

**EXPRESSIVE ARTS THERAPIES
IN SCHOOLS**

ABOUT THE AUTHORS

Karen Frostig, M.Ed., A.T.R., L.M.H.C., is a registered art therapist and an adjunct faculty member at Lesley College's Expressive Therapies Program in Graduate School of Arts and Social Sciences, Massachusetts College of Art, and DeCordova Museum School. She is the former Program Coordinator of the Art Therapy Program at McLean Hospital and former Art Director of a private school for emotionally disturbed boys. Karen is also an art therapy supervisor in the Cambridge Public Schools, and holds a private practice in art therapy. Her paintings have been on exhibition throughout New England and New York and are in a number of private collections. Ms. Frostig has presented at various state and national conferences including the National Art Therapy Conference and her writing has been published in the *Journal of the Art Therapy Association*. She lives in Newton, Massachusetts with her husband and seven-year-old son.

Michele Essex, M.A., L.M.H.C., is the Assistant Director of Field Training and faculty member at Lesley College's Graduate School of Arts and Social Sciences in the Counseling and Psychology and Expressive Therapies Programs. She oversees the field training of over 500 graduate students and develops training collaborations between the college and community mental health centers, counseling agencies, schools, and hospitals. Ms. Essex developed an intraprofessional training model for integrating expressive arts therapies into the Cambridge Public Schools. She coauthored an article published in the *Journal of the American Art Therapy Association* and has presented at numerous state and national conferences. Ms. Essex is a licensed mental health counselor, certified school guidance counselor, and former Chairperson for the Massachusetts Board of Allied Mental Health. She currently lives in Laguna Beach, California with her partner and his eight-year-old daughter.

EXPRESSIVE ARTS THERAPIES IN SCHOOLS

*A Supervision and
Program Development Guide*

By

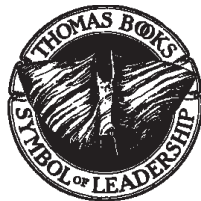
KAREN FROSTIG

and

MICHELE ESSEX

With a Contribution by

Julianne Hertz



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CONTRIBUTOR

Julianne Hertz is a registered art therapist and licensed mental health counselor who is currently working in a geropsychiatric partial program. She has worked in various settings with diverse populations, including persons with AIDS, adult psychiatric patients, trauma survivors, and emotionally disturbed behaviorally disordered children. Ms. Hertz is also an adjunct faculty member in the Expressive Therapy Program at Lesley College. Her professional credits include publication in the Journal of the Art Therapy Association and a presentation at the National Art Therapy Conference and at the University of Michigan School of Social Work. Julianne Hertz is a three-dimensional artist who has shown her mixed media sculpture in galleries throughout California. She currently works on a commission only basis out of her private studio. She maintains a private practice in Watertown, Massachusetts where she lives with her three birds.

*To the children of Cambridge Public Schools
and children in public schools everywhere
who deserve access to expressive arts therapies.*

PREFACE

The goal of this guide is to provide recommendations and guidelines to expressive arts therapists and educators who work in school settings as therapists, supervisors, supervisees, or graduate school expressive arts interns. *Expressive arts therapy* and *expressive arts therapist* as we refer to these terms throughout this guide are used to describe therapeutic disciplines and practitioners that incorporate one or more of the arts into their treatment modality, such as: art therapy, music therapy, dance/movement therapy, psychodrama therapy, or expressive arts therapy.

How to Best Use This Book

For expressive arts interns who wants to work within a school setting, reading this guide preplacement can aid in their assessment and selection of a site and/or supervisor. Reading this guide again at the start of a placement helps the intern orient to a new system, as well as assist them in developing a vision of how to work within a school. The guidelines help the intern plan an effective treatment program for the children in the school, as well as anticipate how the year might unfold according to the school calendar. Rereading the guidelines at the different phases of the training placement will clarify issues that may be magnified during those phases.

This guide can also be used as a resource guide for individuals who are interested in advocating and promoting the value of providing expressive arts therapies services in school settings. The Supervision and Program Development Guide suggests ideas for setting up or expanding an expressive arts therapy program in a school setting that can be further developed by expressive arts therapy supervisors and interns, program administrators, expressive arts therapy faculty from affiliating colleges, public school administrators, and school-based counselors. The guide systematically formulates program development for the various professionals engaged in designing an effective training program for expressive arts therapy interns, as well as an effective treatment program for children needing expressive arts therapy services in the public schools. As an instructive tool, this guide can help to clarify the purpose of expressive arts therapies within the school environment. It is important to emphasize here, that the guide is not intended to regulate the practice of expressive arts therapies in school settings. Rather, it is to provide structure and guidance, and to clarify expectations, so that the artistry of prac-

ting expressive arts therapies is free to develop. Supervision is a self directed process, entailing good communication and a willingness to learn and reflect upon experience. The guide supports that process.

The Supervision and Program Development Guide assists both supervisor and supervisee to have a better understanding and preparation for the supervisory relationship. This process ultimately helps to shape the professional development of both supervisee and supervisor. The guide is organized to provide readers with a practical and conceptual framework for school-based expressive arts therapies as well as a detailed supervision model and guide. It supplies supervisors and supervisees with a list of topics to help focus the supervision, maximizing the supervisee's learning through structure and organization. The guide contains forms which help supervisors and supervisees conceptualize treatment. It provides strategies of approach and potential solutions to deep-seated systems problems. The guide includes various steps for independent program development between weekly supervision meetings and serves as a means to measure and mark weekly accomplishments.

In cases where this guide is being used by expressive arts interns and supervisees, the educative nature of it helps to lower anxiety levels, thereby allowing greater freedom to explore and investigate areas of vulnerability in their own processes of professional development. For supervisors this guide can serve to engender new approaches to supervision and further validate their professional role within the school. Supervisors and supervisees alike are certain to find the clear and concise case management forms and guidelines contained within this guide to be assistance in the organization and monitoring of cases.

A Historical Context of Expressive Arts Therapies

Since antiquity, the healing powers of expressive art modalities have been recognized. For centuries, art, music, and movement have been used therapeutically by many cultures in various situations. Beginning with the 1900s, the modalities have developed into specialized schools of psychotherapy.

From the experiences of WWII, a new awareness of the extent of mental illness developed in the U.S. which directly affected the development of expressive arts therapy. Men either rejected from military service or discharged with emotional difficulties numbered two million. After the war, rehabilitation of veterans with posttraumatic stress (shell shock) became a prevalent issue.

Psychoanalysis was the accepted treatment of the time. One to one analytic therapy was found not effective in dealing with the veteran's problems. Nor was it an efficient solution to the numbers needing treatment. Along with other theories and approaches, expressive therapy was an efficient solution to the numbers needing treatment. Along with other theories and approaches,

expressive arts therapy was developed as a way to facilitate rehabilitation through group work and time-limited treatment.

To offer the reader an historical context, what follows are extremely abbreviated narrative timelines of music, art, and dance/movement therapy.

Music

Documentation of music as therapy dates back to Egyptian times when priests/physicians often included chant therapies as part of medical practice. In Greece, the use of music for curing mental disorders reflected the belief that music could directly influence emotion and develop character. Both Aristotle and Plato wrote about the healing properties of music. Aristotle described the use of music for emotional catharsis and Plato described it as the medicine of the soul.

During the Renaissance, music was used as a remedy for what was then called “melancholy and madness.” During that time, music was prescribed as preventative medicine for these and other physical illnesses.

In the United States, the use of music therapy began in educational institutions in 1832 when in Boston, the Perkins School for the Blind was founded by Dr. Samuel Gridley. Perkins integrated music into the curriculum at that time and music therapy continues to be an integral part of the program to this day.

In the 1940s the use of music therapy in the treatment of psychiatric disorders became more widespread. Many therapists, including the psychiatrist, Karl Meninger, began to advocate a holistic approach to treatment. It was at this time that music therapy became an accepted treatment modality in many hospitals.

Art

The first documentation of art as therapy dates back to the 14th century in the writings of Opicinius de Canastrius in which he describes how he used his artistic images to heal from illness. For many centuries, it appears that although the benefits of art were known, art and therapy developed separately. In the early 1900s, in Europe, documentation of the use of art in psychiatry appears.

Art and therapy were brought together in WWI by Carl Jung. Each morning, while a commandant of a prisoners of war camp in Switzerland, he would sketch mandalas in a notebook. He later wrote how these images described his “inner situation at the time” (Jung, 1961, p. 195), and how he could use the drawings to observe daily psychic changes (p. 196).

Hans Prinzhorn, a German psychiatrist, in the 1920s, collected over 5000 pieces of art done by patients in psychiatric institutions during the period

from 1890–1920. This extensive compilation of work is available as *Artistry of the Mentally Ill*.

Art therapy coalesced into a field in the United States in the late 1940s and early 1950s through the work of Margaret Naumburg and Florence Cane. Naumburg was a psychoanalyst who focused on the use of image-making as an act of sublimation. Cane, an art educator, focused on what happens during image-making. Her work was based on the belief that the creative process of producing aesthetic objects is what is therapeutic. Since these sisters began their work, the development of art therapy has been influenced by various theories of psychotherapy, creating many approaches which utilize the tenets of each theory.

Dance/Movement

In dance therapy, movement interaction is used as the primary means for achieving therapeutic goals. Its roots date back to ancient times of tribal dances which were used to define individual or group identity, as expressions of celebration and crises, and in rituals of death and exorcism.

The development of dance as therapy is in part due to the revolutionary ways Isadora Duncan, and other pioneers of modern dance, changed the world of dance by breaking down the structure of classical ballet and creating dance as an expression of emotions in harmony with nature.

In 1942, Marion Chace was invited to begin dance therapy with patients at St. Elizabeth's hospital in Washington D.C. Her approach which stressed individuality of expression, is now known as Authentic Movement.

In the 1950s, Rudolf Laban, developed a system of analyzing and describing movement behavior according to the dynamic and spatial qualities of movement. This method allows the therapist to make diagnostic evaluations in movement terms. The observations are then used to help the dance therapist choose movement sequences most effective in achieving treatment goals.

Like the other expressive art modalities, theories of dance/movement have continued to develop and evolve since that time.

The Case for Providing Expressive Arts Therapies in School Settings

The focus on schools as a place to provide expressive arts therapies is an important one. These modalities of treatment frequently help to reach children who do not easily respond to traditional talk therapy. For anyone who has spent time working in schools, it has become increasingly clear that the severity of problems that children bring into school settings is rising dramatically. Violence, sexual abuse, suicide, substance abuse, poverty, and the decay of family and community structures are just some of the numerous

issues affecting children today. While historically the function of schools was solely to educate children, more and more schools are becoming havens for children in distress. Schools are often the only safe, stable, and structured environment in a child's life.

In our current cultural climate schools are being expected to handle children who face very serious, complicated, challenging issues from home and social environments that make it difficult for them to focus and learn in the classroom setting. Schools and school professionals are being expected to do more with less money and fewer resources available to them.

Many public schools have been reluctant to house clinical services, preferring instead to refer children back to community mental health agencies for treatment. In the past, when children exhibited serious emotional or behavioral problems, they were sent to private therapeutic day schools or residential schools funded by their school district. With the decline of state and federal funds for education and the emphasis on an inclusion model of education public schools have begun to incorporate more school-based services.

School-based counseling including expressive arts therapies needs to become available in more schools across the nation. One compelling reason for this recommendation is that there is a large population of underserved children who never make it through the door of a community mental health center or a private practice office. Either a lack of money, resistance, fear, denial, or general disorganization could prevent a child from making an office visit at a particular time each week. The development of a trusting therapeutic relationship particularly for disenfranchised or at-risk children or those with histories of trauma requires more than offering a "safe space" to talk and the assurance of confidentiality. Children need to "check out" their therapists. They need to get a sense of who their therapists are before they learn to trust them. The visibility and accessibility of school-based counselors facilitates the formation of therapeutic alliances which are frequently more successful than those in clinics or private practice therapy where a child usually sees a therapist only once a week.

Providing expressive arts therapies within school settings requires that schools either hire or contract with expressive arts therapists to deliver services in schools. Frequently on- or off-site expressive arts therapists also provide supervision to expressive arts interns or school-based therapists. The importance of supervision is therefore critical in providing professional guidance, development, and leadership for supervisees.

K.F.
M.E.

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There are numerous individuals deserving of thanks who contributed in various ways to this publication. The establishment of the original collaboration between Lesley College and Cambridge Public Schools included the support and efforts of Mary Ann Gawelek, former Dean of the Counseling and Psychology Programs, Ellen Willard, Associate Director of Bureau of Pupil Services at Cambridge Public Schools, and Russ Lyman, Director of the Cambridge Youth Guidance Center. This collaboration would not have been possible without the willingness of Cambridge school counselors to serve as “on-site” supervisors. The combined efforts of all who participated in this collaboration created the milieu out of which this guide emerged.

Julianne Hertz, an art therapy supervisor in the collaborative, joined us as a contributing editor, authoring *Historical Context of Expressive, Art, Music Dance/Movement Therapies*. Her input, at many different junctures, greatly enhanced the development of this guide.

Lesley’s expressive arts therapy students made tremendous contributions, not only to the children with whom they worked, but also to the ongoing improvement of this collaborative training model. Although many originally viewed this as “merely” an expressive arts therapy training experience, they soon discovered that their participation in this pilot program was a pioneering effort to establish expressive arts therapy in the public schools. Art therapy intern, Laurie Anderson, is responsible for creating the Weekly Log in the Appendices.

Special thanks to the Field Training Office for the clerical, administrative, and organizational support lent to this project. Lesley faculty members who made contributions include Terri Halperin-Eaton, dance/movement therapist and Michele Forinash, music therapist, who contributed dance and music terminology to the thesaurus. Susan Spaniol, art therapy faculty member, provided structural and ethical guidance for our 1997 Cambridge City Hall exhibition of Cambridge Public School children’s art and performance work. Other Lesley faculty that supported our efforts include: Julia Byers, Program Director of Expressive Therapies, Mariagnese Cattaneo, Director of Field Training and Martha McKenna, Dean of the Graduate School of Arts and Social Sciences. Special gratitude goes to the artists who contributed their work and Brent Levinson, whose support and interest in this book was realized by his willingness to read and provide feedback to the many drafts that preceded the final printing of this book.

TERMINOLOGY

Below is a list of frequently-used terms throughout this guide.

Expressive Arts Therapy: A term used to describe all therapeutic disciplines that incorporate the arts into their treatment modality, such as: art therapy, music therapy, dance therapy, psychodrama therapy, and expressive therapy. This term, like “creative arts therapies” is used when referring to all of the disciplines using the arts as a vehicle of expression.

Expressive Arts Therapist: A term used to describe a clinician that incorporates one or more of the expressive arts modalities (art therapy, music therapy, psychodrama therapy, drama therapy, or expressive therapy) into their practice.

Expressive Arts Products and Processes: (1) Expressive Arts Products is a term that refers to the creative outcome of an expressive arts therapy experience, resulting in a tangible object, such as: art work (paintings, drawings, and sculptures), videos (tapes of dance or performance pieces), and cassettes (tapes of music, or poetry readings). The products are reflective of the different arts modalities: art, music, dance, drama, and expressive, and can emerge from individual work or group work. (2) Expressive Arts Processes is a term that refers to a variety of arts experiences, representative of all of the arts modalities, that does not necessarily culminate in a final arts product.

Supervisee: Refers to any professional within the school system (for example: an expressive arts therapist in training, a credentialed expressive arts therapist, a special education specialist, an art educator, a guidance counselor, a clinical psychologist, an occupational therapist, or a social worker), conducting expressive arts therapy services with children, under the guidance of a credentialed, supervising expressive arts therapist.

Intern: A term used to refer to a graduate school trainee, contracted to work in the schools as an expressive arts therapist in training, for a year’s placement. An intern can be in their first, second, or third year of training; generally enrolled in a graduate school program linked to expressive arts therapy or a related discipline.

Supervisor: Refers to any credentialed clinician who oversees the work of the supervisee or intern.

At-Risk Youth: A term used to identify children and adolescents, prone to academic failure due to a variety of “risk factors,” that include: emotional disturbance and/or social adjustment problems, which can be further compounded by family issues of neglect, violence, and/or poverty.

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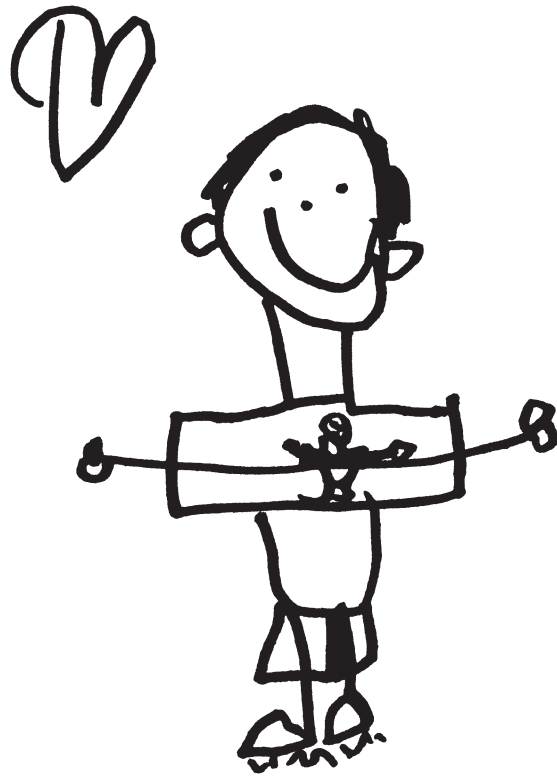


Figure 1: K. L., age 6.

Chapter 1

EXPRESSIVE ARTS THERAPIES IN SCHOOL SETTINGS

Although there is a significant body of literature on expressive arts therapies within schools, much of it represents work which takes place in specialized settings. There is little in the literature which addresses the development of the role of expressive therapies in public schools, the integration of the expressive arts into the main school program, and the collaboration among members of an interdisciplinary staff. Some articles address the use of art and expressive therapies with children who, as a result of emotional difficulties, have been referred through the school system to a separate treatment setting for individual or group therapy (Zeiger, 1994; Steinhardt, 1993). In the current climate of dwindling social service resources, referral to inpatient treatment, residential facilities, and mental health agencies has become increasingly difficult. Only those children in the most acute distress can, usually after a prolonged time period, receive time-limited services at these facilities. The result is that greater numbers of more disturbed children remain in the classrooms of the public schools. The expressive arts therapist must explore how these factors shape and define the clinical expressive work to be accomplished in the schools.

The inclusion of expressive arts therapies in school settings may be increasing, however, these services are not necessarily provided by an expressive arts therapist employed within the school system. Schools sometimes augment their services by hiring expressive arts therapists as consultants or by providing internship training experiences for expressive arts interns. An intraprofessional collaborative approach to working with children in school systems is on the increase and as such requires that the roles and definitions of these individuals be clearly articulated.

The training model described below provides clarifying definitions, learning objectives, and training responsibilities to assist those interested in working collaboratively to provide expressive arts therapies in school settings. The following individuals can benefit from utilizing an intraprofessional model of training and supervision in their work in schools:

- Therapists
- Educators

- Supervisors (on-site or off-site)
- Supervisees
- Expressive Arts Interns

Definition of On-Site and Off-Site Supervision

The definition of an on-site supervisor is simply an individual who is primarily based in the school and is usually employed by the school system. Off-site supervisors are generally contracted by either expressive arts therapists or expressive arts interns when there is no expressive arts supervisor based in the school.

Contract Supervision

Contract expressive arts therapies supervisors provide supervision pro bono or for a fee that is paid for by the supervisee or the school system. A contract supervisor should have a written agreement with the supervisee and school regarding the supervision to be provided. A copy of the written agreement with a contract supervisor should be provided to and maintained on file by appropriate personnel at the school (generally the supervisee's assigned supervisor). Periodic evaluations of the supervisee should be completed by the contract supervisor and reviewed and maintained on file by appropriate personnel at the school.

In cases where supervision is provided by off-site supervisors, it is essential that an on-site supervisor is also available to the supervisee. The on-site supervisor when an expressive arts therapist is not employed by the school is generally a school-based counselor such as a school guidance counselor, school adjustment counselor, or school psychologist.

Definition of Supervisor/Supervisee Roles

The following definitions provide some guidelines and expectations for individuals in the role of expressive arts therapies supervisor, school-based counselor supervisor or supervisee.

Expressive Arts Therapies Supervisor

The expressive arts therapies supervisor is responsible for providing expressive arts therapies supervision for supervisees for preferably one hour weekly. S/he models, mentors, and instructs supervisees on expressive arts therapies assessment tools, techniques, and modalities appropriate for working with children in a school setting. Supervisors attend to the development

of supervisees and help to consolidate his/her professional identity as an expressive arts therapist. When the expressive arts therapies supervisor is off-site, s/he tries to hold supervision sessions at the school site, or, when that is not possible, attempts to make site visits on a regular basis to observe supervisees utilizing expressive arts therapies with children. The expressive arts therapies supervisor discusses in periodic evaluation meetings with supervisees areas of growth, progress, and challenges.

The expressive arts therapies supervisor helps supervisees translate expressive arts therapies theory into practice, following the continuum from a broad understanding to individual applications for specific children. This includes providing knowledge about psychosocial and artistic developmental stages. The supervisor works with the supervisee to identify diagnostic information from which to formulate expressive arts therapies treatment plans.

One premise of expressive arts therapies is that the image represents significant metaphors, which when properly understood, provide insight into the developmental, affective and social world of the student. The expressive arts therapies supervisor teaches clinical skills by developing a supervisee's understanding of this expressive image. S/he helps the supervisee internalize the process of using symbols to further the clinical work and to gain access to the child's interior experience. It is within this context that the supervisor brings the expressive modalities into supervision. The expressive arts therapies supervisor teaches the supervisee to use his/her chosen modality to learn more about the child's process as well as the supervisee's reactions as an expressive arts therapist.

The expressive process enhances children's normative developmental patterns and communication skills. It is also the role of the expressive arts therapies supervisor to teach the supervisee how to use expressive arts therapies to develop these patterns and skills; resulting in improvement in the child's functional capacity in the classroom and at home.

Throughout the training year, the expressive arts therapies supervisor teaches the supervisee to use his/her experience to gain a greater understanding of the role of expressive arts therapies in the schools. In the role of advocate, the expressive arts therapies supervisor provides organizational assistance and support to assure that the supervisee has the needed resources to work effectively within the system. Examples include: mailboxes, office space, adequate supply budgets.

The expressive arts therapies supervisor explains to supervisees ways to maximize their training experience and presence in the schools. This includes initiating contact with educators and specialists to attract and gain referrals. Supervisees are encouraged to promote expressive arts therapies through conversations with school personnel, presentation of in-services, and through a professional comportment. The supervisor must emphasize how