

CREATING SPACE FOR CONNECTION: A COLUMN FOR CREATIVE PRACTICE

Group Counseling for At-Risk African American Youth: A Collaboration Between Therapists and Artists

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This article includes a description of a culturally sensitive group counseling model and curriculum for African American children (ages 7–12 years old) of families with drug and alcohol addiction. Therapists-in-training, artists of color, and community agency staff collaborated to deliver expressive art activities that facilitate self-expression, self-confidence, emotion regulation, and coping and communication skills, and that enhance personal resilience and a sense of connection with one's community. This model aims at creativity not only in the service of the children's development as individuals, but also in the service of community building. The collaboration between partners at the levels of program planning and implementation ensures cultural relevance for the participants as it promotes diversity and growth-fostering relationships.

KEYWORDS *children, community counseling, expressive arts, creativity in counseling, group counseling, art, multicultural, diversity*

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Therapeutic approaches that incorporate artistic and creative expression are beneficial for children (Gladding, 1998). Creative play is a child's natural medium of expression and so therapeutic approaches that involve play, art, and creativity meet children on their own terms (Landreth, 2002). Such approaches assist in giving expression to a child's world as he or she experiences it, beyond what words can access. Children can easily be absorbed in art, which in itself can be healing (Hecker, Lettenberger, Nedela, & Soloski, 2010). Because children tend to be at ease when creating something, expressive interventions also facilitate rapport. Creative techniques help children explore and better understand their feelings by giving concrete expression to emotions that might otherwise remain confusing and overwhelming (Bradley, Whiting, Hendricks, Parr, & Jones, 2008; Rubin, 2005).

Ethnic-minority children may especially benefit from expressive, creative approaches (Molina, Brigman, & Rhone, 2003). The primary model of talk therapy—sitting in an office disclosing personal experiences to a professional—may have little to no historical or cultural frame of reference for some minorities (Paniagua, 2005). Furthermore, for some minorities, such as African Americans, talk therapy may carry stigma and evoke a sense of cultural and familial betrayal. African Americans may be mistrustful of and question the usefulness of traditional mental health care models (Black & Krishnakumar, 1998). The call for cultural sensitivity to the distinctive needs and contexts of ethnic minorities is a call for practitioners to be innovative when planning and implementing treatment and prevention (Tucker & Herman, 2002). Consideration should be given to the value of nontraditional settings, culturally accepted healing techniques, and congruence between the service providers' attitudes, beliefs, and values and those they serve (Banks, Hougue, Timberlake, & Liddle, 1996; Hammond & Yung, 1993). For African American children, congruence includes understanding that they may learn best through models characterized by social/affective emphases, creativity, and nonverbal communication, including movement and rhythm (Willis, 1989).

Expressive counseling has been used with African American youth for a number of clinical and social issues, including the use of hip-hop music in HIV/AIDS prevention groups (Stephens, Braithwaite, & Taylor, 1998), child-centered play therapy that honors an African worldview (Baggerly & Parker, 2005), and the use of poetry, literature, and rap for therapeutic conversations about African American identity and history (Muller, 2002). Research documents the effectiveness of community-based expressive arts programs for increasing self-control, resilience, and self-concept in African American youth (Belgrave, Chase-Vaughn, Gray, Addison, & Cherry, 2000; Shelton & Lyon-Jenkins, 2006). Although these approaches are documented as effective, less attention has been given in the literature to detailed curriculum, particularly for therapists and artists from different communities working together.

This article describes the Children's Art And Talk (CHAAT) program, an afterschool group model that integrates culturally based art and therapeutic

discussion for urban, African American children (ages 7–12 years old) of families with drug and alcohol addiction. Therapists-in-training, most of whom are European American, artists of color, and community agency staff work together to promote self-understanding and self-expression; increase emotion regulation, coping, and communication skills; and enhance personal resilience and community connections. The 8-week curriculum encourages children to creatively take up the question, “Who am I?” in relation to a number of ever-widening contexts—emotional life, embodiment, family, local neighborhood, racial and ancestral history, and the global community. This article includes examples of culturally based art activities, such as African dance, mask making, and storytelling, and of program partners collaborating in mutually beneficial ways.

The CHAAT program aims at creativity not only in the service of the children’s development as individuals, but also in the service of community building. The collaboration between doctoral psychology students, the community center referral source and program location, and local artists of color is itself a creative, community-strengthening process. The collaboration between partners at the levels of program planning and implementation promotes diversity and growth-fostering relationships. As Duffey (2007) states of the possibility for creativity to transcend individual experience, “it is also collaborative, in that creativity can be cultivated and experienced as relationally potent when shared . . . creativity is best generated when differences exist, when contributions are shared, negotiated, and worked through” (p. 48). Utilizing expressive arts as intervention within an innovative model of bringing together therapists and artists, most often a cross-cultural collaboration, builds community at many levels—among the group participants (among the children and with staff), between the children and their neighborhood, and between a university and a bordering, vibrant inner-city neighborhood.

RATIONALE

Prevention Efforts

The children enrolled in CHAAT face multiple challenges: minority stresses (e.g., oppression and racism), stresses associated with urbanization in low-income settings, and the risks associated with addicted families. Problems associated with urbanization in low-income settings, such as inadequate housing, high crime rates, and limited access to resources, place children at risk for various problems including elevated rates of delinquency and academic underachievement (Tucker & Herman, 2002), posttraumatic stress, depression, and substance abuse (Rutter, 1981), and aggression and violence (Attar, Guerra, & Tolan, 1994). Children with family members addicted to substances and alcohol are at risk for similar problems (Earls, Reich, Jung, & Cloninger, 1988). Prevention efforts are critical to reducing the impact of

socioenvironmental risk factors and to promoting protective factors. CHAAT is consistent with recommendations for innovative, creative, and culturally sensitive strategies for working with minority children in urban, low-income settings and for selective population-based and community-level prevention models (Black & Krishnakumar, 1998; Flay, Graumlich, Segawa, Burns, & Holliday, 2004).

Group Processes

Research documents the effectiveness of group work with children, in proactive as well as remedial contexts (Gladding, 1998). Groups may be more cost- and time-effective than individual counseling (Bemak, Chung, & Siroskey-Sabdo, 2005), and they provide safe opportunities for children and adolescents to learn from each other and to practice interpersonal skills. In addition to the importance of peer interaction in childhood and early adolescence, the rationale for a group model rests on the importance of communal experience and cooperative learning in African American culture (Muller, 2002). Groups also provide valuable opportunities for racial socialization, for African American children to discuss and cope with the stressors of racism and oppression (Muller, 2002), and to promote “diversity awareness” (Molina et al., 2003, p. 169).

Racial Identity and Cultural Affiliation

Studies have shown that racial pride and cultural affiliation in African American children are negatively related to depressive symptoms and aggressive behaviors and are positively related to self-esteem and coping (McMahon & Watts, 2002). More recently, Mandara, Gaylord-Harden, Richards, and Ragsdale (2009) found that ethnic pride may be as important as self-esteem to the mental health of African American adolescents. Taking pride in their racial identity helps them cope with the stresses of discrimination and avoid internalizing negative stereotypes. Treatment research also documents the effectiveness of culture-specific interventions for increasing resiliency, self-esteem, and achievement among African American youth (Belgrave et al., 2000).

Integrating Art and Talk

When incorporating creative expression in counseling, therapeutic gains may be most solidified through verbal discussion (Field & Kruger, 2008). In their description of working with multicultural art in group counseling, Molina, Monteiro-Leitner, Garrett, and Gladding (2005) demonstrated the value for clients of verbally reflecting upon their artwork and the process of creating it.

Interdisciplinary Collaboration and Community Partnerships

This model integrates art and talk by bringing together local artists of color, therapists-in-training (often European American), and community agency staff—a collaboration that is the most innovative aspect of CHAAT and is consistent with recommendations for university–community partnerships (Tucker & Hermann, 2002) and for training in culturally sensitive counseling to include experiential aspects through actual involvement in communities (Canady, Rivera, & Gerdes, 2011). The therapists bring developing expertise in counseling techniques and theories of child development and group processes, and the artists bring expertise in creative expression, particularly in culturally based arts, and emic knowledge of the community, its values, and history. This partnership ensures the cultural relevance of the program for the group participants and provides opportunities for the therapists to develop their own skills in creative-based approaches and to develop a “working as opposed to textbook knowledge of multicultural teaching and counseling” (Tucker & Hermann, 2002, p. 771). Creativity-related competencies, cross-cultural competencies, and relational competencies are reciprocally developed.

Where other treatment and prevention models have utilized consultation with African American community members and professionals to provide knowledge about culturally sensitive practices and opportunities for therapists to examine bias (Muller, 2002), CHAAT brings the artists as practitioners in their own right and as consultants into the therapeutic group process. The collaboration between artists, agency staff, and therapists also then serves as a model for the children. The children observe Caucasian and Black adults constructively working together for their well-being. Witnessing and participating in this collaboration allows the children to question stereotypes and to imagine collaborations like these in their own lives. The therapists, artists, agency staff, and children gain new perspectives on each other’s culture and thereby their own, creating a new multicultural community, a story or dance to which they all contribute.

ASSUMPTIONS

1. This model is intended for children ages 7 to 12 years old. This age range provides opportunities for older children to assist staff and/or mentor younger children, roles the children initiate themselves. The group context celebrates the importance of mentor relationships among children in African American culture (Paniagua, 2005).
2. Some of the activities may not be appropriate for children with developmental disabilities or serious behavioral disturbances.
3. CHAAT utilizes 1 to 2 therapists, 2 to 3 artists, and 1 to 2 case managers of the referring agency for a weekly group of 10 to 20 children.

4. The group process benefits from flexibility with regard to participant attendance, unannounced parent/caregiver attendance, and the curriculum. Missed sessions should not be interpreted as resistance and parents should be invited to participate if they arrive unannounced. Therapists may be called on to improvise in the event that too few participants arrive for the planned activity.
5. Children should be allowed to opt out of any given activity and to determine their own pace and level of disclosure. Research shows that when children cannot move at their own pace, they experience “condemned isolation, or the experience of being locked out of the possibility of human connection” (Miller & Stiver, 1997, p. 72).
6. The collaboration between the therapists and artists is one in which the therapists gain insights along the way about the cultural relevance of their interventions.
7. This model aims to facilitate personal resilience and promote cultural awareness and understanding of one’s own ethnic heritage by incorporating the following Afrocentric aesthetics and cultural traditions:
 - African dance and music: Research suggests that music “has long been a powerful way for people to connect, celebrate, entertain, remember, and mourn . . . [and that] this may be especially true for school-aged children and adolescents who often define themselves through pop culture, in which music plays a major part” (Davis, 2010, p. 126). As the artists lead the children in drumming or dancing, often at the start of each group, they discuss emotional and physical benefits, as well as spiritual aspects of the song.
 - Mask making: Masks are created and used by various cultures and provide “a way of reconnecting with the dreaming soul and the everyday living self” (Molina et al., 2005, p. 9). Masks have deep historical significance in African culture; they are created and worn during many ceremonies, including initiations, rite-of-passage rituals, crop harvesting, and war preparations. Masks can represent ancestral spirits, mythological figures, and animal spirits, and the mask wearer is thought to take on some of the corresponding attributes. As an expressive art and therapeutic activity, mask making can also be used to heal and calm the psyche.
 - Storytelling: Stories help children across ethnic groups and social backgrounds connect with each other and also serve to release emotion, convey knowledge, instill insight, make meaning, and help with change and life transitions (Gladding & Wallace, 2010). Storytelling is a significant feature of the African American oral tradition and draws from African traditions (Banks-Wallace, 2002).

OBJECTIVES

The CHAAT group is designed to:

- promote self-discovery, self-expression, and self-confidence;
- facilitate emotion regulation and coping skills;
- enhance communication skills;
- facilitate personal resilience; and
- enhance connection to one's community and cultural heritage.

PROCESS

Session Structure

The CHAAT groups meet weekly for 2-hr sessions after school in a community center located in the heart of an urban, African American neighborhood. Sessions often begin with a breathing, dance, and/or drumming exercise led by one of the artists who specializes in these African traditions. As the children dance to a Yoruba song, for example, they learn about its spiritual meanings. Following this exercise, the children are served a small meal, which is often prepared by a local, nonprofit organization of women of African descent who are entrepreneurs, artisans, and artists committed to serving their community. This meal serves to reenergize the children as they come together over African and Afro-Caribbean food.

Following the meal, the children, therapists, artists, and case managers form a circle for a check-in, which consists of each participant briefly saying something about how he/she is feeling or what is on his/her mind. Check-in allows members to reconnect with each other and transition from the outside world into the safety of the group.

After check-in, the therapists lead a 30-min discussion and activity on the topic of the week. Following the discussion, the artists guide the participants in a creative activity that also addresses the main topic. At check-out, participants are invited to verbally reflect on their experiences of the group process, their own artistic processes, and their artwork.

Curriculum

WEEK 1: WHO ARE YOU?

In the first session, the therapists review the therapeutic objectives and the curriculum structure, establish rules with input from the children, and then engage the children in introductions. Therapist prompts include: What do

you want the group to most know about you? Choose three words that best describe you. How do other people in your life describe you?

Art activity: Self-portraits. With paint, markers, and crayons on poster paper, the children create face, full-body, or symbolic portraits. As a variation of this activity, children can make collages from magazine clippings or material scraps, for example. The portraits are hung on the wall of the meeting room for enjoyment and reference in future sessions.

WEEK 2: ME AND MY FEELINGS

The therapists assist the children in expanding their emotional vocabularies, reflecting on their own adaptive and maladaptive ways of expressing certain feelings, and learning that emotions are experienced and expressed differently by different people. The children take turns pulling feeling words from a bag to share examples of when they have experienced that emotion. The children glue the pieces of paper to a poster board, thereby collectively creating a feelings chart, which is mounted to the wall for reference in subsequent weeks.

Art activity: Paper-mache mask making. This activity is best done in small groups of four children per artist and therapist team. In pairs, the children take turns covering each other's faces with paper-mache strips. The therapists and artists talk with the children about how their faces can reveal and conceal emotions. Discussion prompts include: How do we show people what we are feeling with our faces? How do we hide what we are feeling with our faces? Where and when have you felt like you needed to wear a mask? Where and when do you feel free to take your mask off? The children have shared examples of trying to keep anger and sadness inside for fear of their effect on others.

Once the masks are dry, the children decorate them with glitter, beads, and paint as the artists talk about the historical and cultural significance of masks in Africa. One of the CHAAT artists, gifted with energy reading, interprets the children's masks based on symbolism, color meaning, and African spirituality. Attuned to the parts of their masks that the children have emphasized, the artist makes interpretations that facilitate self-understanding. One child, for example, had elaborately painted his nose. Talking about these features of his mask with him, the artist asked about his ability to pick up on the scent of danger. He readily opened up about how he has felt, as the only boy in the family, a call to protect his three sisters, a role that is both rewarding and challenging.

WEEK 3: ME AND MY BODY

The therapists lead the group in a discussion about verbal and nonverbal communication and ask the children to share examples of how they use their bodies to communicate.

Art activity: Paper-mache hand molds. As the children mold each other's hands, the therapists and artists engage them in a discussion about how people connect with the world in part with their hands—they can touch others and handle things lovingly or destructively.

WEEK 4: ME AND MY FAMILY

The therapists use a die-cut machine to create shapes of people in various colors. The children draw a shape from a bag as a prompt to think about themselves in relation to their parents, siblings, and extended family. Helpful prompts include: Who does your family consist of? In what ways are you like and not like your family members? How do these people view you?

Art activity: Photo collage. Disposable cameras are distributed 2 weeks prior to this activity with instructions for the children (and/or family members) to take pictures of their family, including posed and action shots. After the staff develops the photos, the children arrange them on a large piece of plywood, with space next to the photos for captions and decorations. As the children work together on one board, the therapists and artists encourage the children to share stories about their families.

WEEK 5: ME AND MY NEIGHBORHOOD AND COMMUNITY

The therapists ask the children to define community. Discussion prompts include: What do you like and dislike about your community and/or neighborhood? What would you change if you could?

Art activity: Neighborhood walk. As the children walk the neighborhood, they are encouraged to gather objects for found art and to pick up garbage for appropriate disposal. They are encouraged to pay attention to what is going on around them. What do they see? What do they hear? How do they feel as they observe their neighborhood? The found objects are mounted to the family collage board with glue and twine.

WEEK 6: ME AND MY ANCESTORS AND MY CULTURAL HERITAGE

The therapists invite the children to share what they know about their ancestry. Prompts include: What do you know about your heritage? Where do your ancestors come from? What stories have you been told about where your family comes from? What stories have you been told about Africa? What cultural traditions does your family practice and celebrate?

Art activity: Map making. The children draw and color maps of their homeland as one of the artists sings and plays African drums. Blank maps of the world and Africa are supplied. The art from this and previous weeks—for example, the masks—is displayed with participant consent at the community's Kwanzaa's festivities.

WEEK 7: ME AND THE GLOBAL COMMUNITY

The therapists invite the children to talk about who they know from other parts of the world and what they know about those other places. Discussion prompts include: Where would you like to visit? What places would you like to know more about? The use of a globe facilitates conversation.

Art activity: Planting seeds. As the children plant seeds to take home and/or to a community garden, they discuss the steps necessary to take care of their plants (e.g., repotting, watering, etc.). Participants also discuss how as individuals and as a community, they can contribute to global and ecological health, which in turn contributes to individual health.

WEEK 8: I AM COURAGEOUS

The therapists invite the children to define courage, bravery, and resilience and to offer examples of when they or someone else they know has been courageous. Each child is presented with a certificate of courage for their individual contributions to group discussions.

Art activity: T-shirt making. T-shirt making has been used in African American ceremonies, particularly for bereaved families to commemorate the death of a loved one (Bradley et al., 2008). Rather than commemorating a lost loved one, the children are invited to process the ending and loss of the group by painting on T-shirts pictures of themselves, other group members, and/or memorable group activities.

AN ILLUSTRATION OF THE COLLABORATIVE MODEL

The collaboration between artists and therapists is of therapeutic value at multiple relational dimensions. The art projects and group discussions provide opportunities for the children to develop adaptive self and emotional expression, coping, and communication skills. Case examples from the sessions on family and courage illustrate how in addition to enhancing personal development, individual resilience, and cohesion among the participants as peers, this model promotes a sense of shared community and greater mutual understanding among all of those involved.

Following the session on family, the therapists shared with the artists and agency staff their observations of how careful the children were to not criticize family members. The artists explained how the children in this community are taught by their elders that “what goes on in our house stays in our house” due in part to how frequently Black people and communities receive negative attention. The artists assisted in sensitizing the therapists to the ways in which shared information is often used to perpetuate racial stereotypes and discrimination. The partners talked about how a culturally appropriate focus for discussion is on how children overcome problems in their family, rather than on the problems themselves. Referencing the hymn

“How I Got Over,” about making it through trials, heartache, and bad times, the artists encouraged the therapists to focus on the historic resilience of Black children.

African American values of speaking honorably about family members, particularly when outside the home or community, and of focusing therapeutic discussions on strengths and adaptive coping formed the context for and were reflected in the subsequent session on courage. As the children shared examples of courage, Alisha, one of the oldest members of the group who regularly took the lead in discussions and activities, seemed withdrawn. After being gently encouraged by her peers to share what was on her mind, Alisha tentatively expressed confusion about how sometimes it may be courageous to go to an adult for help resolving a conflict, but that at other times, it may be more courageous to work out the problem directly with the person involved. Alisha prompted a fuller discussion of the complexities of courage.

The cultural dialectics of disclosure also found expression in the artists’ use of storytelling. At a time when the children seemed particularly quiet and hesitant to engage in the group process, one of the artists empathized with their reluctance through an African folktale about a boy who finds a talking skull in the woods. The skull has told the boy not to tell anyone about it and that “talking got me here,” but the boy cannot contain himself. After telling others about this strange sight, a spell is cast, condemning the boy to become a skull in the woods. Upon hearing this story, the children opened up and they were able to talk about when they have felt that keeping quiet is important to their survival and when speaking out has been valuable.

ADAPTATIONS

Although this program was designed for African American children, this community’s primary racial and cultural demographic, it may be adapted to other populations provided that the artists are skilled in culturally informed expressive activities. Curriculum topics should be culturally relevant to the participants. This model can also be adapted for varying ages.

Although designed for therapists in training, this program can be implemented by advanced therapists who remain open to continued development of competencies in relational, creative, and culturally sensitive dimensions of practice.

REQUIREMENTS AND LIMITATIONS

The length of this model should not be less than 6 weeks. Children need time to safely and fully engage in the expressive activities, to develop trust in the therapists and artists, and to build cohesion among themselves. The strength of their relationships with each other allows them to problem-solve together,

to expand their emotional vocabularies and try out new communication styles, and to experience a bond that gives them a sense of purpose.

CONCLUSION

This program, through the integration of therapeutic discussion and culturally informed art activities, promotes adaptive skill development and cultural awareness in African American children of families with drug and alcohol addiction. The university–community collaboration between therapists, artists of color, and agency staff also enhances community building. Future directions include discussion about adaptations to different ethnic and cultural groups and research on the effectiveness of this program on the children’s mental health, on community building, and on the therapist’s development of creativity-related and cultural competencies.

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