Enhancing problem-solving skills for childhood internalizing and externalizing disorders

Julie Côté

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ABSTRACT

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The following theoretical research will present, based on a concise literature review, the outline for a new art therapy program intended for latency-aged children diagnosed with internalizing disorders with or without comorbid externalizing features. Grounded in a cognitive-behavioral model and informed by positive psychology, the proposed program will aim to strengthen resilience and increase problem-solving skills through short-term, solution-focused group interventions. The rationale for developing such a new art therapy program is based on literature suggesting that most existing treatment programs are devised primarily for either internalizing or externalizing disorders despite the well documented comorbidity of such childhood mental issues. Furthermore, literature supports the need to devise more age-appropriate interventions for latency-aged clients based on the recognition that many effective intervention programs fail when applied to pediatric populations as these programs may not be suited to meet the developmental needs and cognitive abilities of this young age group.

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Introduction

Literature has shown that children referred to treatment programs on the basis of disruptive behaviors often present dual diagnoses for externalizing and internalizing disorders despite seemingly paradoxical symptoms. Programs aimed at addressing externalizing features such as oppositionality and impulsivity strive to reduce the frequency and intensity of disruptive displays in favor of more socially acceptable and age appropriate behaviors (Lambert, Wahler, Andrade, & Bickman, 2001; Weitmann, 2006; Webster-Stratton, Reid, & Hammond, 2001). While such intervention programs do provide successful outcomes which can be easily monitored through behavioral assessments, recent investigations have suggested that underlying issues may not be addressed (Boylan, Vaillancourt, Boyle, & Szatmari, 2007; Compton, Burns, Egger, & Robertson, 2002; Rozum, 2001; Weitmann). Indeed, while problematic behaviors may be outwardly modified through social skills training and reinforcement strategies, internalized problems such as anxiety and depression may linger, thus leaving children vulnerable to relapse and future mental health issues (Lambert et al.; Scott & Feeny, 2006; Weitmann). In light of these lingering issues, the current study seeks to investigate and devise age appropriate interventions intended for children presenting both internalizing and externalizing disorders, thus globally addressing such seemingly opposite manifestations of childhood mental health disorders.

Recent literature suggests an important connection between internalized and externalized disorders as numerous studies have revealed significant comorbidity

between such childhood mental health issues (Boylan et al., 2007; Garland & Garland, 2001; Lahey, Loeber, Burke, Rathouz, & McBurnett, 2002; Lambert et al., 2001; Maughan, Rowe, Messer, Goodman, & Meltzer, 2004; Mireault, Rooney, Kouwenhoven, & Hannan, 2008). Despite well documented studies pointing to the important overlap between symptoms stemming from *Oppositional Defiant Disorder* (ODD), *Conduct Disorder* (CD), *Attention Deficit and Hyperactive Disorder* (ADHD) as well as mood disorders such as anxiety and depression, children admitted to pediatric treatment units provided through medical or specialized school programs are often primarily referred due to the presence of unmanageable behaviors as opposed to internalized distress (Eresund, 2007; Fossum, Mørch, Handegård, & Drugli, 2007; Prokoviev, 1998; Rozum, 2001). The inherent difficulty in assessing childhood internalizing disorders (Comer & Kendall, 2004; Grills & Ollendick, 2002) coupled with the fact that internalized distress may not be as visible or as troublesome as disruptive behaviors may partially explain why most treatment facilities focus on modifying behavior and supporting the acquisition of appropriate social skills, regardless of underlying issues. In light of the important comorbidity between internalizing and externalizing disorders, one may question the seemingly exclusive reliance on modification of behavior while anxiety and depressive symptoms remain unaddressed, particularly since recent studies suggest that anxiety disorders may in fact precede disruptive disorders (Boylan et al., 2007; Compton et al., 2002; Kashani, Deusner, & Reid, 1991; Leung & Fagan, 1991; Mireault et al., 2008; Lahey et al., 2002).

In regards to existing intervention programs, many authors (Compton et al, 2002; Kazdin, 2000; Erickson & Achilles, 2004; Kendall, Lerner, & Craighead, 1984; Lambert

et al., 2001) have revealed the relative paucity of specific strategies designed for younger clients as current programs have been drafted on studies conducted with adults and adolescents. While cognitive-behavioral therapies (CBT) have received significant attention due to empirical studies pointing to their effectiveness in adult populations (Hudson & Manassis, 2004), studies suggest less favorable outcomes in up to 40% of children having received CBT (Kendall, Hudson, Choudhury, Webb, & Pimentel, 2005; Ollendick, King, & Chorpita, 2006; Scott & Feeny, 2006). While CBT relies on identification and modification of complex thought processes considered to be at the core of maladjustment (Braswell and Kendall, 2001; Erickson & Achilles, 2004; Lock, 2004), several authors (Harter, 1990; Vasey, 1993) have questioned children's ability to pursue such sophisticated cognitive investigations, particularly when poor attentional capacities and oppositionality may further limit client collaboration. Numerous authors (Erickson & Achilles; Harter; Kendall, 1993; Toth, & Cicchetti, 1999; Vasey) have thus stated the importance of considering clients' developmental level in order to devise intervention programs compatible with young children's cognitive abilities. In fact, Lock recently questioned the "developmental appropriateness" of CBT treatments due to their reliance on mature language skills as well as pre-requisite capacity for insight.

In light of certain limitations associated with traditional adult inspired CBT intervention programs, recent studies investigating alternate treatment strategies specifically for pediatric populations have turned to the field of positive psychology and the *resilience framework* (Yates & Masten, 2004) in order to focus on promoting existing strengths as part of treatment goals (Feldman, 2008; Fitzpatrick & Stalikas, 2008; Flückiger & Holtforth, 2008; Seligman & Csikszentmihalyi, 2000). By integrating

evidence-based practices adapted to pediatric clients with positive psychology, Hannesdottir and Ollendick (2007) provide arguments supporting the development of new treatment programs that merge developmentally sensitive CBT with interventions grounded in positive psychology. Indeed, these authors recognize the curative powers associated with positive emotions and as such consider the importance of "inducing" positive emotions as part of CBT based therapeutic interventions in order to maximize treatment outcomes and broaden clients' adaptive repertoire.

Literature therefore supports the creation of novel treatment interventions that bypass limitations associated with traditional CBT through the use of age-appropriate techniques that foster positive experiences. Several authors (Greenwood, 2002; Hannesdottir & Ollendick, 2007; Landreth, 1991) have therefore highlighted the importance of creating interventions based on games and playful activities that appeal to young clients on the basis of their developmental appropriateness as well as their capacity to provide positive experiences to clients. In such a context, art therapy seems an ideal vehicle for the promotion of children's growth and well being. In line with positive psychology and the significant benefits associated with positive experiences in the context of therapy, many authors (Prokoviev, 1998; Riley, 1999; Rubin, 1984) emphasize the intrinsic pleasure associated with art making and the meaningfulness of both the process as well as the actual artistic product which provides feelings of pride and accomplishment for clients. Furthermore, Rubin proposes that through the creative process, children may access greater awareness and insight, experience discharge of emotional tension as well as develop autonomy while achieving a sense of mastery and competence.

In order to broaden the scope of intervention programs designed for pediatric clients, the current theoretical study proposes to survey recent literature in order to develop the outline for an art therapy program designed for latency aged children referred to outpatient clinics. Grounded in cognitive-behavioral theory as well as in positive psychology, the proposed art therapy program will integrate recent treatment interventions delivered through a child friendly format designed to address both internalizing as well as externalizing childhood disorders. In line with the actual context of time-limited, solution-focused and evidence-based philosophy (Albano & Kendall, 2002; Lock, 2004), the creation of this new art therapy program should provide basic guidelines and general structure for a feasible new program.

Statement of Purpose

The current study intends to explore the rationale and purpose of creating a new art therapy program aimed at promoting resiliency through effective problem-solving skills acquisition for latency aged children presenting anxiety as well as comorbid disruptive disorders. Based on recent contributions to positive psychology, the main assumption guiding this study concerns the fundamental capacity of individuals to adapt to stressors by developing more effective coping skills. Following an in depth literature review that will present prominent theories related to internalizing and externalizing disorders, cognitive behavioral theory, resiliency and art therapy, the proposed study will provide arguments that support the use of art therapy as a valid and potentially effective treatment intervention for children attending outpatient clinics and/or specialized school programs. By reviewing recent treatment strategies, the study will merge promising interdisciplinary intervention techniques and provide the outline for an art therapy program informed by

positive psychology and CBT. Within the context of short-term treatment plans and evidenced-based practices, the format of the resulting art therapy program should be both appealing and credible to interdisciplinary professionals.

Primary Research Question

Based on an in depth literature review exploring current interdisciplinary treatment interventions for comorbid childhood disorders, what would be the essential features and global structure of an art therapy program aimed at increasing coping skills and resiliency in latency aged children presenting anxiety disorders with or without possible comorbid externalizing features?

Methodology

In order to develop a sound and potentially effective art therapy program based on the most widely accepted and evidenced-based models, this theoretical study will primarily consist of a thorough literature review which will present dominant theories as well as recent applications of existing interventions and programs. Data will thus exclusively consist of written documentation such as prominent seminal works that address key constructs under study as well as recently published articles that explore and describe treatment interventions and existing programs designed for children presenting internalizing and externalizing disorders. Based on a "conceptual funnel" (Marshall & Rossman, 2006), the following research will proceed through systematic enquiry moving from broader constructs such as anxiety and disruptive disorders in order to gradually narrow the search to concepts such as CBT, positive psychology and art therapy. By distilling relevant information and merging interdisciplinary concepts, this study aims to present a coherent argument that supports the proposed objective of the research, that is,

to determine the essential features of an art therapy program designed for latency aged children presenting dual diagnoses.

Interpretative framework

While this study recognizes the significant psychodynamic foundations of art therapy and the importance of uncovering conflicts in order to achieve equilibrium– particularly in regards to anxiety disorders– the researcher nonetheless acknowledges the actual context of short-term, evidenced-based interventions. In line with the prevailing empirically-driven ideology, data collected for the present study will primarily gravitate towards cognitive behavioral models as opposed to psychoanalytical theories due to the well documented effectiveness of treatment interventions derived from CBT, particularly in the case of internalizing and externalizing disorders (Comer, Kendall, Franklin, Hudson & Pimentel, 2004; Compton et al., 2004; Hannesdottir & Ollendick, 2007). By consulting works authored by theoretical founders of CBT, the current study will be grounded in fundamental postulates from which more recent studies have been developed, such as investigations surrounding positive psychology as well as resiliency. The final product, that is the outline for a new art therapy program, will emerge based on findings obtained through systematic inquiry linking interdisciplinary concepts and interventions strategies. In the hopes of demonstrating the rationale behind a new short-term art therapy program, the study aims to reduce the narrowing gap between the medical model and the field of creative arts therapies.

Data retrieval and inclusion criteria

Since the study's main components are grounded in psychology, data was essentially retrieved through search engines such as *PsycINFO, Sage full text collection*

as well as *Dissertation Abstracts International*. These databanks as well as Concordia University's electronic library catalog granted access to seminal works, peer reviewed journals, electronic versions of recently published articles as well as many specialized clinical psychology journals. Furthermore, a review of reference lists included in salient articles provided additional valuable links therefore expanding the initial pool of reliable sources. To insure validity and reliability, inclusion criteria was established beforehand in order to select relevant and trustworthy articles. For instance, peer reviewed journals, evidenced-based studies as well as recent dissertations and theses closely related to the current study were included in this study. Save for seminal works by founding authors such as Beck (1985) and Barlow (1988), articles included in this research were selected based on publication date in order to provide only the most recent sources; for instance, whenever possible, articles published between 1995 to 2008 were prioritized, with the bulk of literature included in this paper having been published after 2000. In regards to literature related to art therapy, chosen sources included recently published master's thesis from graduate students as well as articles published in well established journals such as *The Arts in Psychotherapy; Art Therapy: Journal of the American Art Therapy Association* as well as publications found in *The Canadian Art Therapy Association Journal.* Finally, additional sources included in this research were obtained following a review of play therapy techniques as described by Kaduson and Schaefer (2001) and Sweeney and Homeyer (1999), as well as by counselling strategies and specific interventions adapted to younger clients as suggested by Geldard and Geldard (1997).

Research phase and key words

The initial phase of research consisted of gathering general information regarding anxiety and more specifically, pediatric anxiety. Subject headings guiding this first phase included: *anxiety; internalized disorders; childhood disorders; childhood anxiety disorders*. In order to define and describe the construct of anxiety in the context of the most recent and most widely accepted viewpoint, this study focused on a cognitive behavioral model as defined by authors such as Barlow (1988) and Beck (1985). This study also relied on the work of authors such as Beidel & Turner (2005) who recently investigated anxiety and its manifestations specifically in pediatric populations. Based on substantial evidence regarding the overlap between childhood anxiety disorders and disruptive disorders, topics under study soon expanded in order to present research surrounding comorbidity between internalizing and externalizing childhood disorders. Therefore, key words entered in search engines also included: *disruptive disorders; externalizing disorders; comorbid childhood disorders; conduct disorders; oppositional defiant disorder.*

The second phase of research consisted of investigating existing treatment interventions. By consulting general works such as the *Handbook of mental health interventions in children and adolescents* (Steiner, 2004), numerous references were obtained which further guided the search for relevant articles. Literature supporting this stage of investigation was selected according to date of publication with a particular emphasis on evidence-based studies. Due to the overwhelming evidence pointing to the efficacy of CBT interventions, most articles presented in the following literature review therefore stem from a cognitive behavioral perspective. Key words guiding specific

interventions therefore included: *cognitive-behavioral therapy; cognitive reconstruction; behavioral interventions; dysfunctional cognitions; maladaptive coping skills.*

While most studies exploring the effectiveness of treatment interventions for internalized disorders such as anxiety and depression have been conducted based on adult populations, few investigations have been conducted with latency aged clients. In light of the apparent scarcity of documented intervention programs aimed at children presenting internalized and externalized disorders, alternative treatment interventions adapted to meet the needs of this study's target population have been investigated in the third phase of this research, expanding the research's frame in order to include constructs such as positive psychology as well as resiliency. The third phase of research therefore consisted of a review of age appropriate interventions adapted to meet the capacities and needs of children aged between six and twelve. Articles describing programs intended for younger clients thus included numerous disciplines extending beyond the traditional CBT format. The following literature review thus includes interventions grounded in positive psychology and the study of mechanisms associated with resilience. Key words guiding this research thus expanded to include terms such as: *resilience; individual protective factors; coping skills; problem solving skills; problem-focused psychotherapy; activation-resource.*

The last phase of research consisted of establishing parallels between previous intervention programs and art therapy with a particular emphasis on group settings. By surveying literature describing the therapeutic value of art-based interventions specifically for children and drawing connections with psychotherapeutic techniques such as promoting coping skills and age appropriate CBT, the current study yielded

information from which the outline for a new art therapy program has emerged. By searching through art therapy journals, through handbooks intended for art therapists (Landgarten, 1981; Ross, 1997; Rubin, 1984, 2001; Skaife & Huet, 1998), as well as through recent Master's Theses related to the current study (Dow, 2008; Lachance, 2002; Perkins, 2007), the available literature provided the researcher with vital information allowing for the creation of a new art therapy program. Key words guiding the search for published articles included: *creative arts therapies; resilience and art therapy; art therapy with children; group art therapy; disruptive disorders and art therapy.* Key sources were obtained from a careful review of particularly important articles' reference lists. Finally, in order to design interventions strategies adapted to the developmental level and language skills of younger children, alternative approaches such as play therapy were investigated due to their reliance on non-verbal exchanges. Articles and handbooks presenting play therapy techniques were therefore consulted in order to add to the understanding of effective strategies designed to bypass verbal and cognitive limitations observed in young children.

Literature review

Anxiety in adult populations

Anxiety has long been considered a motivational driving force with authors emphasizing its evolutionary and highly adaptive behavioral response system that enables organisms to cope with threats and danger (Barlow, Chorpita, & Turovsky, 1996; Cannon, 1929; Öhman, 1996). Unfortunately, in the case of anxiety disorders, this response system can become inappropriately or chronically triggered and may thus constitute a maladaptive coping mechanism. Most recent theories relating to the construct

of anxiety have relied on a "tripartite model" (Barlow, 2002; Clark & Watson, 1991; Lang, 1979) which considers the physiological, behavioral and subjective components associated with anxiety. According to Beck (1985), pathological anxiety constitutes a "system malfunction" that can be described as an aversive and ineffective response to threats accompanied by physiological, behavioral, cognitive, and affective modifications. On a subjective level, Barlow (1988) described pathological anxiety as a highly distressing affective experience that is accompanied by a sense of dread and feelings of vulnerability and helplessness.

Broadly defined, anxiety disorders fall into the category of internalized disorders which, considered by some to stem from *overcontrolled* behaviors (Achenbach, 1991), include "problems with the self, such as anxiety, depression, somatic complaints with or without medical cause, and withdrawal from social contact" (Achenbach & Rescorla, 2001, p.93). Among specific disorders listed under the general heading of anxiety disorders, the *Diagnostic and Statistical Manual* (DSM-IV-TR; American Psychiatric Association, 2000) contains items such as: *Generalized Anxiety Disorder* (GAD); *Separation Anxiety Disorder* (SAD); *Panic Attack* (PA); *Social Phobias* (SP) as well as *Obsessive-Compulsive Disorder* (OCD). Among the various subtypes of internalizing disorders, literature has identified high rates of *homotypic* comorbidity, meaning that individuals diagnosed with one form of anxiety disorder are more likely to present symptoms associated with disorders belonging to similar diagnostic groups, including depression which is listed under the heading of "mood disorders" in the DSM-IV (Boylan et al., 2007). Furthermore, Morrison (1995) states that anxiety has been found to be a

symptom associated with nearly all mental health disorders, thus pointing to high comorbidity with a wide spectrum of illnesses.

Anxiety disorders, considered to be the most common of all mental health illnesses with a lifetime prevalence rate of 29%, affect all age groups ranging from infant to geriatric populations (Anderson, Williams, McGee, & Silva, 1987; Andrews, Henderson, & Hall, 2001; Bienvenu & Ginsburg, 2007; Wittchen & Jacobi, 2005). Despite studies revealing anxiety disorders' early onset as well as their potential chronicity (Keller, Lavori, Wunder, Beardsley, & Schwartz, 1992; Lepine, 2002), most investigations have focused on adult populations. Numerous authors (Compton et al., 2002; Kadzin, 2000; Lahey et al., 2002) have commented on the relative paucity of specific empirical research conducted with pediatric populations as well as pointing out that "the content and treatment manuals for anxious youth have typically been developed, top-down, from adult treatments" therefore suggesting that actual treatment interventions may not be adapted to younger populations (Hudson & Manassis, 2004, p.2). Several factors thus point to the importance of pursuing further research in childhood anxiety disorders, namely recent prevalence rates estimated between 8% and 27% (Costello, Egger, & Angold, 2005) as well as high comorbidity with externalizing disorders, not to mention the documented chronic evolution of untreated anxiety (Albano & Kendall, 2002; Keller et al.) and its association with adult psychopathology (Compton et al., 2002; Fossum et al., 2007; Krueger, 1999; Lambert et al., 2001).

Childhood internalizing and externalizing disorders

Literature emphasizes similarities between adult and childhood symptoms of anxiety, suggesting that despite developmental differences, the physiological, behavioral,

cognitive and affective manifestations may be comparable. Indeed, Hannesdottir and Ollendick (2007) list the following symptoms in children presenting a diagnosis of anxiety disorder: "intrusive and catastrophic thoughts, uncontrollable worry, avoidance behavior, and increased activation of the sympathetic nervous system (e.g., increased heart rate, sweating, shortness of breath)" (p.280). Although investigations reveal similar physiological patterns in both children and adults (Beidel & Turner, 2005), some differences have been noted in other dimensions. For instance, behavioral responses to anxiety are essentially oriented towards avoidance of aversive situations or objects in most individuals (American Psychiatric Association, 1994), yet children apparently manifest their anxiety through specific age related behaviors such as somatic complaints, reassurance-seeking, clinging, tantrums as well as oppositional behavior (Beidel & Turner).

The association between anxiety and oppositionality has been well documented in literature (Hudson, Krain, & Kendall, 2001) with authors emphasizing anxious children's tendency to manifest internal distress through "severe oppositional avoidance" (Mireault et al., 2008, p.520). Indeed, Garland and Garland (2001) refer to "the prominence of oppositionality as a clinical feature of children suffering from anxiety" (p.956). Furthermore, many studies (Boylan et al., 2007; Lahey et al., 2002; Lambert et al., 2001; Lavigne et al., 2008; Weitmann, 2006) suggest that childhood internalizing and externalizing disorders may be intrinsically woven, with ODD being considered on the one hand a "prodrome for evolving internalizing disorders" (Boylan et al., p.485), or on the other, a "cover" for internalizing problems (p.492).

According to Erickson and Achilles (2004) externalizing disorders– or *undercontrolled* behaviors (Achenbach, 1991) – refer to aggression, anger and general disorders of conduct such as ODD, ADHD, as well as CD and delinquency. Such manifestations of disruptive behaviors include lying, aggression towards people and animals, robbery and property destruction (American Psychiatric Association, 2000). According to Weitmann (2006), ODD symptoms also include more benign and more frequently observed behaviors such as arguing, defying authority, vindictiveness as well as refusal to acknowledge responsibility for one's actions and blaming others. Despite the outward manifestations of disruptive disorders and their seemingly distinct features, authors have recently investigated the underlying mechanisms of such disturbances thus bridging the gap between externalizing and externalizing disorders. For instance, a common feature associated with both disorders has been referred to as *negative affectivity*, that is, a cognitive predisposition manifested through irritability, tantrums as well as oppositionality (Boylan et al., 2007). As stated in the DSM-IV (American Psychiatric Association, 1994), ODD's main characteristics include "negativistic, defiant, disobedient, and hostile behavior towards authority figures" (p.91). Indeed, Boylan et al. suggest that "the symptom of irritability is a core item in ODD and often is a quality of depressed mood in major depression and is a descriptor for the subjective experience of generalized anxiety disorder" (p.491).

In an attempt to clarify the relationship between internalizing and externalizing disorders, several authors (Lahey et al., 2002; Lambert et al., 2001) have thus speculated that common risk factors such as negative mood and negative affectivity may predispose individuals to future mental issues when coupled with environmental and genetic risk

factors. Indeed, based on Weiss, Süsser and Catron's (1998) "Common feature" model, Lambert et al. have questioned whether specific childhood mental health issues as seemingly distinct as internalized versus externalized disorders may in fact reflect a "constellation of problems, some of which reflect severe neuroticism" (p 110). The focus on childhood neuroticism has indeed been explored by numerous other authors (Eisenberg et al., 1996; Goodyer, Ashby, Altham, Vize, & Cooper, 1993; Henry, Moffitt, Robins, Earls, & Silva, 1993; Rende, 1993; White, Moffitt, Robins, Earls, & Silva, 1990) who have linked this personality trait to depression, anxiety as well as conduct problems. Understanding the common underlying mechanisms for both internalizing and externalizing disorders appears to be an essential component in order to design and implement appropriate treatment interventions which may be affective for children presenting a wide spectrum of symptoms.

Evidenced-based treatment interventions

Literature exploring the effects and benefits of various psychotherapeutic interventions has provided significant leads regarding the effectiveness of cognitive behavioral therapy (CBT) particularly in regards to internalizing and externalizing disorders (Albano & Kendall, 2002; Compton et al., 2002; Erickson & Achilles, 2004 ; Hannesdottir & Ollendick, 2007). Although most empirically driven studies have been conducted with adults (Hudson & Manassis, 2004), recent studies have suggested the efficacy of CBT for younger individuals pointing to the "promising" nature of such interventions (Comer et al., 2004; Compton et al., 2002; Kendall, 2000; Scott & Feeny, 2006).

Treatment strategies derived from CBT models are based on the assumption that dysfunctional thought processes constitute important risk factors for the development of mental health issues (Beck, 1985; Beck, 1986; Erickson & Achilles, 2004; Lock, 2004). For instance, authors (Beck & Beck, 1995; Ellis, 1994) have identified cognitive and attentional biases, hypervigilance to threat, catastrophic ideation, intolerance to uncertainty, and negative affectivity as part of these dysfunctional processes and personality traits. According to Braswell and Kendall (2001), CBT therefore attempts to modify maladaptive thought processes through interventions such as "problem-solving, cognitive restructuring, self-regulation, affective education, relaxation techniques, modeling, role playing and behavioral contingencies" (Locke, 2004, p.532). Compton et al. (2002) specify that the use of progressive exposure to feared objects is also necessary in order to counteract the avoidance response typically observed in anxiety disorders such as specific phobias. Central to CBT interventions, *cognitive restructuring* (CR) involves identification of automatic thought processes, systematic reevaluation of anticipated events as well as questioning and confronting negative thoughts. CR therefore requires significant capacities for self-observation, insight, as well as access to abstract thought processes– processes often referred to as metacognition.

While CBT's reliance on CR may prove effective with adults, younger clients operating on a concrete operations level may lack the necessary maturation to pursue such cognitive investigations (Harter, 1990; Vasey, 1993). Indeed, literature suggests that children tend to not only avoid unpleasant situations and thoughts (Vasey & McLeod, 2001), but that they may also be unable to identify "the distorted or catastrophic cognitions associated with their fears and anxieties "(Grills-Taquechel & Ollendick,

2007, p.197). Such observations have also been noted by Mireault et al. (2008) as well as by Bernard (1990); in fact, in a review of rational-emotive therapy with children and adolescents, Bernard cautioned that "disputation of irrational beliefs"– a common strategy used in CBT intervention– may only be accessible to "certain bright and older students" particularly those above twelve or thirteen years of age (p.297). Furthermore, Ehrenreich and Gross (2002) admonish that although CBT is based on the assumption that adult mental health issues are primarily related to dysfunctional thought processes, the processes operating in the case of childhood disorders may differ, therefore requiring different treatment strategies.

Several authors (Erickson & Achilles, 2004; Toth, & Cicchetti, 1999) have thus highlighted the importance of considering cognitive developmental stages in relation to childhood disorders due to the fundamental qualitative differences that occur in thought processes throughout normal intellectual development. Indeed, Kendall (1993) cautioned that differential attention must be given to cognitive techniques– such as cognitive restructuring– depending on the client's developmental level. Similarly, Toth and Cicchetti emphasize the importance of evaluating the child's reasoning abilities, self-understanding as well as language skills in order to tailor interventions based on the client's developmental level.

When investigating the "developmental appropriateness" of treatments, Lock (2004) cautioned that latency aged clients may not benefit from conventional CBT due to its reliance on "language, insight, motivation, and the ability to apply what is learned in therapy to future situations or problems" (p.488). Such statements suggest that treatment interventions centered exclusively on verbal exchanges and cognitive processes may not

be adapted to the capacities of younger clients, therefore pointing to the usefulness of developing more age-appropriate treatment interventions for this population. As stated by Lock, younger patients may fare better with treatment modalities that are "less dependent on psychological insight and awareness" (p.494).

In this context, alternative treatment programs seem warranted, particularly since studies reveal that CBT may not provide positive outcomes to all children. Indeed, researchers (Kendall et al., 2005; Ollendick et al., 2006; Scott & Feeny, 2006) have identified that up to 40% of children having received twenty sessions of CBT still met diagnostic criteria for anxiety disorders. In regards to the criticism attached to CBT interventions with young populations, Albano and Kendall (2002) have indeed commented that results pointing to the effectiveness of CBT with children should be interpreted with caution due to methodological procedures which may skew results. Indeed, upon consideration of certain statistical interpretations, Albano and Kendall comment that by "using intent-to-treat analyses, the response rate dropped to 46 and 50%, respectively, indicating that some children continue to have anxiety symptomatology" (p.132). These findings suggest the importance of developing alternative or at least complementary interventions when dealing with childhood anxiety disorders, especially in the very young.

Risk factors and treatment implications associated with childhood disorders

As in the case of most illnesses, anxiety disorders have been associated with numerous risk factors yet no single causal agent has been so clearly identified as to warrant a specific and exclusive treatment. Rather, in regards to etiological factors, authors have proposed a complex interaction between genetic predispositions,

environmental factors as well as cognitive processes and personality profile (Barlow, 2000; Bienvenu & Ginsburg, 2007; Eisenberg et al., 1996; Manassis et al., 2004; Goodyer et al., 1993; Rende, 1993). Genetic vulnerabilities have been hypothesized based on evidence suggesting a higher prevalence rate for mental health issues between family members, particularly between parents and their children. For instance, studies have revealed that in children presenting a diagnosis for either anxiety or depression, parents were also more likely to present similar diagnoses (Beidel & Turner, 1997; Ginsburg, 2004; Martin, Cabrol, Bouvard, Lepine, & Mouren-Simeoni, 1999). This trend has also been observed in the case of externalizing disorders, particularly with ADHD (Schachar & Wachsmuth, 1990; Stevenson et al., 2005).

In regards to environmental factors contributing to the development of childhood anxiety disorders, authors (Hauck, 1967; Manassis et al., 2004; Ollendick, King & Muris, 2002) have pointed to insecure attachment to the main caregiver, overprotective parenting, parental modeling of anxious or phobic behavior as well as traumatic experiences. Many of these components have also been associated with comorbid disruptive disorders where harsh parental practices as well as maternal hostility have been identified as aggravating factors (Boylan et al., 2007; Kadzin, 1996; Stormshak, Bierman, McMahon, & Lengua, 2000).

While factors such as physiological reactivity or genetic predispositions may not be easily modified, interventions may target variables such as parental skills and deficient environments. Many programs have indeed been created in order to assist parents in developing more appropriate skills in order to manage their children's disruptive behavior (Lavigne et al., 2008; Webster-Stratton, 1997; Webster-Stratton et al., 2001) as

well as programs intended for parents of anxious children (Rapee, 2002; Rapee, Kennedy, Ingram, Edwards, & Sweeney, 2005; Wood, Piacentini, Southam-Gerow, Chu, & Sigman, 2006). While research investigating the efficacy of disruptive disorder treatment programs involving parents suggest good outcomes (Lavigne et al.), studies reveal that many parents typically do not maintain their involvement in such programs and tend to participate in as little as five sessions (Armbruster & Kadzin, 1994; Kadzin & Wassel, 1998), therefore compromising therapeutic goals. In order to bypass lack of parental involvement and provide direct psychotherapy to latency aged clients who may not respond well to traditional CBT, therapists could follow an alternate course and focus on promoting inherent strengths as well as supporting the acquisition of more adaptive problem solving skills. As suggested by Manassis et al. (2004), intervention strategies aimed at buttressing individuals' capacity to deal with risk factors could prove beneficial not only in terms of symptom reduction but also in terms of preventing the well documented chronic evolution associated with internalized disorders (Albano & Kendall, 2002; Keller et al., 1992) as well as with ADHD (Barkley, 1990). Manassis et al. thus state that "familiarity with underlying risk factors and protective factors may guide the provision of additional interventions, thus ameliorating morbidity and improving prognosis for the anxious child" (p.10).

Positive psychology and resilience

Summarizing Seligman (2002) and Csikszentmihalyi (Seligman & Csikszentmihalyi, 2000), Yates & Masten (2004) propose that "the study of positive psychology encourages a shift in emphasis from a preoccupation with the reparation of defect to the building of defense, from a focus on disease and deficit to the strength and

virtue of human development" (p.526). As opposed to traditional "disease models" where emphasis is placed on symptoms and deficiencies– as in problem-focused therapies such as CBT– recent theories stemming from the emerging field of positive psychology have revealed the importance of focusing on the client's strengths, thus suggesting novel therapeutic approaches. By focusing on positive attributes and promoting strengths that allow individuals to thrive and flourish (Fitzpatrick & Stalikas, 2008; Seligman & Csikszentmihalyi), clinicians could better equip clients with adaptive tools thus limiting the impact of individual and environmental risk factors.

In a review of "Positive development across the life span", Yates and Masten (2004) briefly describe the resilience framework as intricately associated with the study of *competence* as well as with the concept of risk factors. By summarizing observations made by Waters and Sroufe (1983), the authors situate competence within a developmental perspective and as such propose that "competence is conceptualized as the adaptive use of resources, both within and outside the organism, to negotiate age-salient developmental challenges and achieve positive outcomes" (p.523). Throughout their review, Yates and Masten highlight the fundamental aspects associated with resilience, that is, competence promotion as well as prevention. Due to their focus on positive influences and adaptive functioning, resilience and positive psychology are therefore intrinsically related.

More specifically, resilience designates the capacity to successfully cope with adversity all the while maintaining positive self-esteem, sense of personal mastery and control over internal and external events in order to maintain adaptive functioning (Poulsen, 1993). Through research investigating resilient individuals, many

environmental as well as individual characteristics have been identified as protective factors, that is, elements that shield against potential adverse effects from either biological, psychological or environmental determinants (Manassis et al., 2004; Spence, Rapee, McDonald & Ingram, 2001). For instance, the first category concerns protective environmental factors such as secure attachment, adequate parental capacities as well as the availability and quality of social support; the second concerns individual attributes such as effective coping skills, sense of mastery over events as well as high self-esteem, to name but a few characteristics (Poulsen). Haglund, Nestadt, Cooper, Southwick and Charney (2007) have also identified qualities and personality traits such as positive affect, sense of humor, active coping style, as well as cognitive flexibility. Numerous authors (Manassis et al., 2004; Spence et al.) have commented on the beneficial effects of protective factors and their association with reduced likelihood of developing mental illnesses.

In regards to treatment interventions that stem from a resilience framework, Flückiger and Holtforth (2008) have commented on the importance of emphasizing clients' strengths in order to promote positive therapeutic outcomes and achieve well-being. These authors suggest that through resource-activating interventions, "therapists actively reinforce patients' positive expectations as well as their individual abilities and use them as a catalyst for therapeutic change" (p.877). Adopting a similar viewpoint based on a brief review of major twentieth century psychotherapeutic strategies, Fitzpatrick and Stalikas (2008) propose that all psychotherapeutic interventions rely on a common factor they refer to as *broadening*. Accordingly, they claim that " contemplating new ideas, developing alternative solutions to problems, reinterpreting situations,

deepening experience, changing behaviors, and initiating new courses of action" (p.143) constitute a broadening of one's repertoire and promote more flexible and adaptive functioning. Such emphasis on positive adaptation and the acquisition of more effective coping skills– as proposed by *activation-resource* and broadening theories– appears better suited to meet the needs and capacities of latency aged children lacking the cognitive sophistication required for traditional CBT. Indeed, in regards to new treatment programs designed for children presenting anxiety disorders, Hannesdottir and Ollendick (2007) support the implementation of interventions that provide "pleasant activities because they will lead to an upward spiral of positive thoughts and feelings" (p.286).

Developmentally sensitive interventions for childhood disorders

Recent literature has pointed to the importance of considering emotional states in children in order to provide effective treatment interventions (Bernard, 1990; Fitzpatrick & Stalikas, 2008; Hannesdottir & Ollendick, 2007). In effect, studies reveal that children experiencing intense negative emotions may not benefit from psychotherapeutic strategies due to their inability to attend to novel information (Erickson & Achilles, 2004; Hannesdottir & Ollendick). As previously stated, in children presenting both internalizing and externalizing disorders, negative affectivity and attentional biases to negative events have been considered important risk factors for the development of mental health issues (Boylan et al., 2007; Lambert et al., 2001). For instance, studies reveal that children presenting internalized disorders tend to experience fewer positive emotions, are hypervigilant to negative events and situations, as well as display compromised ability to regulate their emotions due to emotional dysregulation (Hannesdottir & Ollendick; Southam-Gerow & Kendall, 2000; Suveg & Zeman, 2004). More specifically, emotional

dysregulation has been associated with impaired psychological processes such as reduced attention as well as ineffective problem solving skills (Eisenberg et al., 2001; Hannesdottir & Ollendick). In the case of children with anxiety disorders, such impairments have been associated with avoidant strategies and intense emotional arousal (Mash & Wolfe, 2002), as well as with maladaptive coping strategies (Suveg & Zeman).

While negative emotions have been associated with "cognitive overload", therefore limiting the individual's capacity to envision alternative solutions to problems due to cognitive rigidity (Fredrickson & Branigan, 2005), positive emotions have been associated with increased problem solving and positive outcomes. In line with the previously presented broadening theory, Hannesdottir & Ollendick (2007) propose that "positive emotions broaden people's repertoires and allow them to discover novel lines of thought or action by enhancing flexibility and creativity" (p.286). In regards to promising treatment programs designed for children presenting anxious and disruptive disorders, several authors (Fredrickson & Levenson, 1998; Hannesdottir & Ollendick) have therefore emphasized the importance of providing interventions that foster positive emotions since "complex cognitive processes such as risk assessment and creative problem solving are influenced by positive affect" (Fitzpatrick & Stalikas, 2008, p.144). Literature therefore lends support to the creation of new programs merging evidenced-based CBT with positive psychology. As stated by Hannesdottir & Ollendick, "if positive emotions can in fact 'repair' the effects of negative emotions and speed up recovery, as suggested by Fredrickson and her colleagues, these effects are highly relevant for CBT programs" (p.286).

By combining different approaches and merging the strengths of various theoretical models, alternative treatment programs could rely on age-appropriate CBT techniques while focusing on resilience and promoting existing resources– namely problem solving skills– in order to broaden clients' adaptive repertoire. Several programs have indeed been developed in order to increase coping and problem solving skills as part of treatment plans targeting anxiety disorders in pediatric populations. For instance, Kendall (1990) developed the "Coping Cat programme" which provides an educational component, cognitive restructuring, graduated exposure to aversive situations as well as modeling of appropriate behavior. Such a program has been initially delivered through individual sessions and has since been adapted to group settings. In a similar fashion, Bienvenu and Ginsburg (2007) discussed the need to implement and validate the "Coping and Promoting Strength Programme" (CAPS), a "theoretically-driven preventive intervention designed to change a set of modifiable risk and protective factors" associated with childhood anxiety disorders (p.651). The main therapeutic elements included in the program consisted of modifying factors such as inappropriate parental skills as well as addressing individual factors such as the child's maladaptive cognitions, poor coping and problem-solving skills. In 2009, Ginsburg presented results from the actual validation study of the CAPS suggesting positive outcomes for this preventive program based on "increasing children's strength and resilience by teaching specific skills (e.g., problem solving)" (p.581). Treatment interventions for anxiety disorders may thus focus on increasing children's resources in order to allow them to manage fears and progressively increase their tolerance to aversive situations.

While these programs focus on helping children identify thoughts and events that contribute to their anxiety and disruptive behavior, and secondly, allow them to develop more adaptive strategies, Hannesdottir & Ollendick (2007) observe that the intensity of underlying emotional responses may compromise therapeutic outcomes. In an attempt to address the fact that as many as 40% of children having received CBT still experienced symptoms related to anxiety disorders (Kendall et al., 2005; Ollendick et al., 2006), the authors explored the link between intense emotions and cognitive processes. Indeed, their review suggests that while anxious children may integrate new coping skills at a rational level, they may not have access to them when faced with intense emotional experiences. As such, the authors comment that "hot cognitions"– or emotionally laden cognitions– may prevent individuals from accessing rational and adaptive solutions in times of need. Hannesdottir & Ollendick therefore suggest that "due to the adverse effects of negative emotions, anxious children are especially unlikely to succeed in stressful situations if they only receive didactic training" (p.286). The authors therefore stress the importance of "inducing" positive emotions as part of CBT based therapeutic interventions in order to maximize treatment outcomes.

Alternative age-appropriate interventions inspired by positive psychology

Weaving components of positive psychology with age appropriate CBT for latency aged children presenting internalized and externalized disorders into a coherent program that strives to increase coping skills through pleasant and engaging activities poses challenges. How can therapists engage children in therapy when these clients most often lack insight as to the nature of their problems, do not necessarily possess elaborate language skills in order to articulate and share complex feelings and thoughts and finally,

may lack the necessary motivation (Riley, 1999) to address painful experiences? Children engaged in therapy are typically referred due to parent and teacher requests and may thus greet therapeutic encounters with great resistance (Matorin & McNamara, 1996; Reid, 2001). In order to bypass such limitations, some authors have proposed to devise interventions based on games and playful activities that appeal to young clients on the basis of their developmental appropriateness. Indeed, Greenwood (2002) proposes that "creative imaginative play is the young child's natural way of working through difficulties" (p.308). The use of play interventions has been established in play-therapy particularly with latency-aged children (Bellinson, 2002; Prokoviev, 1998; Swank, 2008). Indeed, Landreth (1991) proposes that "children's play can be more fully appreciated when recognized as their natural medium of communication. [...] For children to 'play out' their experiences and feelings is the most natural dynamic and self-healing process in which children can engage" (p.10).

Recent studies (Hannesdottir & ollendick, 2007; Scott & Feeny, 2006) have turned to components inspired by play-therapy as well as by art therapy and merged them with CBT in order to reach specific goals. For instance, Scott & Feeny have introduced a scrap book activity to their child-friendly version of cognitive restructuring– known as "detective thinking"– in order to visually map progress and create a concrete reference tool. In their article, they describe how a nine year old client had been instructed to monitor her progress by creating a "help book" filled with images, pictures and drawings as well as reminders of useful coping skills acquired throughout therapy. The authors noted that as part of the closing session, the child was invited to review and elaborate on

the therapeutic process made visible through the images and personally relevant strategies, a process reminiscent of art therapy.

The inclusion of a visual component as part of the treatment plan seems particularly relevant for the developmental needs of younger clients, as children have been known to have reduced capacity to verbalize dysfunctional cognitions and may perhaps benefit from other means of expression such as visual modalities (Comer et al., 2004; Van der Kolk , 2002). Furthermore, several authors (Albano & Kendall, 2002; Borkovec, Robinson, Pruzinsky, & Depree, 1983) have noted that intrusive thoughts associated with worries and potential threats are experienced both verbally and visually as "a chain of thoughts and images, negatively affect-laden and relatively uncontrollable" (Borkovec et al., p.10). Based on the presence of mental imagery associated with anxious responses, the addition of a visual modality to treatment could provide greater access to internal processes that contribute to mental distress. Art therapy may thus constitute a developmentally age appropriate alternative to more conventional strategies that focus solely on cognitions and the capacity to effectively verbalize internal states. As stated by Rubin (1984), "In a nonlinguistic fashion, it is the peculiar power of art to be able to symbolize not only intrapsychic events, but interpersonal ones as well, and to collapse multileveled or sequential happenings into a single visual statement" (p.269). Reliance on non-verbal modalities in the context of psychotherapy could thus allow young clients to symbolically express, represent and sort through issues that may lead to both internalizing and externalizing disorders. As such, many authors (Bloom, 1997; Harvey, 1989; Henley, 1998; Prokoviev, 1998; Rosal, 1993; Ross, 1997; Tibbetts & Stone, 1990) thus validate adopting an art therapy approach in regards to working with young children,

as summarized in the following statement: "the art therapy approach has proven to be the treatment of choice for latency-age children in outpatient clinical facilities and therapeutic and public school settings" (Langarten, 1981, p.106).

Art therapy for childhood internalizing and externalizing disorders

Initial theories informing the practice of creative arts therapies have originally been formulated based on psychodynamic models and their assumption that artistic imagery reflects unconscious or formerly repressed material (Kramer, 1971; Naumberg, 1966). The underlying hypothesis supporting the effectiveness of art therapy was thus based on the assumption that access to uncovered material would allow the individual to gain insight and work through conflicts (Rogers, 2001). Yet, more recent applications have focused on broader and more eclectic paradigms incorporating humanistic as well as more systemic approaches (Wadeson, 2001). In accordance with the prevailing evidenced-based paradigm, several authors (Henley, 1998; Rosal, 1993, 2001; Rozum, 2001) have indicated a recent trend in regards to merging art therapy practices to CBT interventions such as promoting the acquisition of problem-solving skills through short-term, solution-focused therapy as opposed to more psychodynamic exploration of subconscious conflicts. As summarized by Rosal (2001), art therapy combined with CBT strategies strives to include components such as "cognitive mapping; problem-solving; modeling; relaxation techniques; systematic desensitization; implosion; personal constructs; mental messages and internal speech; mental imagery; externalizing internal processes; exploring and assessing feelings states; and using reinforcements and prompts" (p. 215).

According to Harvey (1989), creative arts therapies "unite the cognitive aspects of creativity and the therapeutic aspect of behavioral and personality change. Because of this integration of thinking and feeling, the creative arts therapies offer an opportunity to positively effect social/emotional and academic behavior" (p.86). In his study of creative arts interventions administered to elementary school aged children, Harvey identified gains such as increased self-esteem and increased feelings of competency; greater cognitive flexibility as well as more "social problem solving skills" (p.88). Such findings have been recently supported by Rozum (2001), particularly in regards to group art therapy which provides opportunities to bond with other group members and practice newly acquired social skills. Rozum therefore proposes that "along with problem solving and bonding, art making acts as a container" (p. 121), thus providing a safe setting for behaviorally disordered children who require a structured setting and clearly defined boundaries.

While art therapy has slowly begun to incorporate CBT strategies, recent literature (Feldman, 2008) also reveals a budding interest in merging art therapy with positive psychology. For instance, in a recently published literature review, Worrall and Jerry (2007) sought to investigate the link between resilience and art therapy, attempting to explore the possibility of creating new interventions focused on promoting resilience. Through their exploration of literature, the authors suggest that art therapy could allow individuals to increase coping skills, gain mastery of thought as well as enhance self-esteem, therefore contributing to strengthen resiliency mechanisms.

Although previously recognized as a component associated with resilient individuals, Worrall and Jerry (2007) have placed special emphasis on the role creativity

may play in the lives of individuals facing adversity. Interestingly, although creativity is obviously associated with art work, it is also manifested through resourcefulness and problem-solving, hence capacities that are traditionally considered to be determined by rational and cognitive processes. As such, Rogers (2001) considers creativity and problem-solving to be expressions of mental flexibility and adaptive processes reflecting healthy functioning. In a similar fashion, Rosal (2001) proposes that art making remains an "inherently cognitive process" (p.217) as opposed to a mystical and chaotic experience typically associated with creative endeavors.

These considerations seem to bridge the gap between cognitive and creative processes individuals rely on when envisioning solutions; consequently, they may provide interesting leads to new interventions that combine art therapy with problem-solving skills for younger populations. In the case of children experiencing intrusive thoughts and images due to anxiety disorders, providing a visual outlet for these disturbing manifestations could allow them to release fears through art work, confront issues and eventually envision alternative solutions. As noted by Van der Kolk (2002), children are more likely to communicate distressing experiences through artistic representations rather than relying on a verbal mode of communication. Therefore, visual representations of aversive scenarios or images could allow progressive exposure to anxious material as well as solicit reflections concerning feared outcomes. Through the therapist's guidance, alternative outcomes could be explored and solutions envisioned, perhaps reflecting Worrall and Jerry's (2007) statement: "Art therapy and creativity can lead individuals to gain a sense of mastery and control, not just of the art materials, but of the content expressed" (p.44).

Literature review conclusion

Based on the previous review, literature theoretically supports the merging of an art therapy approach with CBT interventions grounded in positive psychology specifically for latency aged clients presenting internalizing disorders with or without possible comorbid externalizing features. Indeed, Harvey (1989) suggests that creative arts therapies may successfully allow children to "become interested in the cognitive activities of problem-solving while, at the same time, addressing their needs to understand emotional/social difficulties" (p.89). By allowing children to externalize internalized states, by providing opportunities to visually represent and explore concerns as well as through the process of envisioning alternatives to maladaptive behavior, art therapy may provide age-appropriate and positive experiences to younger clients lacking the cognitive maturation to pursue traditional CBT. Intrinsically pleasurable components associated with art making as well as reliance on nonverbal modalities delivered in a safe setting may bypass the resistance and stigma attached to formal psychotherapy, therefore increasing younger client's motivation and participation in the therapeutic process. In the case of children at odd ends of a diagnostic spectrum as defined by internalizing versus externalizing disorders, art therapy may provide the "meeting ground of inner and outer world" (Rubin, 1984, p.268), thus bridging the gap between such opposite manifestations of childhood distress. By allowing children's internal dialogues to emerge through artistic creations and tapping into anxious preoccupations and negative thought processes, therapists may assist in preventing internalized distress from surfacing through oppositional and maladaptive behaviors, thus avoiding potential externalizing disorders.

Art therapy program outline

Introduction

Based on the previous literature review, the following section will propose the outline for a new art therapy program based on an integration of CBT with positive psychology. More specifically, the goals of this new program would be to strengthen problem-solving skills in order to promote resiliency, thus supporting and expanding children's adaptive coping skills. As opposed to developing an elaborate and detailed plan for each individual art therapy session, the current study strives to present the global and essential features of the program in the hopes of providing a useful guide to future art therapy students as well as practitioners working with latency aged clients presenting internalizing and/or externalizing disorders. The outline should thus constitute a starting point for future art therapy programs delivered in interdisciplinary settings.

Program outline

a) Duration.

According to the American Art Therapy Association (1985), short-term art therapy offered to "seriously emotionally disturbed" (SED) children has been suggested as a valid treatment option particularly in school settings. Authors such as Williams (1976) and Wolf (1973) had indeed previously observed the usefulness of adopting a time-limited art therapy approach when counseling children. More recent findings (Riley, 1999; Tibbets & Stone, 1990) also support the effectiveness of short-term art therapy programs delivered in institutions such as school settings and outpatient centers, thus matching the current medical and economic context which is in favor of short-term interventions.

Based on a review of several existing programs relying on child appropriate CBT interventions such as the "Coping Cat Programme" (Kendall, 1990), Ginsburg's (2009) review of the CAPS as well as Rosal's (1993) investigation of the effectiveness of CBT inspired art therapy, the newly developed art therapy program should consist of approximately 14 total sessions, each lasting one hour in duration. While Kendall's program contains 16 sessions, others such as the CAPS have been structured based on a flexible 11 week schedule which includes three bolster sessions; therefore, art therapists wishing to implement the proposed art therapy program should remain flexible in terms of program duration. While certain authors (Gumaer, 1984; Landreth & Sweeney, 1999) have cautioned that a minimum of ten group sessions are necessary to reach therapeutic outcomes, planning a 12 to 14 week program should appeal to clients, interdisciplinary team members as well as policy makers.

b) Format.

According to Sugar (1993), group psychotherapy constitutes the most frequently used format in regards to pediatric populations. Among the numerous benefits associated with a group setting as opposed to individual sessions, Erickson and Palmer (2004) cite the developmental appropriateness of such a context which allows children to identify with peers and work through conflicts; furthermore, the authors propose that group settings provide children with the opportunity to share concerns in a normative setting where modeling of behaviors and interpersonal support are encouraged. Specifically in regards to CBT interventions delivered through a group format (GCBT), Silverman et al. (1999) propose that "GCBT emphasized the use of natural group processes, including peer modeling, feedback, support, reinforcement, and social comparison" (p.997). The

effectiveness of GCBT has since received empirical support, particularly in regards to a variety of internalizing as well as externalizing disorders (Barrett, 1998; Erickson & Palmer; Flannery-Schroeder & Kendall, 2000).

More importantly, literature based in alternative treatment modalities such as play and art therapy also supports group interventions for children (Bratton & Webb Ferebee, 1999; Ginott, 1975; Prokoviev, 1998; Rubin, 1984; Skaife & Huet, 1998; Sweeney & Homeyer, 1999). For instance, Rubin illustrates how group context may constitute a facilitating and safe environment for children, thus allowing them to more effectively externalize feelings and explore interrelationships. Others such as Prokoviev recommend group format as a particularly appropriate "vehicle for interaction and a more concrete form of communication" (p.45) for latency-aged clients. Of particular interest in regards to internalizing and externalizing disorders, Rozum (2001) proposes that group sessions would provide individuals with the opportunity to succeed while developing "skills in conflict resolution, communication techniques and the ability to self-monitor their own behavior" (p.117).

Finally, an additional argument in favor of group interventions could be articulated based on the current medical context, that is, the creation of an art therapy program delivered in a group setting would appeal to policy makers due to its economic viability (Erickson & Palmer, 2004). Indeed, in regards to GCBT, Silverman et al. propose that a time-limited group format "has the potential to be a practical and usable psychosocial intervention for practitioners who, in the context of diminishing mental health resources, need to provide time and cost-efficient treatments" (p.1001).

c) Group composition.

Close examination of specific art therapy groups (Prokoviev, 1998; Rozum, 2001) recommends that groups intended for latency aged clients presenting externalizing disorders should be structured based on a ratio of two therapists per five participants. In summarizing important features for art therapy groups, Prokoviev recommends closed-groups containing a maximum of six participants lead by a team of co-therapists. Others such as Landreth &Sweeney (1999) caution against a group of more than five members, particularly if participants are very young. Accordingly, these authors suggest that the younger the clients, the fewer participants should be included in each group. Based on such findings, the new art therapy program would thus ideally contain five children, an art therapist as well as a co-therapist whom may be recruited among interdisciplinary staff members such as occupational therapists or special educators. Such combinations of group leaders have indeed been effective in many practicum settings and institutions.

In regards to inclusion criteria, literature (Ginott, 1975; Slavson, 1944) recommends grouping individuals with similar presenting problems in order to tailor specific objectives that may benefit most participants. Yet, while anxious manifestations have been considered to result from *overcontrolled* behaviors as opposed to externalized disorders which have been associated with *undercontrolled* behaviors (Achenbach, 1991), as previously discussed, several authors (Boylan et al., 2007; Lahey et al., 2002; Lambert et al., 2001; Lavigne et al., 2001; Weitmann, 2006) have explored the possibility that common underlying factors may contribute to the emergence of such seemingly different problems. Based on such arguments, grouping children presenting difficulties situated on such opposite ends of a diagnostic spectrum would allow art therapists to create therapeutic environments according to Bratton and Webb Ferebee's (1999)

suggestions, namely that "a well balanced group would consist of preadolescents whose personality characteristics, presenting problems, and coping styles complement each other, so that group members may have a therapeutic effect on each other" (p.195).

In regards to gender, Prokoviev (1998) recommends mixed groups based on the fact that "girls may have better impulse control" (p.54) and may thus offer modeling of appropriate behavior as well as enhance communication between members. Others such as Anthony (1965) caution that age should constitute an important factor when considering grouping both genders in the same program. Specifically, Landreth & Sweeney (1999) recommend that "prior to the age of nine, it is recommended that groups be generally gender balanced if both boys and girls are included" (p.55). In regards to older children, these authors suggest separate groups due to the effects of psychosocial development and the importance of relating to same sex peers during the latter part of the latency period.

Grouping children according to their chronologic age has also been considered an important factor according to Landreth & Sweeney (1999) who recommend limiting the age difference between participants to approximately one year, maximum two. Since the proposed art therapy program is intended for latency-age children, thus a period extended from the age of six to twelve, it would be most appropriate to apply the program to groups of mixed children between the ages of six and nine, and to plan on providing segregated group sessions for either girls or boys aged nine to twelve in order to respect psychosocial and developmental differences.

d) Group structure.

Literature on group interventions intended for emotionally and behaviorally disturbed children (Henley, 1998; Hudson et al., 2001; Landgarten, 1981; Rozum, 2001) suggests the importance of relying on clearly defined rules as well as fixed structures in order to maintain safe and appropriate therapeutic environments. According to Landreth and Sweeney (1999), therapeutic limit setting is crucial in order to provide safety and allow children to experience containment. Quoting Moustakas (1959), the authors propose that "in a therapeutic relationship, limits provide the boundary or structure in which growth can occur" (p.9). Indeed, Henley recently proposed that "routine and regimen are also critical to the containment of impulsive behavior, particularly between activities" (p.11). Furthermore, in regards to children presenting anxiety disorders, Henley recommends reliance on rituals as well as frequent reminders concerning the proposed sequence of activities in order to "limit the frequency and intensity of anxious reactions" (p.11). Therefore, in order to facilitate transitions and reduce anxiety throughout each session, leaders of this newly developed art therapy program should be willing to adopt predictable routines as well as provide clear rules to be followed during activities.

While group leaders may explicitly present rules defining appropriate or expected behavior, they must consequently be willing to "enforce" them through firm, kind, and consistent strategies. Indeed, Rozum (2001) and Rosal (1993) suggest adopting behavioral contingencies in order to motivate and help children achieve more adaptive functioning. Specifically, when describing the CBT inspired component of his own art therapy approach, Henley (1998) proposes that "such programs are usually based upon offering tangible rewards, such as points, prizes, or privileges in return for compliance.

The therapist and the child agree upon a contract which spells out each desired behavioral objective, as well as the consequences of failure" (p.4).

While children apparently tend to regard such strategies as elaborate forms of bribery (Henley, 1997), running a group for children presenting disruptive disorders requires behavior management strategies. Hudson et al. (2001) offer clear examples of techniques used during applications of Kendall's (1990) "Coping Cat Program"; for instance, the authors suggest that therapists may "reward the child for on-task behavior or remove privileges for disruptive or impulsive behavior. For older children, the therapist may focus on helping the child to self-detect when he or she is off-task" (p. 339). While it is beyond the scope of the current study to present numerous specific behavioral management strategies, Henley (1998), Hudson et al. (2001), Prokoviev (1998), Rosal (1993), as well as Rozum (2001) provide many additional examples.

In regards to art activities within each group session, Rubin (1984) recommends adopting a "framework for freedom" (p.173), thus relying on a structured format during sessions in order to provide safe boundaries in which children may freely explore their concerns. Others such as Landgarten (1981) propose that therapists should adopt a didactic approach, thus offering special themes and deliberate activities to be followed by participants. Based on such recommendations, providing more guidance and structuring sessions around specific art activities would constitute sound practices in regards to working with children, particularly for those with disruptive tendencies. Furthermore, by adopting a more directive stance, art therapists would remain consistent with the more goal-oriented, solution-focused CBT approach, as stated by Rozum (2001) who

recommends "integrating art expressions with the highly directive, structured, and time-limited approaches of cognitive-behavioral therapy" (p.116).

To summarize, when running this new art therapy program, leaders should be willing to apply behavioral-management strategies as well as adopt a more directive approach, thus selecting and preparing specific tasks and activities based on themes that reflect the goals of problem solving. The use of reinforcements, such as stickers, small attainable rewards or access to special arts materials, would increase compliance and promote appropriate behavior until participants acquired greater self-control. Art therapists should be prepared to devote time and effort to plan out activities in advance, breaking down essential steps in order to provide children with opportunities for success. Indeed, Hudson et al. (2001) suggest that simplifying certain tasks and presenting instructions through clear and various modalities would help children with poor attentional resources or with performance anxiety, thus leading them to experience success. The challenges faced by leaders would be to provide sufficient structure to promote a safe and consistent external frame all the while allowing freedom within the actual art making. As stated by Rubin (1984), "individuals can easily use a common task or theme to deal with their own idiosyncratic concerns, as long as it is sufficiently flexible" (p.180).

e) Integration of CBT interventions within an art therapy approach

Developing a short-term, solution-focused and theme-based art therapy program that includes behavioral management techniques as opposed to long-term, non-directive arts based exploration would certainly integrate some of the important features associated with CBT intervention programs intended for children. Yet, an essential feature of such

an arts based program seeking to further integrate a CBT model informed by positive psychology would be to focus on developing problem-solving skills.

As stated by Albano and Kendall (2002), CBT with children involves identifying thought processes through "developmentally appropriate, cognitive restructuring skills [that] are focused on identifying maladaptive thoughts and teaching realistic, coping-focused thinking" (p.130). Others such as Kernberg & Chazan (1991) present interventions that mirror broadening theories (Fitzpatrick & Stalikas, 2008) associated with positive psychology, as apparent in the following quote regarding supportive interventions which "serve to broaden the child's awareness of alternatives and possibilities for problem solving and provide alternatives to break old patterns" (p.61). By targeting more effective problem-skills, therapists could expect to provide children with more adaptive tools and better adjustment, thus positively impacting resilience.

This new art therapy program should therefore focus on helping participants identify situations as well as thoughts and emotions associated with problematic experiences, and secondly, help them envision alternative solutions through image making. Indeed, numerous authors (Henley, 1998; Packard, 1977; Rosal, 2001; Rubin, 1984) have applied such techniques in art therapy. For instance, based on Packard's observations as well as her own, Rosal suggest that "the portrayal of tough personal and social situations through drawings is a technique used by several art therapists to increase problem-solving. Having children depict complex life moments can be followed by generating alternative solutions in pictures" (p.215). Others such as Henley suggest that "drawing activities in the form of narrative cartoons structured in a story board format enabled the child to visualize future events and the problems that might arise" (p.11).

In regards to direct applications of CBT inspired interventions– particularly those inspired by rational-emotive therapy– based on Bernard and Joyce's (1990) observations, Bernard (1990) recommends "that the student be provided with visual aids to represent different ideas being described including 'thought clouds', 'self-concept drawings', and 'Happening-Thought-Feeling-Reaction diagrams" (p.299). Reliance on such visual modalities could easily be translated into directed art activities in which participants would be instructed to identify and represent problematic events, adding narrative captions that reflect maladaptive thoughts which could then be addressed through representations of alternative scenarios. Indeed, in regards to working with pediatric clients, most CBT authors (Bernard, 1990; Kendall, 1990; Silverman et al., 1999) suggest the following steps in regards to developing more effective problem-solving skills: self-observe in order to identify problematic thoughts and behaviors; challenge maladaptive thoughts; develop more adaptive problem-solving skills. For instance, Bienvenu and Ginsburg (2007) describe Kendall's (1994) FEAR program which includes the following strategies: "F=feeling good by learning to relax; E=expecting good things to happen through positive self-talk; A=actions to take in facing up to fear stimuli; R=rewarding oneself for efforts to overcome fear or worry" (p.648). Such a program thus includes relaxation as well as management of worry through the acquisition of positive self-talk, strategies which could easily be introduced through art activities. For instance, according to Smitheman-Brown and Church (1996), activities such as mandalas would be particularly well suited to meet the needs of children presenting ADHD due to the relaxing and centering components associated with such a technique; furthermore, the authors suggests that "tasks requiring an active, motoric response as opposed to a passive

response may also help hyperactive children channel their behaviors" (p.253), therefore pointing to the numerous benefits associated with arts based activities in the context of therapy with children.

Of particular interest for the development of such a new art therapy program, Rosal (2001, p.216) presents several specific art tasks in conjunction with cognitive-behavioral goals. For instance, as part of twelve CBT techniques adapted to art therapy interventions, she recommends drawing solutions to a problem (Packard, 1997; Rosal, 1985, 1992, 1993, 1996), in order to increase the child's repertoire of adaptive behaviors, thus supporting more efficient problem-solving skills; drawing a "circle of offense; Before, During & After drawings; draw inside/outside self; masks" (p.216) as part of interventions aimed at uncovering mental processes associated with maladaptive behaviors as well as dysfunctional thought processes (Gerber, 1994; Gentry & Rosal, 1998; Roth, 1987; Stanley & Miller, 1993); as well as gradual exposure to anxiety provoking images in order to reduce avoidance responses and stress related to phobias (DeFrancisco, 1983; Gerber). Presented in the Appendix, a listing of age-appropriate art activities to be included in group sessions will further guide the implementation of this new art therapy program. Inspired by CBT and translated into art activities, such interventions would constitute sound strategies as part of group interventions aimed at increasing problem-solving skills in latency-aged clients presenting internalizing and externalizing disorders. Through combining such interdisciplinary interventions as CBT, positive psychology as well as art therapy, the new program would reflect the current context in favor of empirically supported, short-term, solution-focused therapies delivered through a group format.

Personal considerations and limitations of the study

The goal of the current study was to devise the outline for a new art therapy program intended for latency-aged clients presenting internalized disorders with or without comorbid externalizing features. As previously demonstrated, literature supports the merging of CBT interventions within an art therapy program inspired by positive psychology, more specifically, through processes that seek to increase resiliency through the acquisition of a broader range of effective problem-solving skills. Indeed, as evidenced by current art therapy literature publications, several art therapists (Gentry & Rosal, 1998; Gerber, 1994; Henley, 1998; Rosal, 1993, 2001; Rozum, 2001; Stanley & Miller, 1993) are now actively weaving CBT techniques into the practice of art therapy, therefore straying from the psychodynamic origins of creative arts therapies. The rationale behind a more eclectic as well as more CBT inspired approach finds credence in Henley's (1998) statement regarding the power of arts based therapies, that is, "the expressive arts, in particular, can facilitate and enhance the effectiveness of all the other interventions" (p.11). While merging CBT with creative arts therapies has received theoretical support, few empirical studies adopting sound methodology and adequate sample sizes have been conducted. Indeed, although Rosal's (1993) comparative study has provided interesting leads regarding the effectiveness of CBT inspired art therapy for behavior disordered children, few studies have since been conducted with larger samples of participants or with rigorous methodology. Therefore, the effectiveness of art therapy programs remains unaddressed, at least according to current empirical standards as proposed by "The Task Force on Promotion and Dissemination of Psychological Procedures" (Chambless et al., 1998a, 1998b). Furthermore, an important concern

regarding the blending of such interdisciplinary interventions as CBT and art therapy can be summarized by the following statement

> CBT is not simply a 'toolbox' of techniques, but involves a theoretical and empirical approach to understanding, assessing, and treating emotional disorders. A comprehensive educational and training history, appropriate continuing education, and adherence to the CBT model distinguishes the CBT therapist from those who, through widespread dissemination of CBT protocols, may haphazardly apply techniques without fully appreciating their bases and utility (Albano & Kendall, 2002, p.131).

While the goals of this new art therapy program are based on enhancing problem-solving skills and increasing resilience – thus CBT components or "tools"– the core therapeutic processes remain grounded in art therapy; therefore, this new program does not attempt to masquerade as or replace formal CBT. Rather, the therapeutic benefits associated with this program would be met through processes linked to creativity, externalization of internal preoccupations, opportunities to succeed through creative elaborations as well as group interactions which would contribute to therapeutic growth. Furthermore, in line with broadening theories and the potent benefits associated with positive experiences in the context of psychotherapy (Fitzpatrick and Stalikas, 2008; Flückiger and Holtforth , 2008; Hannesdottir & Ollendick, 2007), art therapy sessions would provide opportunities to explore media in a pleasurable setting while focusing on promoting individual strengths and coping skills.

The aim of this study was to provide a clear rationale for including CBT into the practice of art therapy based on a coherent literature review. The decision to rely on a

CBT model as opposed to psychodynamic literature constitutes a profound shift in my own evolution as a budding therapist. Indeed, my entering a creative arts therapies program stemmed from my own experience with psychodynamic therapy as well as my attraction to such a complex and elaborate paradigm, so attuned to the creative arts. Yet, rather than providing arguments supporting the creation of program grounded in psychodynamic theory, I have set out to provide the guidelines for a program based on pragmatic considerations. Indeed, throughout this study, I have referred to empirical studies and attempted to validate the creation of this new art therapy program based on arguments supporting short-term, solution-focused and cost-efficient interventions. Such a deliberate focus should not be interpreted as my rejecting long-term psychodynamic explorations which may at times be necessary, if not preferable for certain clients and for certain problematics. Rather, this personal paradigm shift may reflect my experience in a practicum setting where preschool children presenting disruptive behaviors were monitored, assessed, and, through behavioral contingencies, these children were taught appropriate behaviors. As an art therapy intern evolving in such a behavioral setting, it seemed important to adopt certain basic strategies to maintain coherence with the program's main goals as well as philosophy. Indeed, it soon appeared that within individual as well as group sessions, children presenting both internalizing and externalizing symptoms required firm boundaries as well as consistent and predictable environments. I recognized that allowing children to deviate markedly from the expected behavior while in art therapy sessions would have constituted a confusing transition for them; furthermore, adopting too permissive a stance would have been counterproductive with the program's main agenda, that is, modification of aberrant behavior. Therefore,

despite my initial reluctance, I soon relied on a reward system for good behavior, particularly during group sessions where behavioral management strategies as well as directed activities appeared to be a necessity. The current study therefore reflects both my personal experience with children attending an outpatient program intended for children presenting emotional and behavioral difficulties, as well as theoretical considerations presented in the previous literature review.

In conclusion, it is my hope that this theoretical study will prove useful to future art therapy students working with latency-aged clients presenting internalized disorders with or without possible externalizing features. Beyond suggesting the outline and essential features of such a new program, this study has attempted to present valid and reliable data in the hopes of demonstrating the importance of establishing art therapy as a respectable treatment option in medical settings. Such an undertaking reflects a personal desire to encounter more empirically supported research associated with art therapy in order to narrow the gap between art therapies and other interventions modalities such as counseling, psychology and social work. Perhaps, by developing more opportunities for art therapists to engage and participate within interdisciplinary teams, the profession of art therapist may gain more credibility, therefore more positions may be developed for future art therapists wishing to evolve within the medical system.

Such concerns reflect personal opinions and by no means discredit art therapists working in other settings where medical models do not prevail. This study has obviously been guided by personal considerations as well as assumptions such as the importance of following trends in regards to mental health care, thus attempting to facilitate the dialogue between creative arts therapies and other interdisciplinary professions working

towards common goals. Furthermore, this study also reflects biases and limitations associated with insufficient practical experience; yet, by relying on recent literature and reliable sources for data collection, I hope to have provided sound arguments that support the overall structure and goals of this new art therapy program.

Glimpsing back at the end of a two year training program, I value the opportunities granted to me by my supervisors as well as by the numerous staff members who have generously shared both time and knowledge during my two internships; their support and advice has proven invaluable. Training alongside interdisciplinary team members and having the good fortune of participating in numerous team meetings has allowed me to appreciate the complexity of mental health care and the necessity to pool efforts in order to meet therapeutic goals. I suspect my involvement with clients and with staff members has been significantly enriched by my attempt to understand the practicum setting's treatment philosophy. It is my belief that by keeping in mind the ultimate goals and developing manageable objectives tailored to meet the needs of clients, one may increase the odds of attaining therapeutic outcomes and foster client growth and well being.

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Appendix

List of specific art activities that promote problem-solving skills

List of specific art activities that promote problem-solving skills

The following activities were inspired by strategies encountered through numerous readings in CBT as well as in art therapy. Some suggestions are also included based on my attempt to juxtapose CBT techniques into art activities that might encourage identification of negative self-talk and distorted thinking and secondly, activities that provide alternative ways of viewing, experiencing and thus behaving. Inspired by Rosal's (2001) listing of targeted CBT goals and the associated art therapy adaptation (p.216), the following art activities will be briefly introduced along with the desired objective and reference.

1) **Goal:** relaxation, decreased impulsivity and increased concentration.
Activity: mandala drawings; ready made maze puzzles and labyrinths to be solved.
References: Henley (1998); Smitheman-Brown & Church (1996); Rosal (1993).

2) **Goal:** identify positive versus negative characteristics of one's self.
Activity: "Self-concept circle". Participants are asked to fill in two large circles on separate sheets. One circle will contain images or words that represent positive characteristics, the other will contain the negative characteristics. Images can include collage, drawings and words linked to emotions (a large poster containing a list of emotions would facilitate selection and identification for younger children). A group discussion could follow the activity. A subsequent session could include merging the two circles onto one large sheet in order to promote integration of both sides of one's personality.
References: Knaus (1974); Bernard (1990).

3) **Goal:** identify and rank the intensity of negative emotions.

Activity: participants are handed a large pre-drawn image of a thermometer and asked to think about events that make them mad, anxious or sad. The activity would consist of ranking events or situations from least intense to most intense along the thermometer scale. Variations could be based on the image of a volcano as opposed to a thermometer.
References: the "catastrophe scale", Bernard (1990); "the volcano", worksheet # 14 (Geldard & Geldard, 1997, p.191).

4) **Goal:** encourage group collaboration and social interaction.
Activity: Happyland / Nastyland. Participants are asked to create a large mural of two worlds. One team would work on representing "Happyland", that is, where positive interactions happen; the other would work on "Nastyland" where children get into trouble and out of hand. The activity could include time to review the representations of scenarios; for instance, one session could be devoted to finding ways of solving some of the problems of "Nastyland" as well as another session could be devoted to exploring the components of "Happyland" and the events take place there. Media could include collage items such as pictures of children and people, markers and oil pastels. A variation based on a popular theme such as spaceships and aliens could also be used, thus creating representations of "Planet Mean" as opposed to "Planet Nice".
References: the idea is based on several readings which encourage group work (Henley, 1998) as well as on themes suggested by McMahon (1992).

5) **Goal:** increase positive self-talk and self-control.
Activity: each participant is asked to create an amulet or symbolic character and think about a positive characteristic and/or motto that can help them in times of need. By symbolically investing this quality in their amulet, they would be able to have a tangible reminder of positive attributes they can count on in times of anxiety or distress.

References: inspired by Hudson et al.'s (2001) strategy consisting of relying on a symbolic toy to assist during therapy sessions.

6) **Goal:** create a self- reward system.
Activity: each participant is asked to prepare a scrapbook that will be used between sessions to monitor good behavior. Collage, drawings, and stamps could be used to fill in pages. The idea would be to provide continuation between sessions similar to "homework", but with the intended goal of having the child self-monitor when he/she has used positive self talk or has used a more adaptive strategy in the course of the week. An interesting possibility would be to ask each participant to create a simple signature cartoon character (such as a happy face) and use it in a grid-like sheet as a visual reminder when he/she has used a positive strategy during the week. A small reward should be given when a pre-determined section of the grid has been completed.
References: based on the inclusion of "homework" in CBT interventions and the concept of self-rewards to monitor gains and progress (Albano & Kendall, 2002; Geldard & Geldard, 1997; Hudson et al. 2001; Kendall, 1994).

7) **Goal:** increase feelings of self-control.
Activity: "Shield activity". Each participant is handed a large cardboard cut-out of a shield and asked to decorate it with images and words. The intention would be to represent positive attributes and increase the feeling of competency and capacity to ward off negative self-talk. Participants could be asked to think of mottos or positive qualities to be represented on the shield.
References: Geldard and Geldard's worksheet #27 (1997, p.204)

8) **Goal**: increase feelings of competence

Activity: "Superhero me". Each child is invited to represent an image or a three-dimensional figure that is a "stronger" version of themselves. By thinking of positive attributes they would like to have or strengthen, participants would be allowed to create a symbolic representation of a character that would be capable of making better choices and avoid negative consequences linked to disruptive behavior.
Reference: inspired by fellow students who have used this strategy in the course of their practicum.

9) **Goal:** problem-solving.
Activity: "Trouble". Each participant would be asked to represent an image or a cartoon of a real-life situation in which they had difficulty managing their behavior and made poor choices. Participants would be asked to think about the sequence of events that lead them to bad behavior. The second step of the process would be to represent the same scenario while introducing more adaptive behavior. An interesting option would be to ask each participant to introduce their version of their "Superhero me" and represent what that character would have chosen to do in a similar situation.
References: Henley (1998, p.5); Packard (1977); Rosal (1985, 1992, 1993, 1996).

10) **Goal:** distinguish good behavior as opposed to maladaptive behavior.
Activity: each participant is invited to create a story by using photocopied cartoon-like images depicting actions that could be assembled to create a storyboard. Participants would choose how to string the images in order to produce a representation of choices leading to negative outcomes, and secondly, use the same images to create positive outcomes.
References: (Rosal, 2001).