

Multiple intelligences theory and expressive therapies:

New counselling options for secondary school students who experience anxiety.

Anna Magdalena Keates ¹

Mark Pearson ²

Published as:

Keates, A. M., & Pearson, M. (2024). Multiple intelligences theory and expressive therapies: New counselling options for secondary school students who experience anxiety. *Journal of Psychologists and Counsellors in Schools*, 34(1), 120-129.
<https://doi.org/10.1177/20556365231216810>

¹ Higher Degree Researcher
School of Law & Society
University of the Sunshine Coast
Queensland, Australia
Magda.Keates@research.usc.edu.au

² Expressive Therapies Australia
and Adjunct Senior Lecturer in Counselling
University of the Sunshine Coast
Queensland, Australia
ORCID: 0000-0002-8237-0106
mark@expressivetherapies.au

Abstract

An integrative Multiple Intelligence and Expressive Therapies approach for counselling adolescents experiencing anxiety is proposed. Anxiety disorders are the most prevalent mental health challenges experienced by adolescents and most do not seek help. Research shows clear evidence of the association between anxiety in teenage years and psychiatric disorders in later life. Data is presented on the increasing incidence of anxiety in adolescence and some limits of commonly applied therapies are discussed. Adolescence is characterised as a time of turbulence and change in physical, emotional, social, and psychological development and the issues that adolescent clients bring to counselling are diverse and often complex. Evidence from several studies in counselling have shown positive outcomes through linking multiple intelligences and expressive therapies as an integrative therapy. The potential benefits of applying this combined approach to adolescence in secondary school settings are discussed.

Key words: Adolescence, anxiety, expressive therapies, integrative approach, multiple intelligences, secondary school counselling.

Multiple intelligences theory and expressive therapies: New counselling possibilities for secondary school students who experience anxiety.

This article proposes a new integrative counselling approach for supporting secondary school students who experience anxiety. The approach discussed applies Gardner's theory of multiple intelligences (MI) (Gardner, 1983, 2006) implemented through expressive therapies (ET) (Pearson & Wilson, 2009) to enhance effectiveness of engagement and therapeutic outcomes. It is paramount to apply efficacious treatments to assist adolescents in their daily struggles with anxiety, as, if left untreated, anxiety can lead to future mental health disorders (Das et al., 2016).

Gardner (1983) developed the theory of multiple intelligences, which posits that intelligence is more than a single property of the human mind. He described intelligence as the ability to solve problems, and a biopsychosocial capacity which may be predisposed by experience, culture, and motivational factors (Gardner, 1993). Gardner claimed that people have diverse cognitive strengths and contrasting cognitive styles, hence his research identified a pluralistic perspective on human intelligence, as opposed to a one-dimensional view of intelligence with a specific general ability (Gardner, 2006). Gardner delineated eight distinct intelligences, which include verbal-linguistic, logical-mathematical, visual-spatial, bodily-kinaesthetic, musical-rhythmic, interpersonal, intrapersonal, and naturalist (Gardner, 1983, 2006). He observed that schools and society traditionally value, and focus on, verbal-linguistic and logical-mathematical modalities (Gardner, 1983), hence not providing optimum support for people with other capacities. We observe that a similar bias exists within Western counselling.

MI theory has been shown to be beneficial in educational settings for more than three decades (Pearson, 2011). It has been broadly implemented in school curriculums (Armstrong, 2000; Campbell et al., 1992; Lazear, 1994; O'Brien & Burnett, 1997; O'Connor & Calahan-Young, 1994; Pearson & O'Brien, 2012; Vialle, 1994). O'Brien and Burnett (1997) first reasoned that Gardner's theory can be a useful framework for school counsellors to support their young students. The increasing interest in applying the MI-theory within counselling and psychotherapy practice has been identified (Booth & O'Brien, 2008; Bowles, 2013; Keteyian, 2011; O'Brien & Burnett, 2000a, 2000b; Odeleye, 2010; Pearson, 2011; Pearson & O'Brien, 2012).

Expressive therapies (ET), also referred to as creative arts therapies, is a combination of client-centred expressive counselling principles and arts-based activities that has been

developed in Australia since 1987 (Pearson, 1997, 2004; Pearson & Nolan, 1991, 2004; Pearson & Wilson, 2001, 2008, 2009). ET as an integrative approach, can operationalise MI theory to counselling practice (Pearson, 2011). ET offers various therapeutic activities that combine Gardner's eight intelligences (Pearson et al., 2015). Evidence from several studies have shown positive outcomes through integrating MI theory and ET for counselling children (Booth & O'Brien, 2008; O'Brien & Burnett, 1997, 2000a, 2000b) and adult clients (Pearson et al., 2015). Expressive arts are becoming more widely implemented as an intervention option in school counselling, especially with adolescents (Degges-White & Colon, 2015; Erford, 2016; Perryman et al., 2015; Siu & Chan, 2020). Many adolescents are reticent and unwilling to cooperate in structured, traditional talk therapy, however it has been found that a multimodal expressive arts approach contributes to a secure environment where clients have a choice, feel engaged, connected, empowered, and experience a greater sense of self-worth, accordingly, they are more actively involved (Siu & Chan, 2020).

Anxiety among adolescents can be equated to a mental health tsunami due to the plethora of challenges that they face. Psychological distress among Australians aged 15-19 had increased from 18.7% in 2012, to nearly 24.2% in 2018, an overall increase of 5.5% over seven years (Hall et al., 2019). The need for identifying the most effective school-based support for anxious adolescents is significant, as the mental health crisis continues to grow (Hall et al., 2019).

MI in the educational counselling field was originally suggested by Marshall and Fitch (2001), to date no studies have focused on MI in counselling with adolescents. The rationale for proposing a MI-ET framework to support secondary students is that there appears to be a significant gap in the research. It is suggested here that an integrated framework of MI, implemented through ET, could provide more options in responding to student preferences in ways of reflecting and communicating. It is also proposed that engaging in counselling through multiple modalities that relate to clients' preferred intelligences may help reduce in-session anxiety.

We present here a background rationale for preparing future MI-ET counsellors to guide adolescent clients to find and use their preferred intelligence. It is considered likely that this will help clients recognise their challenges and solve their own problems through a choice of non-threatening reflection and communication activities, permitting them to achieve a sense of competence. This competence as a client can potentially contribute to increased self-esteem, confidence and enhanced outcomes, through reducing initial apprehension and anxiety about participating in counselling.

Adolescent mental health worldwide

Mental health conditions make up 16% of the global burden of disease (World Health Organisation [WHO], 2020). Roughly, 10-20% of children and adolescents worldwide experience mental health problems (WHO, 2017) and approximately 50% of all mental health conditions commence by 14 years of age, and most cases remain unreported and untreated (Kessler et al., 2007). The most prevalent challenge for children and adolescents is generalized anxiety disorders (GAD) (Mental Health Foundation, 2018) and depression (Keles et al., 2020; Stansfeld et al., 2016), which is also one of the foremost causes of illness and disability amongst adolescents (WHO, 2020). Anxiety and depression are reciprocally comorbid, and jointly they relate to internalising disorders (Kalin, 2020). Depression and anxiety have adverse effects on adolescent development and progress, resulting in lesser educational achievement, quitting school, impaired social relationships, and a high risk of substance abuse, mental health problems and suicide (Copeland et al., 2014; Keles et al., 2020).

‘Anxiety disorders’ is the umbrella term that covers a range of different types of disorders, including, separation anxiety disorder, specific phobias, social anxiety disorder (social phobia), panic disorder, agoraphobia, generalised anxiety disorder, selective mutism, substance/medication-induced anxiety disorder, and anxiety disorder due to another medical condition (American Psychiatric Association, 2013).

Rapid physical and psychological changes occur during adolescence, which can be stressful for many, putting them at the peak age of vulnerability to anxiety and depression and mental illness (Kessler et al., 2005). Adolescents with anxiety disorders generally experience lower academic results (Mychailyszyn et al., 2010; Woodward & Fergusson, 2001), rank higher in absenteeism (Hansen et al., 1998), and prematurely quit secondary school (Duchesne et al., 2008) compared to non-anxious students (Pikulski et al., 2020).

School counselling in Australia

Australian school counsellors are employed in free government-funded schools, Catholic archdiocese schools and independent schools, which are generally religiously affiliated. Most secondary schools in Australia offer counselling, but many students, especially those who identify as males, do not seek counselling (Glasheen et al., 2016). Adolescents experiencing anxiety are reluctant to seek professional help and rely on adults to help them access mental health services (Costello et al., 2014). Despite high prevalence rates and available intervention options, adolescents struggling with anxiety are often under-identified and under-referred (Missenden & Campbell, 2019).

Urgent needs of adolescent clients

Mental health experts are not clear why mental health rates in Australian adolescents continue to increase, regardless of continuous support from policy makers, researchers, parents / guardians, and educators (Hall et al., 2019).

(Insert Table 1 here)

The data in Table 1 shows that mental health as a concern increased from 14.9% in 2015 to 33.7% in 2017, mental health as a personal issue and national concern has grown from 21% in 2015 to 43% in 2018, the environment as an issue of national importance has nearly quadrupled, from 9% in 2018 to 34% in 2019, equity and discrimination are issues of national concern since the surge from 23% in 2018 to 40% in 2020.

The physical and mental health of adolescents can be compromised if they do not receive effective counselling, limiting their ability to lead fulfilling lives as adults (WHO, 2020). Psychological and emotional well-being can be improved by additional investment in evidence-based provisions and partnerships between adolescents, schools, community organisations and governments (Hall et al., 2019). Therefore, there is no better time to propose a novel, engaging, integrative and collaborative therapeutic approach such as the MI-ET framework to support and address anxiety in adolescents at secondary schools.

Current therapeutic approaches for adolescent anxiety

Why is there a need to explore new ways to support anxious students? Anxiety is a complex issue and there is no quick therapeutic fix. Anxiety disorders are commonly treated in three different ways: through applying different types of psychological therapies, using medication, or through a combination of medication and psychological therapies (Grant, 2013). Talk therapy commonly includes psychoeducation, relaxation techniques, cognitive restructuring skills (CBT), coping skills and breathing exercises, although some approaches show limited evidence of effectiveness in reducing anxiety symptoms among adolescence (Grant, 2013). The American Academy of Child and Adolescent Psychiatry (2019) draws attention to the most frequently applied evidence-based approaches, including: Acceptance and Commitment Therapy (ACT), Dialectical Behavior Therapy (DBT), Interpersonal Therapy (IPT), and Cognitive Behavior Therapy (CBT).

Researchers claimed that CBT is currently the gold-standard of psychological treatment (David et al., 2018). CBT is frequently cited in the international guidelines for psychological treatment, making it the first-line treatment for various mental disorders, as recognised by the National Institute for Health and Care Excellence guidelines (Hofmann et al., 2012) and the American Psychological Association (Hofmann et al, 2013). CBT is one of the most

widespread treatments for anxious adolescents (Sauter et al., 2009) and according to the APA Division of Clinical Psychology, CBT is the only “well established” intervention for anxious youths (Hollon & Beck, 2013).

A Cochrane review showed CBT is not more helpful than "active therapies" and there is no clear evidence of long-term improvement in anxiety, however CBT is more effective than no therapy (James et al., 2015). Some theorists criticised CBT for being too verbal and abstract and recommend developing a hybrid treatment model to include creative arts therapies to engage students with anxiety more effectively in qualitative and experiential aspects of therapy (Carroll, 2018; Morris, 2014). Specific adaptations to CBT for anxious clients can include more interactive activities to increase motivation and engagement, the increase in metaphors, and the adaptation of methods for clients whose interactions are less verbally based (Oar et al., 2017). Sauter et al. (2009) suggested the inclusion of pictorial representations of therapeutic tasks, as well as enactments such as role plays, games, and visualisations. The recommended adjustments suggest a valuable role for ET in a traditional CBT framework.

Caution with psychological therapy

Psychotherapy can have positive and negative effects in clients (Bergin, 1963), it is not harmless (Jarrett, 2018). Heide and Borkevec (1984) found that clients prone to panic experienced higher levels of anxiety and even unexpected panic attacks during relaxation treatments, and clients with GAD experienced increased physiological tension during progressive relaxation and meditation. Therapy-induced deterioration must be used with discretion because it can be temporary and ultimately beneficial for some clients, but harmful to others (Lilienfeld, 2007). Researchers cautioned that therapists should be aware of their biases, which can lead to them accepting that therapy has been successful when it is not (Jarrett, 2018; Schermuly-Haupt et al., 2018).

Background of Gardner’s Multiple Intelligences Theory

Gardner’s research on intelligence and theory development was first published in 1983, then refined in 1993, 1999, and again in 2006 (Gordon, 2020). MI theory developed from years of research in cognitive psychology, and revolutionised the concept of intelligence (Lazear, 1992; O’Brien & Burnett, 1997). Gardner noted: “the human mind is better thought of as a series of relatively separate faculties, with only loose and nonpredictable relations with one another, than as a single, all-purpose machine that performs steadily at a certain horsepower, independent of content and context” (1999, p. 32). Gardner argued that the traditional one-dimensional view of intelligence, with a specific general ability, was

incomplete and out-of-date, hence he challenged previous beliefs about human intelligence and concluded that people have diverse types of intelligences or specific capacities, abilities or cognitive strengths (Gardner, 1983; Pearson & O'Brien, 2012).

Gardner defined intelligence as a "biopsychological potential to process information that can be activated in a cultural setting to solve problems or create products that are of value in a culture" (Gardner, 1999, p. 34). Gardner identified eight specific criteria to consider "candidate intelligences" (Gardner, 1999, p. 36) and these were formulated from biological sciences/neuropsychology, developmental psychology, experimental/traditional psychology, and logical analysis (Gardner, 1999).

Gardner initially defined seven distinct intelligences that can be observed and measured, comprised of linguistic intelligence, musical intelligence, logical-mathematical intelligence, spatial intelligence, bodily-kinaesthetic intelligence, interpersonal, and intrapersonal intelligences (Gardner, 1983; 1999). In 1995, Gardner added the 'naturalistic intelligence'. Gardner (1998) suggested additional intelligences, yet he was unsure how to fully identify, define and incorporate these, nonetheless he proposed that the concept of existential intelligence could potentially be beneficial.

MI theory encourages educators to adapt teaching and curriculum in the light of the notion that there is more than one way to be intelligent, more than one way to learn (Gordon, 2020). A benefit of MI theory is to support students to identify their own preferred intelligence, so that they can better engage with learning (e.g., those with a natural preference for the visual-spatial could create drawings or mind maps to help them learn). School counsellors can embrace the same principles to provide counselling according to the client's preferred intelligences and offer a range of therapeutic activities from which the student can choose.

Criticism of Gardner's Multiple Intelligences Theory

Although Gardner's 38-year-old MI theory has become widely used in education, it has also attracted controversy. Some cognitive and developmental psychologists, as well as some educators, argued that Gardner's theory is limited due to insufficient empirical evidence (Morgan, 1996; Willingham, 2004). Willingham (2004) argued Gardner's definition of intelligence is too broad, in that there is no general intelligence or "g" relating to central processing capacity, rather independence intelligences that relate to performance. White (2008) recognised that the application of MI theory in schools contributed to increased self-esteem and improved learning due to the "feel good" attitude, because every student was told they are "smart", rather than them showing relevant skills. Other scholars argued that

multiple intelligences are a cognitive style of abilities, sensitivities, personality traits, talents, and skills, rather than an independent intelligence concept (Morgan, 1996; White, 2005; Willingham, 2004), consequently there were concerns about terminology.

Expressive Therapies

Historically, expressive arts have been part of life and healing since the beginning of humanity (McNiff, 1981). McNiff (1981) observed that ‘talk therapy’ is the customary approach in counselling, though expressive arts therapists are cognisant that their clients may be more visual or tactile. Malchiodi (2005) debated that a combination of expressive therapies and clients’ abilities can enhance communication. School counsellors are encouraged to adapt counselling approaches to client preferences to support improved outcomes (Cooper, 2010). Counsellors who want to implement MI must be familiar with many therapies and interactive modalities to offer the client freedom of choice and expression (Booth & O’Brien, 2008).

ET can link MI theory within counselling practice as it offers numerous activities in parallel with Gardner’s eight intelligences (Pearson et al., 2015). ET integrates art, imagery, music, movement, emotional expression, therapeutic writing, and communication into counselling sessions from which counsellors can select suitable interventions, in collaboration with cognitive and behavioural therapies, that correspond to client’s intelligences (Pearson et al., 2015). Experiential treatments can have a profound impact in counselling adolescents since these approaches can stimulate thoughts, feelings and emotions and address imagery associated with their anxieties, in ways that may not otherwise arise in traditional ‘talk therapies’ (Longo, 2004; Pearson & O’Brien, 2012).

The implementation of a MI-ET integrative framework in secondary school counselling settings may potentially lead to a reduction in anxiety, through enhancing safety and providing students with choices, thus empowering them, and building resilience. Through integrative practice counsellors can choose various theories, approaches, perspectives, methods, and techniques, ideally in collaboration with a client, to match what works best for the client’s needs. Integrative practice means the most effective techniques that make sense to the client and can produce positive results. (Hollanders & McLeod, 1999, Lampropoulos, 2000; Lazarus et al., 1992). The concept of integrative therapy has been theoretically, formally, and purposely applied in “what works best” in psychological treatment settings (Hollanders & McLeod, 1999; Lazarus et al., 1992; Long & Young, 2007).

Formulating the MI-ET framework for adolescent therapy

O'Brien (1999) was the first researcher to study MI theory in combination with ET delivery as a theoretical and practical basis for counselling in primary schools. Several studies in counselling have shown effectiveness from an MI-ET approach in counselling primary school children (Booth & O'Brien, 2008; Hopper & Hurry, 2000; O'Brien & Burnett, 2000a, 2000b) and with adult clients (Pearson et al., 2015). To date, there is no research on the application of a MI-ET framework and its impact on secondary school counselling. Experiential treatments can have a profound impact on counselling adolescents, and these approaches can stimulate thoughts, feelings and emotions in ways that may not otherwise occur in traditional talk therapies (Longo, 2004; Pearson, 2011). It is proposed here that MI theory could be integrated with ET as a framework for implementation in secondary school counselling settings in Australia, and possibly globally. The MI theory and its practical application through ET, provide counsellors with flexibility in offering innovative therapeutic activities to enhance therapy outcomes, relevant to their clients' strengths, preferences, and natural abilities (Bowles, 2013; Pearson, 2016; Swift et al., 2013).

The authors reason that if an adolescent-client participates in a counselling activity that utilises their intelligence strengths, the client may feel empowered to select their preferred activity from a therapeutic menu, and this will enhance a sense of safety. In this case they may feel "I'm good at it", and that it is non-threatening, resulting in some enjoyment and a sense of achievement, which can have a positive effect on mood and lower anxiety. This can strengthen engagement and the therapeutic alliance, and ultimately contribute to successful outcomes.

Contrary to White's (2008) negative view on students' optimism and sense of accomplishment due to receiving praise from their classroom teacher for applying preferred intelligences, in counselling, ease of engagement, a completed activity or artefact can instil hopefulness and confidence. Adolescent clients may feel safe and empowered to communicate their challenges and problems in a non-threatening manner, where there are no wrongs or rights or pressures to self-reveal dysfunction. MI-ET can enable adolescents to acquire problem solving skills, self-regulation, and coping skills through using their intelligence strengths in a way that lowers anxiety levels.

Future research

There is currently a gap in research for a MI-ET framework to support secondary school counsellors in how to help their anxious clients more effectively. Providing the resources to counsellors to recognise their own preferred intelligence (and hence their own possible assumptions about conducting therapy), and to determine and respond practically to

their clients' preferences, may show a positive impact on the therapeutic alliance through stimulating client reflection and subsequent communication, and provide enhanced safety for anxious students. Using clients' natural or preferred intelligence, especially early in therapy, may engage them more effectively and confidently, and reduce their in-session anxiety and risk of drop-out. Research focused on MI-ET in adolescent therapy will illuminate this proposal. The training of counsellors in incorporating MI-ET, and gaining wide feedback is planned.

Conclusion

Adolescent mental health is a serious international challenge and deserves urgent and improved intervention and wider access to effective support. Moving beyond the limitations of talking therapy for adolescents in secondary school counselling is essential. Discovering an adolescent client's preferred intelligences will enable a counsellor to offer them a range of modalities as catalysts for reflection, communication and therapeutic processing. It may be essential for counsellors to adapt therapeutic practices to match clients' specific intellects (Cooper, 2010), and to solve problems through using a natural preference.

This article identified a gap in the research on applying MI in counselling, and proposes that validating Gardner's MI theory applied through ET, implemented in secondary school counselling settings, will be a useful contribution to the body of knowledge of psychological therapies. It is anticipated that MI-ET over time, can reduce anxiety symptoms, provide insight, and improve the adolescent-client's functioning and quality of life.

Disclosure

No conflicts of interests declared concerning the publication of this article.

Data Availability Statement

As this article is proposing a new approach to counselling secondary students, there is currently no associated data, beyond the references made in the article. Future research will provide evidence of the efficacy of the approach.

References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>
- Armstrong, T. (2009). *Multiple intelligences in the classroom* (3rd ed.). Alexandria, VA: Association for Supervision and Curriculum Development.
<https://erwinwidiyatmoko.files.wordpress.com/2012/08/multiple-intelligences-in-the-classroom.pdf>
- Bailey, V., Baker, A-M., Cave, L., Fildes, J., Perrens, B., Plummer, J., & Wearing, A. (2016). *Youth Survey Report 2016*. Sydney, NSW: Mission Australia.
<https://www.missionaustralia.com.au/>
- Bergin, A. E. (1963). The empirical emphasis in psychotherapy: A symposium. The effects of psychotherapy: Negative results revisited. *Journal of Counseling Psychology*, 10(3), 244–250. doi:10.1037/h0043353
- Booth, R., & O'Brien, P. (2008). A holistic approach for counsellors: Embracing multiple intelligences. *International Journal for the Advancement of Counselling*, 3(2), 79-92. doi:10.1007/s10447-008-9046-0
- Bowles, T. (2013). Enhancing strength-based therapy by focussing on client's talents and concepts of learning. *Electronic Journal of Applied Psychology*, 9(1), 19-30. doi:10.7790/ejap.v9i1.350
- Bullot A., Cave, L., Fildes, J., Hall, S., & Plummer, J. (2017). *Youth Survey Report 2017*, Sydney, NSW: Mission Australia. <https://www.missionaustralia.com.au/>
- Campbell, L., Campbell, B., & Dickenson, D. (1992). *Teaching and learning through multiple intelligence*. Melbourne: Hawker Brownlow.
- Carlisle, E., Fildes, J., Hall, S., Hicking, V., Perrens, B., & Plummer, J. (2018). *Youth Survey Report 2018*. Sydney, NSW: Mission Australia. <https://www.missionaustralia.com.au/>
- Carlisle, E., Fildes, J., Hall, S., Perrens, B., Perdriau, A., & Plummer, J. (2019). *Youth Survey Report 2019*, Sydney, NSW: Mission Australia. <https://www.missionaustralia.com.au/>
- Carroll, D. (2018). Enhancing Cognitive Behavioral Therapy and Expressive Arts Therapy by applying a hybrid approach. *Expressive Therapies Theses*, 52. Lesley University.
https://digitalcommons.lesley.edu/expressive_these/52
- Cooper, M. (2010). The challenge of counselling and psychotherapy research. *Counselling and Psychotherapy Research*, 10(3), 183-191. doi:10.1080/147331409903518420

- Copeland, W. E., Angold, A., Shanahan, L., & Costello, E. J. (2014). Longitudinal patterns of anxiety from childhood to adulthood: The great smoky mountains study. *Journal of the American Academy of Child & Adolescent Psychiatry*, 53(1), 21-33. doi: 10.1016/j.jaac.2013.09.017
- Costello, E. J., He, J., Sampson, N. A., Kessler, R. C., & Merikangas, K. R. (2014). Services for adolescents with psychiatric disorders: 12-month data from the national comorbidity Survey. *Psychiatric Services*, 65(3), 359–366. doi: 10.1176/appi.ps.201100518
- Das, J. K., Salam, R. A., Lassi, Z. S., Khan, M. N., Mahmood, W., Patel, V., & Bhutta, Z. A. (2016). Mental health: An overview of systematic reviews. *Journal of Adolescent Health*, 59(4), S49-S60. doi: 10.1016/j.jadohealth.2016.06.020
- David, D., Cristea, I., & Hofmann, S. G. (2018). Why cognitive behavioral therapy is the current gold standard of psychotherapy. *Frontiers in Psychiatry*, 9, (Article 4), 1 - 3. doi: 10.3389/fpsy.2018.00004
- Degges-White, S., & Colon, B. R. (2015). *Expressive arts interventions for school counselors*. Springer Publishing Company.
- Duchesne, S., Vitaro, F., Larose, S., & Tremblay, R. E. (2008). Trajectories of anxiety during elementary-school years and the prediction of high school noncompletion. *Journal of Youth and Adolescence*, 37(9), 1134–1146. doi: 10.1007/s10964-007-9224-0
- Erford, B. T. (2016). Using activities and expressive arts in group work. In B. T. Erford (Ed.), *Group work in schools*. (2nd ed.) (pp. 309–336). Routledge/Taylor & Francis Group.
- Gardner, H. (1983). *Frames of mind: The theory of multiple intelligences*. New York: Basic Books.
- Gardner, H. (1993). *Multiple intelligences: The theory in practice*. New York: Basic Books.
- Gardner, H. (1995). Reflections on multiple intelligence: Myths and messages. *Phi Delta Kappan*, 77(3), 200–209. <http://www.jstor.org/stable/20405529>
- Gardner, H. (1999). *Intelligence reframed: Multiple intelligences for the 21st Century*. New York: Basic Books.
- Gardner, H. (2006). *Multiple intelligences*. New York: Basic Books.
- Gardner, H. (2011). *Frames of mind: The theory of multiple intelligences*. London: Hachette.
- Gardner, H. E. (2000). *Intelligence reframed: Multiple intelligences for the 21st century*. London: Hachette

- Glasheen, K. J., Shochet, I., & Campbell, M. A. (2016). Online counselling in secondary schools: Would students seek help by this medium? *British Journal of Guidance & Counselling*, 44(1), 108-122. doi:10.1080/03069885.2015.1017805
- Gordon, L. M. (2020). *Howard Gardner*. Chicago: Encyclopedia Britannica. Retrieved from <https://www.britannica.com/biography/Howard-Gardner>
- Grant, D. M. (2013). Anxiety in Adolescence. In W. O'Donohue, L. Benuto, and L. W. Tolle, *Handbook of adolescent health psychology* (pp. 507-519). Springer. doi:10.1007/978-1-4614-6633-8_3
- Hall, S., Fildes, J., Perrens, B., Plummer, J., Carlisle, E., Cockayne, N., and Werner-Seidler, A. (2019). *Can we Talk? Seven Year Youth Mental Health Report - 2012-2018*. Sydney, NSW: Mission Australia. <https://apo.org.au/node/264826>
- Hansen, C., Sanders, S. L., Massaro, S., & Last, C. G. (1998). Predictors of severity of absenteeism in children with anxiety-based school refusal. *Journal of Clinical Child Psychology*, 27(3), 246–254. doi: 10.1207/s15374424jccp2703_2
- Heide, F. J., & Borkovec, T. D. (1984). Relaxation-induced anxiety: Mechanisms and theoretical implications. *Behaviour Research and Therapy*, 22, 1-12. doi: 10.1016/0005-7967(84)90027-5
- Hofmann, S. G., Asmundson, G. J., Beck, A. T. (2013). The science of cognitive therapy. *Behavior Therapy*, 44, 199–212. doi: 10.1016/j.beth.2009.01.007
- Hofmann, S. G., Asnaani, A., Vonk, I. J., Sawyer, A. T., & Fang, A. (2012). The efficacy of Cognitive Behavioral Therapy: A review of meta-analyses. *Cognitive Therapy and Research*, 36(5), 427-440. doi: 10.1007/s10608-012-9476-1
- Hollanders, H., & McLeod, J. (1999). Theoretical orientation and reported practice: A survey of eclecticism among counsellors in Britain. *British Journal of Guidance and Counselling*, 27(3), 405–414. doi: 10.1080/03069889900760351
- Hollon, D. S., & Beck, A. T. (2013). Cognitive and cognitive-behavioural therapies. In M. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behaviour change* (6th ed.) (pp. 393-442). New York: John Wiley & Sons.
- Hopper, B., & Hurry, P. (2000). Learning the MI way: The effects on students' learning of using the theory of multiple intelligences. *Pastoral Care in Education*, 18(4), 26-32. doi: 10.1111/1468-0122.00176
- James, A. C., James, G., Cowdrey, F.A., Soler, A., & Choke, A. (2015). Cognitive behavioural therapy for anxiety disorders in children and adolescents. *Cochrane*

- Database of Systematic Reviews*, (2), 1-88. Art. No.: CD004690. doi: 10.1002/14651858.CD004690.pub4.
- Jarrett, C. (2018). Interviews with 100 CBT-therapists reveal 43 per cent of clients experience unwanted side-effects from therapy. *British Psychological Society Research Digest*. <https://digest.bps.org.uk/2018/08/13/interviews-with-100-cbt-therapists-reveal-43-per-cent-of-clients-experience-unwanted-side-effects-from-therapy/#:~:text=Following%20this%20process%2C%20the%20researchers,and%20s trains%20in%20family%20relations>
- Kalin, N. H. (2020). The critical relationship between anxiety and depression. *The American Journal of Psychiatry*, 177(5), 365-367. <https://doi.org/10.1176/appi.ajp.2020.20030305>
- Keles, B., McCrae, N., & Grealish, A. (2020). A systematic review: the influence of social media on depression, anxiety and psychological distress in adolescents. *International Journal of Adolescence and Youth*, 25(1), 79-93. doi: 10.1080/02673843.2019.15908
- Kessler, R. C., Angermeyer, M., Anthony J.C., et al. (2007). Lifetime prevalence and age-of-onset distributions of mental disorders in the World Health Organization's World Mental Health Survey Initiative. *World Psychiatry*, 6, 168-176. doi: 10.1002/mpr.1836
- Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey replication. *Erratum. Archives of General Psychiatry*, 62(6), 593-602. doi:10.1001/archpsyc.62.6.593
- Keteyian, R.V. (2011). Understanding individual communication styles in counselling. *The Family Journal*, 19(1), 90-95. doi:10.1177/1066480710388722
- Lampropoulos, G. K. (2000). Evolving psychotherapy integration: Eclectic selection and prescriptive applications of common factors in therapy. *Psychotherapy*, 37(4), 285-297. doi: 10.1037/0033-3204.37.4.285
- Lazarus, A. A., Beutler, L. E., & Norcross, J. C. (1992). The future of technical eclecticism. *Psychotherapy*, 29, 11-20. doi:10.1037/0033-3204.29.1.11
- Lazear, D. (1992). Seven ways of knowing. In A. Costa, J. Bellanca and R. Fogarty (Eds), *If minds matter: A foreword to the future*. Melbourne, Australia: Hawker Brownlow.
- Lazear, D. (1994). *Seven pathways of learning*. Melbourne, Australia: Hawker Brownlow.

- Lilienfeld, S. O. (2007). Psychological treatments that cause harm. *Association for Psychological Science*, 2(1), 53-70. doi: 10.1111/j.1745-6916.2007.00029.x
- Long, L. L., & Young, M. E. (2007). *Counselling and therapy for couples*. Belmont, CA: Thomson Brooks/Cole.
- Longo, R. E. (2004). Using experiential exercises in treating adolescents with sexual behaviour problems. *Sexual Addiction & Compulsivity*, 11(4), 249-263.
<https://doi.org/10.1080/10720160490900623>
- Malchiodi, C.A. (2005). *Expressive Therapies*. New York: Guilford.
- Marshall, J., & Fitch, T. (2001). Multiple Intelligence and Counselor Training. *Inquiry: Critical Thinking Across the Disciplines*, 20(3), 26-32.
- McNiff, S. (1981). *The arts and psychotherapy*. Springfield, IL: Thomas.
- Mental Health Foundation. (2018). *Children and young people*.
<https://www.mentalhealth.org.uk/a-to-z/c/children-and-young-people>
- Missenden, N., & Campbell, M. (2019). Secondary school teachers' ability to recognise and refer students with differing levels of anxiety. *The Educational & Developmental Psychologist*, 36(2), 51-59, doi: 10.1017/edp.2019.12
- Morgan, H. (1996). An analysis of Gardner's theory of multiple intelligence. *Roeper Review*, 18(4), 263–269. <https://doi.org/10.1080/02783199609553756>
- Morris, F. J. (2014). Should art be integrated into cognitive behavioural therapy for anxiety disorders? *The Arts in Psychotherapy*, 41, 343-352.
<http://dx.doi.org/10.1016/j.aip.2014.07.002>
- Mychailyszyn, M. P., Mendez, J. L., & Kendall, P. C. (2010) School functioning in youth with and without anxiety disorders: Comparisons by diagnosis and comorbidity. *School Psychology Review*, 39, 106-121. doi: 10.1080/02796015.2010.12087793
- Oar, E. L., McLellan, L. F., & Rapee, R. M. (2017). Adapting cognitive behavioral therapy for anxious children and adolescents. *Journal of Cognitive Psychotherapy*, 31(1), 23-40. doi: 10.1891/0889-8391.31.1.23
- O'Brien, P. J. (1999). Gardner's theory of multiple intelligences and its implications for the counselling of children. Unpublished doctoral dissertation. Brisbane, Australia: Queensland University of Technology.
- O'Brien, P., & Burnett, P. (1997). The theory of multiple intelligence: Implications for counselling children. *Journal of Psychologists and Counsellors in Schools*, 7, 101-108. Doi: 10.1017/S103729110000128X

- O'Brien, P., & Burnett, P. C. (2000a). The Theory of Multiple Intelligences: Implications for Counseling Children. *Australian Journal of Guidance and Counselling*, 10(1), 145–156. <https://doi.org/10.1017/S1037291100004209>
- O'Brien, P., & Burnett, P. (2000b). Counselling children using a multiple intelligence framework. *British Journal of Guidance and Counselling*, 28(3), 353-371. <https://doi.org/10.1080/0306988005011899>
- O'Connor, A.T. & Calahan-Young, S. (1994). *Seven windows to a child's world*. Melbourne, Australia: Hawker Brownlow.
- Odeleye, D.A. (2010). Appraisal of Howard Gardner's multiple intelligences (MI) theory: Implications for pedagogy and counselling practice in Nigeria. *Continental Journal of the Arts and Humanities*, 2, 38-45.
- Pearson, M. (1997). *The healing journey. A workbook for self-discovery*. Melbourne: Lothian.
- Pearson, M. (2004). *Emotional healing and self-esteem - Inner-life skills of relaxation, visualisation and meditation for children and adolescents*. London: Jessica Kingsley Publishers.
- Pearson, M. (2016). Multiple intelligences training for counsellors: reflections on a pilot programme. *Asia Pacific Journal of Counselling and Psychotherapy*, 7(1-2), 50-68. doi:10.1080/21507686.2016.1193035
- Pearson, M. R. (2011). Multiple intelligences and the therapeutic alliance: Incorporating multiple intelligence theory and practice in counselling. *European Journal of Psychotherapy & Counselling*, 13(3), 259 – 274. <https://doi.org/10.1080/13642537.2011.596725>
- Pearson, M., & Nolan, P. (1991). *Emotional first-aid for children – Emotional release exercises and inner-life skills*. Springwood, NSW: Butterfly Books.
- Pearson, M., & Nolan, P. (2004). *Emotional release for children – Repairing the past, preparing the future*. London: Jessica Kingsley Publishers.
- Pearson, M., & O'Brien, P. (2012). Changing views of theory and practice in counselling: Multiple intelligences, eclecticism and the therapeutic alliance. *Psychotherapy & Counselling Journal of Australia*, 1(1), <http://pacja.org.au/?p=465>
- Pearson, M., O'Brien, P., & Bulsara, C. (2015). A multiple intelligences approach to counseling: Enhancing alliances with a focus on strengths. *Journal of Psychotherapy Integration*, 25(2), 128–142. <https://doi.org/10.1037/a0038881>

- Pearson, M., & Wilson, H. (2001). *Sandplay and symbol work: Emotional healing and personal development with children, adolescents and adults*. Melbourne: ACER Press.
- Pearson, M., & Wilson, H. (2008). Using expressive counselling tools to enhance emotional literacy, emotional wellbeing and resilience: Improving therapeutic outcomes with Expressive Therapies. *Counselling, Psychotherapy and Health*, 4(1), 1-19.
- Pearson, M., & Wilson, H. (2009). *Using expressive arts to work with mind, body and emotions: Theory and Practice*. London, UK: Jessica Kingsley.
- Perryman, K. L., Moss, R., & Cochran, K. (2015). Child-centered expressive arts and play therapy: School groups for at-risk adolescent girls. *International Journal of Play Therapy*, 24(4), 205–220. doi:10.1037/a0039764
- Pikulski, P. J., Pella, J. E., Casline, E. P., Hale, A. E., Drake, K., & Ginsburg, G. S. (2020). School connectedness and child anxiety. *Journal of Psychologists and Counsellors in Schools*, 30(1), 13–24. <https://doi.org/10.1017/jgc.2020.3>
- Sauter, F. M., Heyne, D., & Westenberg, M. (2009). Cognitive Behavior Therapy for Anxious Adolescents: Developmental Influences on Treatment Design and Delivery. *Clinical Child and Family Psychology Review*, 12(4), 3103-345. Doi: 10.1007/s10567-009-0058-z
- Schermuly-Haupt, M., Linden, M., & Rush, J. J. (2018). Unwanted events and side effects in Cognitive Behavior Therapy. *Cognitive Therapy and Research*, 42, 219–229. 19–229. <https://doi.org/10.1007/s10608-018-9904-y>.
- Siu, A. A. Y. & Chan, A. H. C. (2020) Multimodal expressive arts in school counselling: a strength-based intervention program for academic underachievers in secondary schools. *Asia Pacific Journal of Counselling and Psychotherapy*, 11(2), 139-158. doi:10.1080/21507686.2020.1771603.
- Stansfeld, S., Clark, C., Bebbington, P., King, M., Jenkins, R., & Hinchliffe, S. (2016). Chapter 2: Common mental disorders. In S. B. McManus, *Mental health and wellbeing in England: Adult psychiatric morbidity survey (2014)* (pp. 37-68). Leeds: NHS Digital. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/556596/apms-2014-full-rpt.pdf
- Swift, J. K., Callahan, J. L., Ivanovic, M., & Kominiak, N. (2013). Further examination of the psychotherapy preference effect: A meta-regression analysis. *Journal of Psychotherapy Integration*, 23(2), 134–145. <https://doi.org/10.1037/a0031423>

- Tiller, E., Fildes, J., Hall, S., Hicking, V., Greenland, N., Liyanarachchi, D., & Di Nicola, K. (2020). *Youth Survey Report 2020*, Sydney, NSW: Mission Australia.
<https://www.missionaustralia.com.au/>
- Vialle, W. (1994). Profiles on intelligence. *Journal of Early Childhood*, 19(4), 31-34.
- White, J. (2005). *Howard Gardner: The myth of multiple intelligences*. London: Institute of Education, University of London.
<https://discovery.ucl.ac.uk/id/eprint/10001263/1/WhiteJ2005HowardGardner1.pdf>
- White, J. (2008). Illusory intelligences? *Journal of Philosophy of Education*, 42(3-4), 611-630. doi: 10.1111/j.1467-9752.2008.00643.x
- Willingham, D. T. (2004). Check the facts: Reframing the mind. *Educations Next*, 19-24.
https://educationnext.org/files/ednext20043_18.pdf
- Woodward, L. J., & Fergusson, D. M. (2001). Life course outcomes of young people with anxiety disorders in adolescence. *Journal of the American Academy of Child and Adolescent Psychiatry*, 40(9), 1086–1093. doi:10.1097/00004583-200109000-00018
- World Health Organization (2017). *Maternal, newborn, child and adolescent health*.
http://www.who.int/maternal_child_adolescent/topics/adolescence/mental_health/en/
- World Health Organisation (2020). *Adolescent mental health*. <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>

Table 1: Personal concerns: Findings of the Mission Australia Youth Surveys

	2016 Bailey et al., 2016).	2017 (Bullot et al., 2017).	2018 (Carlisle et al., 2018).	2019 (Carlisle et al., 2019).	2020 (Tiller et al., 2020).
Respondents (aged 15-19 years)	21 846	24 055	28 286	25 126	25 800
Female	55%	57.5%	55%	56.3%	56%
Male	45%	39.6%	41.7%	40.7%	41%
Gender Diverse		1.5%	2.9%	1.3%	2%
Aboriginal and/or Torres Strait Islander	6.1%	5.3%	5.7%	6.4%	4%
Language other than English at home	18.3%	18.3%	19.4%	17.8%	20%
Top 3 Personal Concerns					
Coping with Stress	44.4%	45.3%	43%	45%	43%
School/Academic Ability/Study	37.8%	35.6%	34%	34%	
Body Image	30.6%	31.1%			33%
Mental Health			31%	33%	34%
Top 3 Australian Issues identified					
Alcohol and Drugs	28.7%	32%	29%		
School	37.8%				
Body Image	30.6%				
Mental Health		33.7%	43%	36%	31%
Equity and discrimination			23%	25%	40%
The environment				34%	
COVID-19					39%