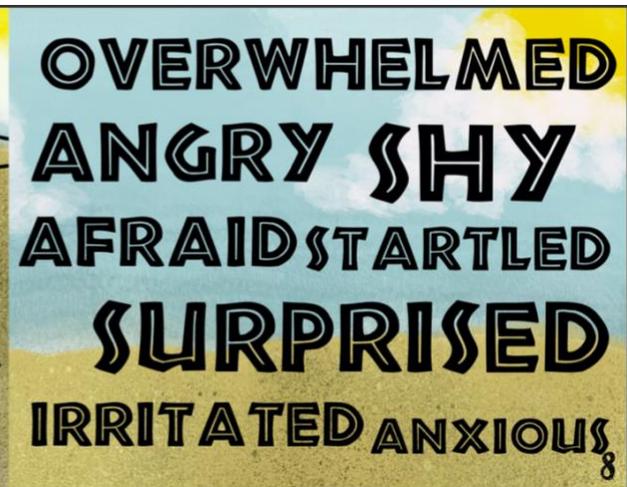
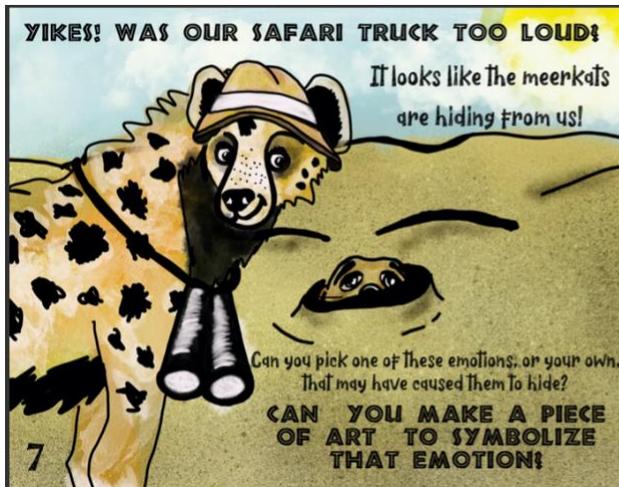
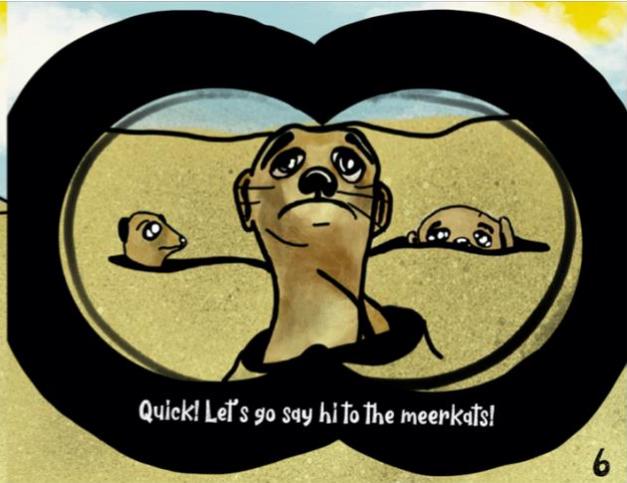


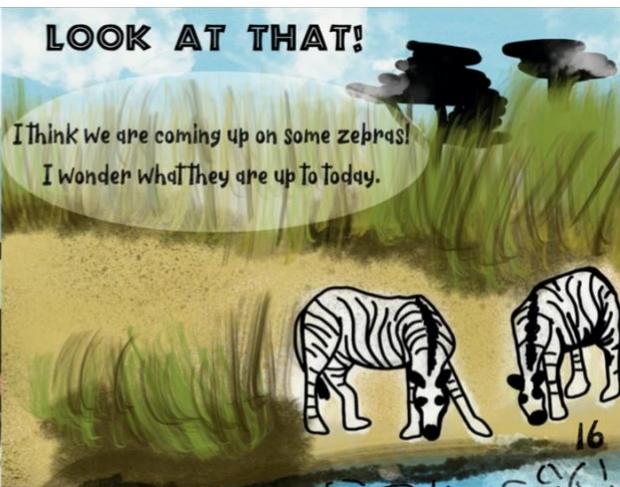
2



I feel butterflies in my belly,  
I must be excited!

3 4





**HEY SADIE!**

I need some help!  
I don't know how to control my anger when the other zebras are crowding around the watering hole. I am so thirsty and there isn't ever any room for me. I start to grumble and then they are all mad at me.

What should I do?

17



**RANGER!**

We need to help our friend express their frustration. Think of a time when you were frustrated.

**CREATE AN IMAGE OF HOW YOU FELT ON THE INSIDE AND CREATE ANOTHER IMAGE OF HOW YOU BEHAVED.**

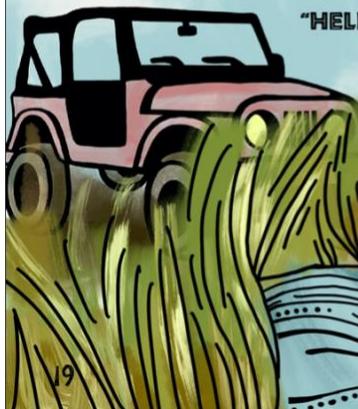
18



**DO YOU HEAR THAT?**

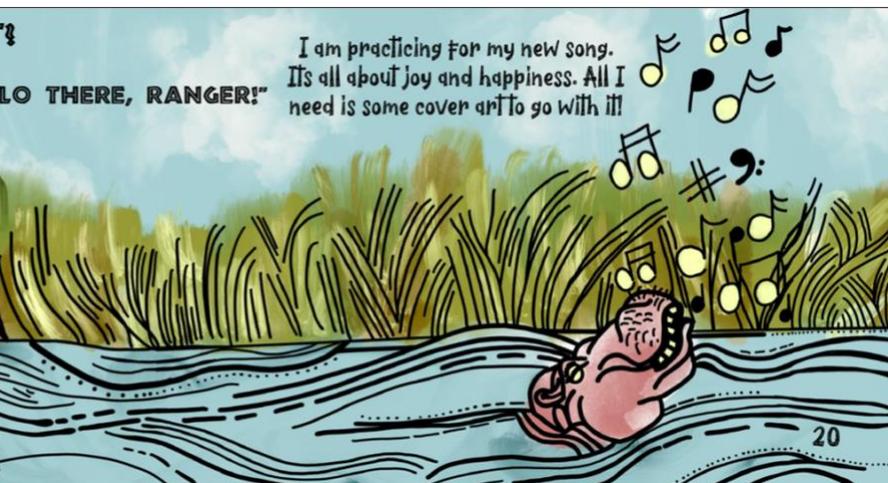
"HELLO THERE, RANGER!"

19



I am practicing for my new song. It's all about joy and happiness. All I need is some cover art to go with it!

20



**CAN WE DESIGN SOME COVER ART FOR OUR HIPPO FRIEND'S NEW SONG?**

21



I bet they will love it! Let's keep going! The day isn't over yet!

22





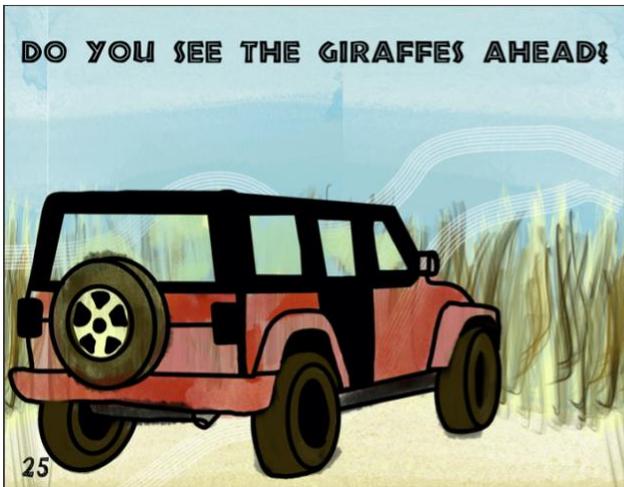
**AWH!**

This lion is crying! I wonder if they are feeling sad?

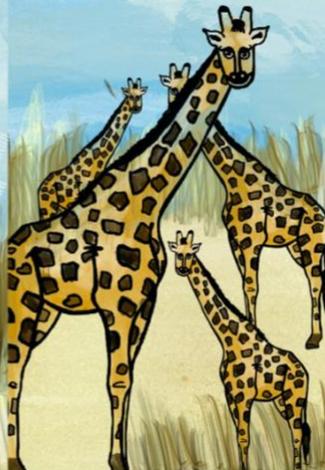
Do you cry when you are sad? How do you express sadness?

Can you make something to wear that tells people that you are sad?

This could be anything! A t-shirt design, a button, or maybe even a piece of jewelry. It's up to you!



**DO YOU SEE THE GIRAFFES AHEAD!**



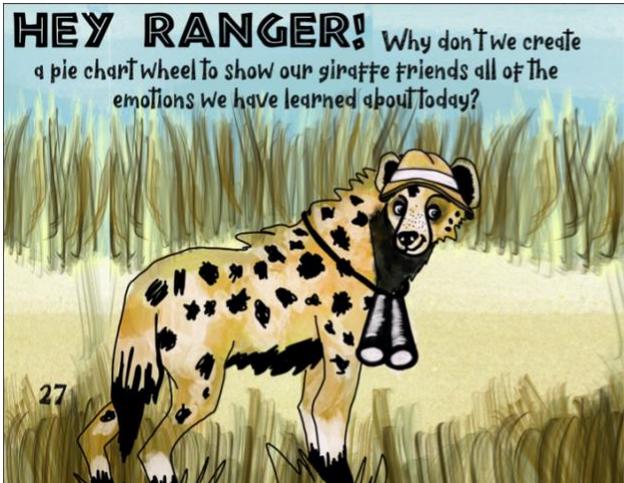
**HELLO!**

How has your safari been?

I heard that you helped out our friends!

What emotions did they share with you today?

26



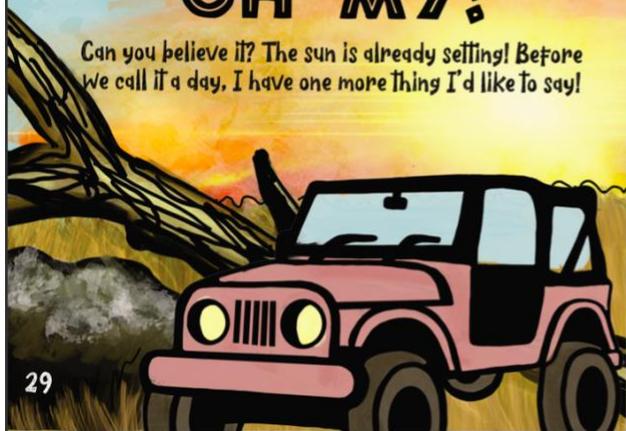
**HEY RANGER!** Why don't we create a pie chart wheel to show our giraffe friends all of the emotions we have learned about today?

**EMOTIONS WHEEL**



28

**OH MY!**  
Can you believe it? The sun is already setting! Before we call it a day, I have one more thing I'd like to say!



29



**COULD YOU DESIGN AND WRITE A POSTCARD TO SOMEONE YOU KNOW TELLING THEM ALL ABOUT WHAT YOU HAVE DONE AND LEARNED ABOUT ON THE SAFARI!** 30

**RANGER!**

This safari sure was a great adventure.  
Thank you for joining me and helping my safari friends and me along the way!  
Until next time, Ranger.



31

**INSERT SELFIE HERE**

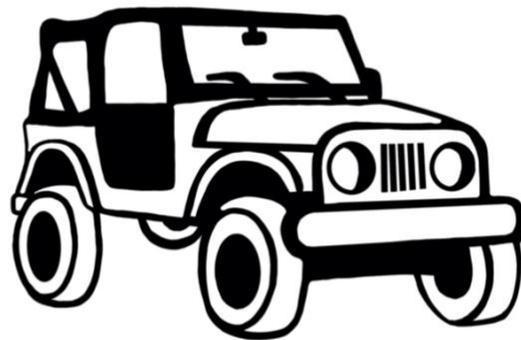


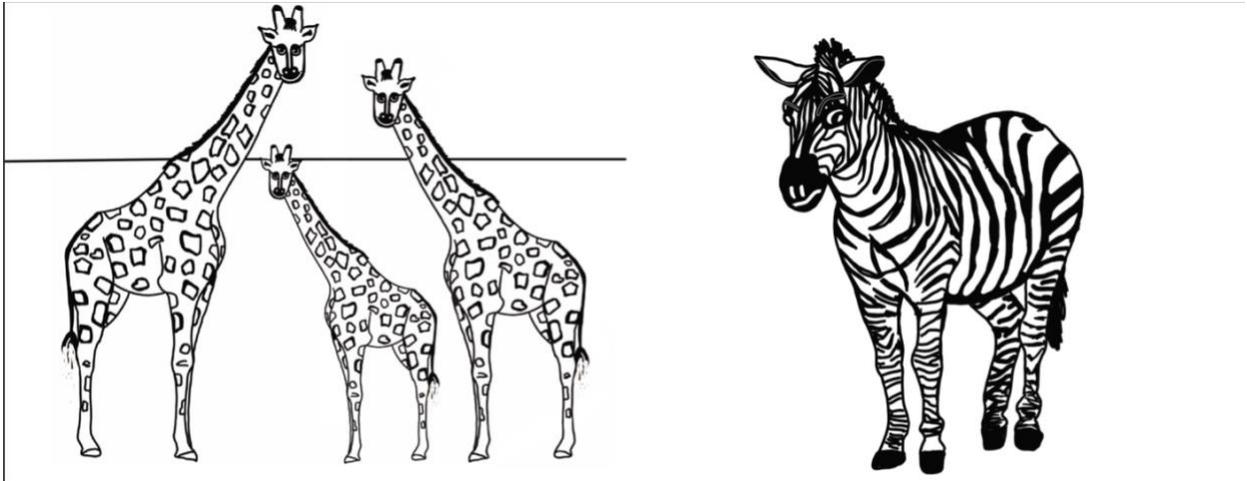
Ranger friends on  
Our Creative Safari

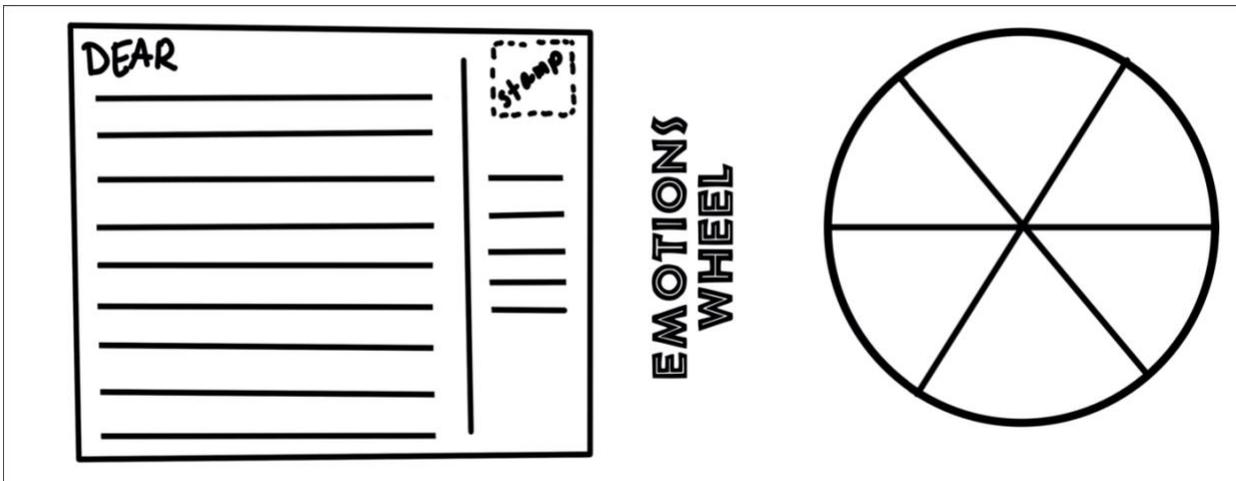
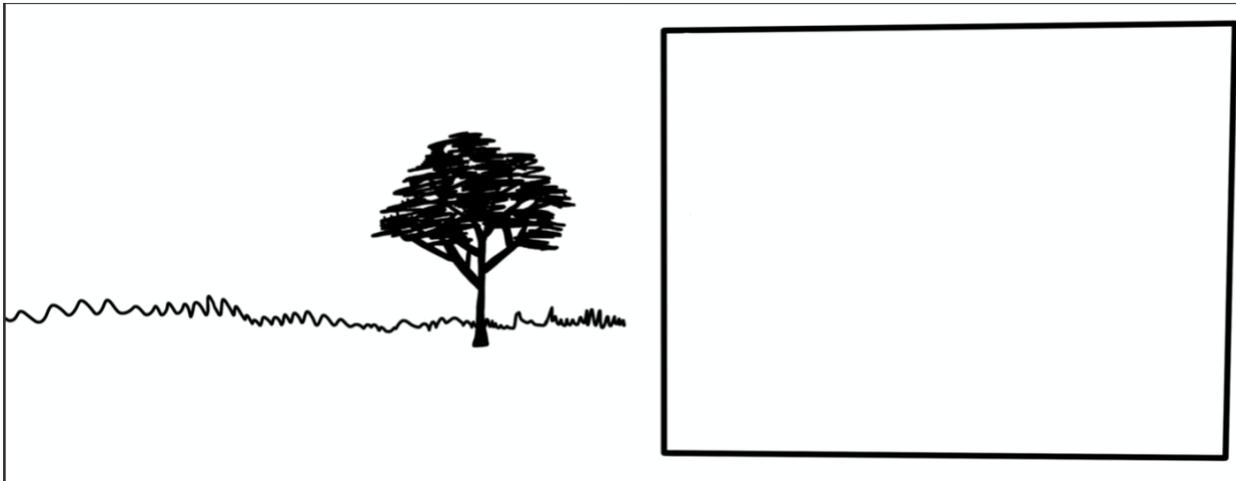
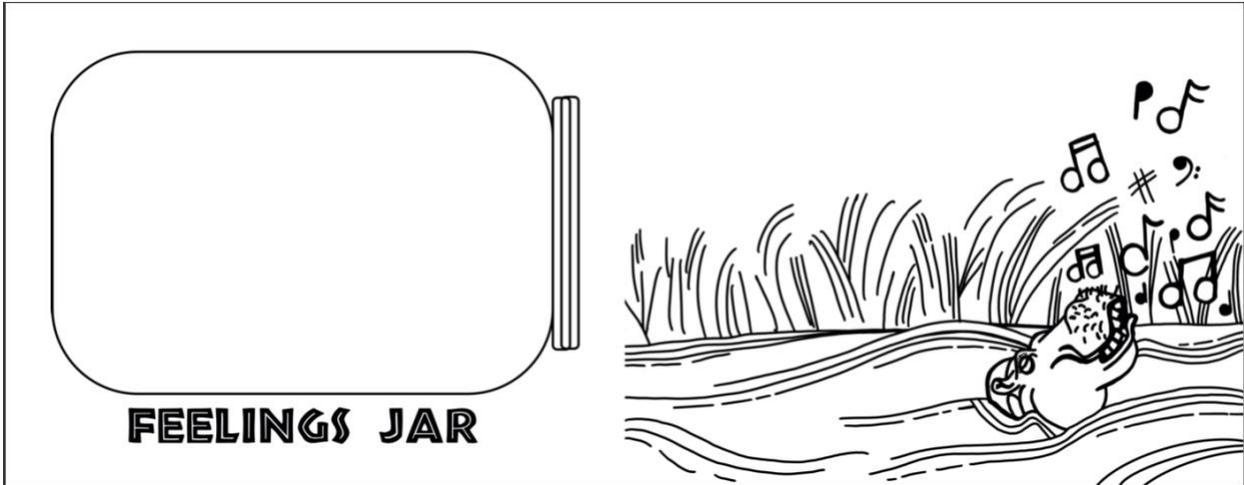
32

## SUPPLEMENTAL MATERIALS

The following coloring pages and templates can be used for additional art making opportunities and stress relief.









# Suggested treatment plan Outline

This general outline is assuming the completion of one directive per session with review and prep for the preceding and following sessions. Please adjust as needed.

- Session 1: Pages 1- 4
- Session 2: Pages 4- 8
- Session 3: Pages 9-12
- Session 4: Pages 12-15
- Session 5: Pages 16-18
- Session 6: Pages 19-22
- Session 7: Pages 22-24
- Session 8: Pages 25-28
- Session 9: Pages 29-32



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