

Therapeutic Relating in Expressive Therapies: Reflections on Being with Young Clients

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Abstract

This article shares reflections on building rapport with young clients within an activity-based approach to counselling: Expressive Therapies. Current research confirms that creative arts-based approaches can increase positive therapeutic outcomes. Certainly, they engage a client in ways that can dramatically support self-understanding and growth. However, as the research also indicates, the client's relationship with the counsellor is one of the key ingredients in therapeutic success. Aiming for effective therapeutic relating involves more than attentive listening, curiosity, being comfortable with uncertainty, using invitations and offering choice. In practice effective relating also requires activities that support the young client to gather their thoughts, identify their feelings, and feel safe enough to discuss their behaviour. We address here some ways expressive therapists endeavour to provide both 'being with' a young client, and engaging them in activities, to enhance therapeutic relating.

Therapeutic Relating in Expressive Therapies: Reflections on Being with Young Clients

Is there a secret to helping a young client invest time and energy into a therapeutic process? What's needed to build an effective relationship and promote positive therapeutic outcomes with young clients? Since younger clients often avoid seeking help, and, rarely, are the ones who refer themselves to counselling, how do we convey we are willing to work in a way that supports their best interests?

Growth, change and capacity for self-reliance have been found to be directly related to what a client engages with in a session (Cook-Cottone, Anderson & Kane, 2019; Swift & Greenberg, 2015). The question then, is whether the theories that underly the methods we use offer us the key to effectiveness with this client group. In fact, unsurprisingly, the strongest predictor of positive outcomes comes from a capacity and willingness to relate with our clients as individuals. Importantly, establishing trust has to be primary (de Greef, Pijnenburg, van Hattum, McLeod, & Scholte, 2017) alongside our ability to instil hope of change (Swift, Greenberg, Whipple, & Kominiak, 2012), and engage the young person in the process (Swift & Greenberg, 2015).

Young clients might enter the mysterious counselling room with some trepidation. Mysterious because they arrive with a paradox: they want to be heard, but they haven't yet clarified what they want to say, and whether it is safe, or if they are ready to say it. *What will happen? Why am I here? Who is this person, this counsellor? What will they expect from me? Are they really interested in me?*

Apprehension and intense emotions can muddle thoughts. Young clients may not understand the role of a counsellor, and thus bring an attitude of being on guard. One of our challenges is to remain open, welcoming, listening, and at the same time provide some scaffolding to help them sort through their thoughts, wishes, and priorities. We hope to hear their intention for attending counselling, but even that may not have emerged yet. Essentially, young clients have been mandated to attend because parents, teachers, family, peers, may have highlighted a deficit they think exists in the young person.

One of the many joys of supporting clients with Expressive Therapies (ET) is that the therapeutic activities include multiple ways to provide catalysts for trust to flourish, and allow young clients to reflect on their situation, prioritise what they want to focus on, and find starting points for communication, along with (ideally) swift development of rapport. ET provides creative-arts-based activities that focus on resolving emotional difficulties, exploring beliefs, growing somatic awareness and regulating behaviour. Over the last 35 years ET has been developed in Australia as counselling support for children, adolescents and adults, with the goal of resolution of challenges, in addition to expanding personal development that leads to well-being.

ET approaches include a flexible and interactive range of experiential activities that explore, process, and support resolution of sources of emotional distress. Rather than sessions being problem resolution saturated and focusing on cognitive dialogue, ET is person-focused and action-based. We are interested in 'who is the client' rather than what they have done. At its heart, ET is process-oriented with the invitation to self-discovery as the most effective avenue to foster a client's capacity for emotional regulation, hope, optimism and self-reliance. We seek to offer ways to engage without them necessarily experiencing what feels like 'interrogation'. With its activity-based creative arts counselling and psychotherapy approach, ET privileges self-discovery through emotional and somatic knowing. ET practitioners work in the present, while the scaffolding of activities open psychological space, allowing - but not forcing - anything from the past to emerge. ET also seeks to identify and optimise, in positive ways, a young client's individual strengths and their self/other awareness.

ET integrates the strengths of a range of approaches and offers pluralistic, creative arts-based, activities that include somatic and emotion focus, using art, music, metaphor, movement, therapeutic writing, drama, miniatures, relaxation, visualisation and mindfulness. Activities such as completing sentence starters, expression through arranging a group of miniatures, showing feelings with colours and lines; all stimulate self-reflection, provide time, and a safe way to recognise what they feel ready to share or ask.

Three foundational components essential in an ET approach to counselling involve:

- how to *be* – the mindful practice of developing therapeutic presence, particularly comfort with differences;
- how to *connect* – developing relational depth;
- what to *do* – activities as catalysts for client self-reflection and communication, with the added bonus of engaging a young person’s psychological and emotional processes.

Significantly, our way of being with clients, our willingness to hold them in their ‘not knowing’ space, and being comfortable with our own momentary not knowing, is critical to client-therapist attunement. In addition, our understanding of, and expertise with the methods, contributes to forming and maintaining positive therapeutic alliances. Therapeutic alliance has long been shown to be closely correlated with positive therapy outcomes (e.g., Botella, et al, 2008; Lambert & Ogles, 2004; Luborsky & Luborsky, 2006). The manner in which activities are employed, as well as their appropriateness can, however, influence the alliance. Both over-structuring and under-structuring therapeutic interventions predicts a negative alliance (Muran & Barber, 2010).

What to do

Research suggests that, overall, there are three clinically relevant features of a therapeutic alliance: bond, goals and tasks, as originally identified by Bordin in 1979 (Faw, Hogue, Johnson, Diamond, & Liddle, 2005). Younger clients may focus more on the bond, whereas adult clients may be more focused on goals, strategies and tasks. Baylis et al (2011) identified further behaviours on which alliance – according to their young clients – was dependent. Of course, these were “being nice”, doing activities, active listening, and expressions of caring. The concept of alliance developed from feedback from young clients (Campbell & Simmonds, 2011) included therapist’s ability to understand the child’s view of the world, and the expressions about the bond included warmth, trust, respect and empathy, with trust being identified in this research most often.

Counsellor behaviours that predict the formation of a good alliance include: “asking questions, making encouraging comments, identifying and reflecting back the client’s feelings, making positive comments about the client, and validating their experience” (Duff

& Bedi, 2010, p. 99). In attempting to develop an alliance with a young client, we move back and forth between initiating and responsive behaviours (Baylis, Collins & Coleman, 2011), between *being* and *doing*, *leading* and *following*. Young clients will respond openly to a therapist when they have an experience of the therapist listening, and being curious about who they are. We often find ourselves wondering if extending our silence would be helpful, whether we need to encourage, or provide more or less structure, or simply allow spontaneous play to emerge.

With its activity focus, ET readily engages young clients, who often prefer to 'do' something rather than talk about difficult events or feelings. If you are an experienced counsellor none of this will be new information. However, ET privileges the importance of taking time to develop connection prior to offering activities that may focus on emotion - or indeed any intervention. A priority in offering activities that support a workable therapeutic connection is the ability to "sense the most appropriate moment" (Ceberio, as cited in Soares, Botella & Corbella, 2010, p. 177). By evaluating "which one best suits that particular client" it is, in that moment, possible to offer the most useful intervention (Ceberio, as cited in Soares, Botella & Corbella, 2010).

We evaluate whether our client's natural strengths reside in visual/spatial expression, in somatic awareness and movement, in music and rhythm, or perhaps in silent reflection and written expression (Gardner, 2006). Counsellors ideally pay particular attention to their relationship with the young client, and find ways to enhance what that person contributes to the therapy. This can be achieved by including awareness of multiple intelligences theory and practice (O'Brien & Burnett, 2000; Pearson & O'Brien, 2012).

In terms of 'what to do', expressive therapists are blessed with an abundance of activities. Having a collection of miniatures in the consulting room, for use with symbol work or sandplay therapy, means the client can identify, and then perhaps communicate about, internal states via their attraction to specific miniatures. Miniatures can be arranged in a way that graphically communicate relationships (for example, showing family dynamics), and can be re-arranged to indicate transformations in the therapeutic process (Pearson & Wilson, 2001). Additionally, miniatures are a safe way to provide metaphor for implicit

reflection on, and communicating about, disturbing experiences, without the need to be explicit.

Having a range of visual arts equipment to choose from may mean a client can gravitate to ways of non-verbal thinking (Lowenfeld, n.d.), emotional processing, and abstract expression of internal states – for example, through use of abstract combinations of colours, lines and shapes – that may be difficult to identify and process if verbalisation alone were to be used. Or perhaps a more kinaesthetically inclined young client may be drawn to shaping clay, creating representational or abstract shapes that express their fears, hopes or dreams.

For some young clients the option to use percussion instruments as a way to create meaningful sounds and rhythms will provide joyous release from tensions. Creating ‘music’ with drums may be a way to express internal intensity with sounds. Furthermore, the fun of drumming together with a client, sharing rhythms, responding to rhythms, imitating rhythms, can dramatically enhance rapport.

How to connect: Our relational style

The concepts that inform a particularly ET relational style include: development of a counsellor’s capacity to remain curious, attuned and present; enhancing in-the-moment self-awareness; feeling and conveying acceptance and compassion; and relating in an invitational style. Through deep engagement in the therapeutic activities in a training context, expressive therapists practice openness to intuitive responses, and willingness to flow with creativity as a source of skilled and spontaneous responding.

Simple as it sounds, meeting a client ‘where they are’, ‘joining with’ them in whatever mood or state they may present in, can support a feeling of safety, and may be a prerequisite for rapport, and engaging their interest in self-exploration. First and foremost is working through any need for the client to fit, or validate, our framework. For example, can an expressive therapist, with their vast array of creative, artistic, experiential activities, be equally comfortable supporting a young person who is highly articulate, as well as those who use only one or two-word responses when asked a question? Can we be equally at home if a client wants problem-solving support or eagerly immerses themselves in playful,

silent use of miniatures or artistic expression with crayons, paints and sculptures. And can we understand the life challenges faced by young people with diverse lives, and how we maintain ongoing awareness of, and work with, those challenges?

Safety in relating

Self-reflection and self-awareness become possible, and start to solidify, once feelings of safety within the relationship can be tested by the client. To feel safe enough to relax any defensiveness, initial apprehension or experiential avoidance, the next step involves an invitation to respectfully encounter their internal world. To connect with emotion, follow their thoughts, depth their somatic awareness, and identify their wants and needs, requires a counsellor to begin to understand what might be personally and culturally appropriate. We need to be listening actively for what might be problematic for them, as well as their strengths and hopes and dreams. Ideally, having explored similar steps in our own personal development, our personal experience provides an ideal grounding for pursuit of flexible and compassionate relating.

In reflecting on our personal contribution to a client's feeling of safety, consider Porges' (1995) polyvagal theory, related to a client's nervous systems detecting safety and the implication that we need to be in a grounded and present state. Consider Dunn, Callahan, Swift, and Ivanovic's (2013) research showing the positive impact of a five-minute mindfulness practice prior to seeing a client, that resulted in raised levels of clients' perceived empathy from counsellors.

A person-centred way of relating can quickly develop a sense of safety for the client. In one of his earlier works, Rogers asked questions to determine if therapists' attitudes were truly client-centred (Rogers, 1951). Over seventy years later, these questions still provide useful reflection points for therapists intending to value client's internal resources. For example, Rogers asked if our valuing of person-centredness was simply a concept, or if we carried it into therapy in a practical way. He asked if we really respected our clients, and if we could let go of a need to control. Rogers points out that our own personal development may determine our ability to be person-centred.

Therapeutic presence: Counsellor reflection and self-awareness

Curiosity, openness and careful observation of emotional, psychological and somatic states might open a raft of questions in our mind. Like a constant researcher, this attentive listening leads us to be actively considering: *What does this client need right now? How is their psyche working at the moment? Do they feel safe? Could they be operating in a protective manner, or in what ways might this client be trying to process distress? Are they ready for structure or challenge? Do they need extended in-the-moment quiet presence from me? How will my questions be received? How do I keep my bias at bay? What might be in the 'margins' of the client's comments?* In other words, we aim to work with our clients, while our internal radar seeks to identify what is happening for the client, and within ourselves.

Trust

Trust is not automatic. We cannot assume the young person in front of us can feel safe to trust us or themselves. In reality, if they are in our counselling room, chances are they've experienced an unsafe or unhelpful world. How do we *be* and relate in ways that are likely to develop trust and safety? Outer trust, with the therapeutic environment and the counsellor is a pre-requisite for moving forward. Research from neuroscience and psychotherapy (e.g., Cozolino, 2006; Porges, 1995) provides supportive evidence that a counsellor needs, ideally, to be in a regulated and 'present' state to allow clients to risk dropping experiential avoidance, to explore difficult emotions, and understand and make a choice to change behaviours. Outer trust can emerge reasonably quickly with some clients, but can also be fragile and require constant 'reworking' for a client who carries a legacy of shame, traumatic experience, and/or attachment disruption, and ultimately experiences self as incapable.

A client's inner trust with themselves is a significant requirement in counselling. Inner trust refers to a client's capacity to experience themselves as safe, successful, able to hear and tolerate their own distress, as well as engage with the therapeutic 'tools' offered. For example, an adolescent client who has never before used miniatures as symbols to explore an issue of loss or grief might at first wonder how their distress could be eased by simply picking some small objects off a shelf and arranging them on a table. Gradually they come to

see these spontaneous actions begin to open windows to their thoughts, feelings and needs, and start to trust spontaneity within therapy, and the activities we offer.

Undoubtedly, counsellors want to know if there is a way our relating with a client can enhance their openness to vulnerability and self-awareness. It's a perennial question. When feelings of trust and safety are established, we can offer questions or activities that focus awareness to their body, their mood, energy, self-image, and thoughts and beliefs of the moment. What fosters that feeling of inner and outer safety? Is it our room? Our voice? Our questions? Our presence? Our calm and focused state? Of course, it is all of the above, with creative activities offered at the right moment.

Developing rapport

We have found that young clients may have limited notions of what counselling is, and what will be 'expected' of them. Finding simple ways to communicate this is likely to reduce apprehension, and support more open, honest exchange. Within this framework, of course, is explaining confidentiality. Other boundary-setting is also required. For example, in an approach that encourages role-play, movement, noise and emotional expression, boundaries between the consulting room and the outside world need to be clear.

Ideally, we want to relate with a young person in a way that assists them to have the agility to re-establish connection with their own resourcefulness and self-efficacy. A therapeutic alliance that assumes clients have the capacities and internal resources to solve their problems, even if these seem distant or unknowable when first entering therapy, can support this re-connection. After emotional and cognitive challenges are initially addressed, and a client feels support for growth in their sense of self, they can more readily reconnect with their resilience and creative potential. Sensing this support, clients are more likely to pursue productive choices, and formulate positive action steps.

Having established rapport with the young client, we think about what activities can be offered. Whenever possible, offer an integrated approach of self-awareness, self-reflection and self-expression opportunities. These opportunities may be times of quiet sharing using drawing, or choosing miniatures; they might involve accessing and expressing difficult

emotions through emotion-focused processes. Activities that provide an outlet for reactivity might be appropriate, in addition to activities that enhance integration as well as future planning.

Invitations rather than instructions

A deeply person-centred - and therefore empowering - way of professional relating centres around offering invitations. An invitation opens the space for a response, a reflection, a choice, as well as increased motivation to participate (Purkey & Schmidt, 1996). We might hear ourself saying: *I am interested in ...; I want you to ...; Could you . . .* These can be rephrased as: *Do you feel willing to tell me about? Would it seem helpful if you told me? As you tell me this, what thoughts or feelings are you aware of...* Invitations bring opportunities for clients' boundaries to be acknowledged and respected in cases where they do not want to engage.

Encouraging a client to connect internally and discern their motivations, their wants and wishes and anxieties, means allowing time during the session for them to reflect, time for them to 'hear' what they discover about themselves. Hence, the process of therapy moves to a holding space of 'allowing', rather than a space of continual 'doing'. We would not want our young clients to merely be submissive responders in relation to our directions. We want them to develop the knowing that within therapy they are able to query, retain privacy, enact some control and have their preferences respected. This means asking something like *'When you tune in to your body and feelings, what do you think needs to happen next?'* This is more respectful than guessing what is happening and giving an instruction, or telling them to do something. Invitations encourage the client to reflect on their needs, choices, and increase their commitment and motivation to participate in the session.

A common perception in novice therapists is that efforts to establish empathy mean they need to use clever questioning and need to have the skill to assess what a client is feeling or thinking. The result is that what sounds like a question can mask a statement. Rather than *'It sounds like you may be stuck/sad/angry/lost, etc.'* could we simply ask *'Would you be able to share what's happening for you right now?'* The task is to question our assumptions, take a step back from being the director, from controlling the process, while at the same

time guiding the conversation, providing options, offering choices.

In general, ET activities provide a framework for clients to reflect, to ‘gather their thoughts’ and connect with their internal experience, and their priorities, prior to sharing their stories. Conventional skills such as reflecting back and paraphrasing, when used sparingly, can of course contribute. Extending those traditional in-session tools of reflection and feedback, a 5-step integrated ET model for conceptualising a session, evolved as a way to support young clients who may at first not want to participate in counselling, who may take time to connect with the counsellor, or whose lived experience does not promote a sense of trust and safety. The ET model offers steps that attend to intra- and inter-personal relational experiences as a means to manage rapid life transitions and internal re-organisations encountered by young people.

The diagram below highlights the key aspects of the model.



Stage One of the ET 5-step Session Model (Pearson & Wilson, 2009), focuses on building rapport and trust with the client and all stakeholders, a first step in growing a strong therapeutic alliance. This stage aims to ‘break the ice’, establish feelings of acceptance and safety, and allow the counsellor to begin learning about the client’s experiences. We know that to develop rapport, we need to allow silence, give the client time to think and feel,

before launching forward with more questions. And, rapport can develop quickly, even within the first ten minutes of the first session, and will commonly strengthen over time (Pearson & Bulsara, 2016). An essential cognitive component of trust and rapport-building is providing some framework or rationale for counselling and for the myriad of creative arts activities that can be offered within ET.

Steps 2, 3 and 4 are the areas that involve skilled facilitation, and understanding of appropriate choice of experiential activities that can be safely explored in a field of mutual empathy between counsellor and client. The final step in an ET session aims to provide opportunities to stimulate a young client's formulation of their own strategies, action steps, and ways of seeking support to achieve productive, positive outcomes from their interactions with the world. While restraint is practiced from making overt suggestions, the appropriateness of self-generated strategies is discussed in detail. Feedback can be given by the counsellor as to suitability in relation to overall direction and contribution to getting life on track in a way that has positive results for the client.

There are many ways to build rapport

Counsellors in schools reported that working with ET greatly assisted rapport development (Pearson, 2003). The most common observation of changes – after introducing ET - was how young clients related with improved rapport toward counsellors during sessions (Pearson, 2003).

Children and young adolescents often don't get to choose to come to therapy. If they are fortunate enough to work with a counsellor who uses ET as part of the repertoire of support, they are likely to experience a positive therapeutic alliance, be willing to participate, have experiences of emotional wellbeing, reduced anxiety and depression, and overall improvement in mood (Moula, et al, 2020; Pearson, 2003; Slayton, et al, 2010).

Two significant components contribute to positive outcomes: how we *are* when with clients, and what we *do* or the therapeutic activities we offer. While ET provides many activities clients can 'do', effectiveness of creative and arts-based activities always rests on our degree of connection with a young client, on our attentiveness, presence, capacity for

acceptance, willingness to be continually curious, and growth-fostering care.

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