

**Using Creativity in School Counseling: Supporting  
Adolescent Students With Acquired Disabilities**

Lacey Ricks  
Liberty University

Korinne Babel  
Troy University – Phenix City

Sarah Kitchens  
Liberty University

### **Abstract**

Students with a newly acquired disability may struggle with adjusting to their life post-disability; therefore, they represent a unique facet of students within schools that require specialized services and support by school counselors. Creativity, used by school counselors within therapy sessions, may help promote personal growth and the successful transition of students back into school and home environments after a disability is acquired. This article focuses on narrative therapy, music, art, and drama techniques, as well as creative examples of how to approach transition issues associated with adolescent students who are struggling with newly acquired disabilities.

*Keywords:* creativity, disabilities, adolescents, trauma, adjustment, school counseling

## **Using Creativity in School Counseling: Supporting Adolescent Students With Acquired Disabilities**

Professional school counselors work to address “students’ academic, personal/social and career development needs by designing, implementing, evaluating and enhancing a comprehensive school counseling program that promotes and enhances student success” (American School Counselor Association [ASCA], 2009, para. 1). As leaders within the school, school counselors advocate for and collaborate with stakeholders to provide holistic and comprehensive services to all students (ASCA, 2016). “School counselors strive to assist all students in achieving their full potential, including students with disabilities, within the scope of the comprehensive school counseling program” (ASCA, 2016, para. 2). Students with disabilities often struggle with social support and functional ability (Wilson, Washington, Engel, Coil, & Jense, 2006); as a result, it can be a challenge to implement meaningful and developmental counseling services to support students with a disability. Moreover, students with an acquired disability may experience additional challenges because they maintain a preinjury self-image which can lead to frustration, depression, and anger when confronted with changes in their academic, physical, and social abilities (Ballard & Dymond, 2016; Walker & Wicks, 2005).

### **Students With Disabilities**

A newly acquired disability or a sudden onset disability “results from an injury or disease process, and many result in critical loss of ability related to one or more primary life activities or functions” (Breeding, 2005, p. 132). Having a newly acquired disability can conjure added challenges for adolescents who are already facing common

transitional issues experienced by their non-disabled peers (Huffman, Fontaine, & Price, 2003). Challenges experienced by individuals with an acquired disability may include exclusion from certain classrooms and activities, a sense of being different from peers, overcoming feelings of dependency at a time when autonomy is valued, and possible excessive absences from school (Huffman et al., 2003). These barriers and others related to acquiring a new disability can greatly impact a student's ability to adjust following disability onset (Bishop, 2005). When students return to school after their newly acquired disability, they must be assessed to determine what accommodations are necessary to meet their educational goals and help minimize barriers (Office for Civil Rights, 2016).

The educational needs of students with an acquired disability will vary for each individual; some skills that the student had prior to injury may be unchanged or regained, but other skills may not be regained or maintained. This variation in skills maintained can result in unusual learning profiles (Walker & Wicks, 2005). Policies, like those in the Individuals with Disabilities Education Act (IDEA) and Section 504 of the U.S. Rehabilitation Act, help ensure proper educational services for students suffering from a newly acquired disability (U.S. Department of Education, n.d.; Office for Civil Rights, 2016; Office of Special Education and Rehabilitation Services, 2016).

When enacting IDEA, Congress found that disabilities are a "natural part of the human experience and in no way diminishes the right of individuals to participate in or contribute to society" (U.S. Department of Education, n.d., para 1). Students served in schools under the IDEA have a disability that adversely affects their academic performance and are in need of special education and related services (NCES, 2017).

Section 504 of the U.S. Rehabilitation Act of 1973 also works to protect the rights of students with disabilities in education (U.S. Department of Labor, n.d.). Section 504 states that no individual with a disability in the United States shall be excluded from participation in, denied benefits of, or subjected to discrimination under any program or activities receiving federal financial assistance (U.S. Department of Labor, n.d.). Both of these laws work to support the educational needs of all students and help to ensure identified students receive accommodation for documented disabilities.

Although these policies work to reduce barriers for students with disabilities, students who have a disability continue to fall behind their peers in educational attainment, employment, and social outcome (Huffman et al., 2003; Shin, Hieneman, Gaebler-Spira, Sisung, & Simpson, 2003; Stoddard, 2014). A qualitative study by Ballard and Dymond (2016) echoed similar results when they found a student with an acquired disability had issues re-entering the school after being absent for an extended period of time, struggled to communicate with others, suffered from social exclusion, and lacked clear educational goals. To ensure proper reentry into the school, individualized student planning should be based upon “up-to-date assessment data and on student’s strengths and needs in relation to desire postschool outcomes” (Ballard & Dymond, 2016, p. 205). Students’ health, safety, and emotional well-being should also be carefully considered in the students’ educational planning (Ballard & Dymond, 2016).

Students who acquire a disability often struggle with grief related to the disability (Ballard & Dymond, 2016; Klyce, Bombardier, Davis, Hartoonian, Hoffman, Fann, & Kalpakjian, 2015). They may yearn for what has been lost, have confusion about their role in life, have difficulty accepting the loss, and may avoid any reminders of the loss

(Klyce et al., 2015). Students who do not receive adequate support following disability acquisition, are much more likely to grieve the preinjury self for longer periods of time (Ballard & Dymond, 2016; Roscigno, Swanson, Vavilala, & Solchany, 2011). It is important that school counselors understand how these emotional responses and barriers impact the physical, emotional, and social lives of students with acquired disabilities to ensure effective educational and mental health services are being provided.

### **Importance of Creativity**

Despite the challenges faced by disabled adolescents, some evidence suggests that it is not the disability that has a negative impact on the adolescent, but the way the adolescent reacts to the disability (Lia & Abela, 2016). It is believed that disabled adolescents can effectively manage their disability with appropriate support, reflection, and communication (Lia & Abela, 2016). A school counselor can act as a catalyst in this process by helping students effectively manage their disability using creativity as a means for self-expression and by working to promote self-efficacy and resilience among adolescents with an acquired disability (Carson & Becker, 2003; Frels, Leggett, & Larocca, 2009; Kozlowska & Hanney, 2001).

Creative counseling approaches, when “integrated into traditional school counseling services, at both the preventive and responsive levels, can offer needed support and guidance to students from a variety of backgrounds” (Velsor, 2013, para. 1). A school counselor can work with the student to identify their unique needs and put a transition plan in place to help the student with adjustment related issues (ASCA, 2016). Transition plans help prepare students with disabilities to live, work, and play within the

community (Office of Special Education and Rehabilitation Services, 2017). Individual and group counseling activities, coupled with creative techniques, can be used within the transition plan to promote self-wellness for the student with a newly acquired disability (Carson & Becker, 2003).

School counselors, who are trained in human development, understand that adolescence is a time of increased freedom and autonomy. During this life stage, adolescents may be resistant to interactions with counselors or other caregivers; and these life-stage factors can impact the effectiveness of the counseling relationship (Nickum & Purgason, 2017). Introducing creativity into the counseling session may help reduce the barriers of connection between the counselor and adolescent (Ricks, Kitchens, Goodrich, & Hancock, 2014). Bruneau and Protivnak (2012) found the effectiveness of counseling interventions increased when school counselors incorporated creative counseling techniques within their traditional counseling methods. Using creativity, school counselors can help adolescents explore their past experiences, current life dynamics, and future expectations (Ricks et al., 2014).

Creativity generates an opportunity for self-expression not otherwise felt with everyday words (Ricks et al., 2014; Stuckey & Nobel, 2010). Creative interventions can facilitate connections with others, belonging, acceptance, social success, and mutuality in a relationship (Skudrzyk, Zera, McMahon, Schmidt, Boyne, & Spannaus, 2009). Incorporating creative techniques to address the unique needs of students with a newly acquired disability, gives the student an opportunity to step away from their newly acquired disability and imagine different possibilities. "Sometimes the play of imagination blasts open inspiration, hope, and a newfound capacity to envision a future

significantly different from blocked or traumatized past experience” (Marks-Tarlow, 2014, p. 394). Understanding the impact of creativity is vital to designing counseling interventions tailored to meet each individual’s therapeutic needs.

### **Creative Techniques**

Using creative interventions, school counselors can help students with a newly acquired disability express their emotions and explore any ongoing concerns (Meyer, 2010). Creative interventions, such as music, art, and play provide a "means of expressing the inner explosion of adolescence" (Emunah, 1990, p. 102). Creative interventions that are chosen should be developmentally appropriate for the student. The use of these developmentally appropriate, creative interventions may result in stronger counseling relationships which allow for deeper communication between the school counselor and student (Gladding, 2011). These interventions also help students recognize their difficulty, encourage self-expression, and provide the school counselor with a variety of therapeutic tools (Gladding, 2011). Creative interventions are especially applicable to students who have a restricted ability or minimal interest to participate in a traditional conversation with a school counselor (Paisley & Young, 1998). Creative interventions “are not just important because of their aesthetic qualities, but also because they provide us with valuable tools for developing a child’s potential outside the realm of aesthetics” (Comte, 2009 p. 60). An adolescent with a newly acquired disability is forced to establish a new relationship between their internal and external worlds (Nisenson, 2008). Using creative interventions, the new understanding of self can be accepted (Gladding, 2011; Nisenson, 2008; Ricks et al., 2014).



Within the professional counseling literature, there are numerous resources for counselors who use creative interventions with adolescents in outpatient, community settings; however, during the past decade, these techniques are beginning to be utilized in the school setting. The authors describe creative narrative therapy, music, art, and drama techniques and provide a review of the scholarly literature on using creative interventions with adolescents who have newly acquired disabilities. A definition of the intervention technique, how the intervention can be used, and some sample processing questions are provided to support the secondary school counselor's implementation.

### **Narrative Therapy**

Narrative therapy is used to help students identify their story and reframe their story (Ricks et al., 2014). Narrative therapy is based on the idea that life stories can be adapted and changed (Eppler, Olsen, & Hidano, 2009). People live their lives by the stories they tell themselves or are told by others (White & Epston, 1990). The goal of narrative therapy is to help students develop a positive story that is told to themselves and others around them (Nafziger & DeKruyf, 2013). Using stories helps students process feelings, thoughts, and actions that are difficult to verbalize (Eppler et al., 2009). White and Epston (1990) stated that narrative therapy works to separate the problem from students; and after this is accomplished, students can work on their relationship with the problem.

Students may have a difficult time adjusting to the new limitations brought on by their newly acquired disability (Larner, 2005). Newly acquired disabilities can challenge assumptions made on the meaning of life, control, and positive self-regard (Larner, 2005). School counselors can use narrative therapy to help students view their situation

in a different light. Narrative therapy can help students retell their story, creating a new meaning of life, control, and positive self-regard (Ricks et al., 2014). The more a student can tell their story, the more likely they will be to gain a new perspective on their own life and their future. Narrative therapy can be useful to help adolescents with newly acquired disabilities in areas such as academic achievement, mental health, and personal/social development (Eppler et al., 2009). Narrative therapy helps the student focus on constructing positive life stories to impact how they view themselves (DeSocio, 2005; Ricks et al., 2014).

**Narrative Therapy Activities.** Narrative counseling activities provide an opportunity for students with newly acquired disabilities to retell their narratives to key people within their lives. Key people may include parents, siblings, teachers, friends, coaches, and other important figures. The student may practice telling their story to the counselor, to ensure they are comfortable sharing their story with others. The more the student hears their story, the easier it becomes for them to accept and change their story. Students may also include successes they have achieved and experiences they are looking forward to in the future. After the student shares their story with their key people, the school counselor may ask the following process questions:

- 1) What was it like for you to share your story?
- 2) What emotions were you feeling while sharing your story?
- 3) What about telling your story was easy?
- 4) What was challenging about telling your story?

Letter writing can also be used to help adolescents externalize their problems, allowing them to discover support from internal sources (Kress, Hinkle, & Protivnak,

2011). In this form of letter writing, the adolescent writes a letter to themselves from the future. Using this context allows the adolescent to brainstorm alternatives by encouraging them to view themselves in a different place and time where they are older and wiser (Kress, Hoffman, & Thomas, 2008). Letters from the future will allow adolescents to reflect on their current situation while assuming positive change will occur (White & Murray, 2002). Furthermore, this activity may allow adolescents to examine the possibilities of the future. In working with adolescents with sudden-onset disabilities, this activity would allow an adolescent to move beyond the here and now and focus on how they will emerge in the future. By focusing on the future, the adolescent will begin to see how they have incorporated their disability into their life. “This type of activity allows the clients to move beyond their present state – often a state of feeling overwhelmed and/or deficient – and consider a future where they have connected with a sense of mastery and wisdom” (Kress et al., 2008, p.109). Following the activity, the counselor can keep the letter to help remind the student of the future they envision for themselves. Additionally, a copy of the letter can be provided to the student immediately following the counseling session, or the school counselor may choose to share it with them at a later date.

### **Music Therapy**

Music is an expressive technique that has been and is currently being used in therapy to help students communicate their needs (Ricks et al., 2014) as well as express complex feelings and experiences (Davis, 2010). Music can be used to treat various conditions including “nervous system, mental health problems, hypertension, disorders of microcirculatory and hemodynamic systems, cardiovascular conditions,

dysfunction of vegetative, digestive and respiratory systems, reduced adaptation capabilities and resistance, pain, and autism” (Shakarashvili & Arabuli, 2015, p. 244).

The overall treatment goals of music therapy are to effect personal change, facilitate interpersonal relations, nourish growth and development, contribute to the attainment of self-actualization, and assist an individual's entry into society (Barksdale, 2003). The American Music Therapy Association (2011) advocates for the use of music therapy interventions to promote wellness, manage stress, alleviate pain, express feelings, enhance memory, improve communication, and promote physical rehabilitation.

Music can help students with a newly acquired disability put words to their feelings and help them express their emotions. Music allows students to value their creative power as a vital force in change and healing and provides a concrete way for students to express their experiences (Davis, 2010). Music also provides an opportunity for students to portray painful life stories that they have not been able to verbalize in past counseling sessions (Ricks et al., 2014). Music therapy activities can be modified for each student and situation, regardless of their ability level (Barksdale, 2003).

**Music Therapy Activities.** Using music therapy, the school counselor can ask the student(s) with a newly acquired disability to bring in music and/or song titles they listen to and identify with personally. The student will share the song and explain how/why they identify with this song. Remember to give the student time to reflect on their thought process as they are describing their connection to the chosen music. The school counselor may ask some of the following process questions:

- Tell me about the song you brought in to share.
- How does this song relate to you?

- What emotions do you feel while listening to the music/song?
- How does the song make you feel? Tell me more about that feeling.
- Is there a specific part of the song that appeals to you more than the other parts?

Additionally, the school counselor may ask students with a newly acquired disability to make their own expressive music using objects often found in the school counselor's office (e.g., pencils, pens, blocks, staplers, books, rulers, plastic tubs, etc.). The school counselor can also encourage students to use their hands for clapping and feet for stomping. In this activity, the school counselor will present various prompts to students to help them identify their feelings (anger, sadness, hurt, etc.). The students with a newly acquired disability will create music to mimic their feelings. Then the school counselor may introduce other feelings (hope, courage, bravery, etc.). The school counselor can help their students identify the feelings associated with their disability and their feelings associated with events in their future. The school counselor may ask some of the following process questions:

- How did it make you feel to express the negative feelings (anger, sadness, etc.)? Tell me more about that feeling.
- How did it make you feel to express the positive feelings (hope, courage, bravery, etc.)? Tell me more about that feeling.
- What emotions did you feel while listening to music?

The school counselor can keep a copy of the song the student has written or record the music that the student has composed. The music may be used as inspiration in future counseling sessions, or if the music is not complete, it may be added to throughout the counseling relationship.

## **Art Therapy**

Art interventions are useful when working with adolescents as they serve a variety of developmentally appropriate functions, which include: (a) providing a sense of control over emotional expression, (b) enhancing overall creativity, (c) providing enjoyment and pleasure, (d) using popular media/ images that fits both personal and social symbols, and (e) increasing physical and emotional energy (Kahn, 1999). Hermann (1995) stated, “give not only clay but also paint to blind or partially sighted students was still regarded as a revolutionary act by quite a few” (p. 229). He also states, “Manipulating arts material in a safe and nonjudgmental environment; people have a chance to gain or regain control and insight, examining their inner world in more depth and detail” (p. 234). In the past, artwork has been used by students to explore anxiety-provoking issues, and the art has functioned as both an exposure and desensitization tool for overcoming trauma-related issues (Kozłowska & Hanney, 2001). Likewise, using artwork in therapy has been found to promote more positive perceptions of the present and more positive expectations of the future (Kozłowska & Hanney, 2001). Depending on the adolescent’s newly acquired disability, many common art therapy activities can be modified, or adaptive tools may be used for the inclusion of students with disabilities.

**Art Therapy Activities.** Using craft clay or dough, a common item found in a school counselor’s office, the school counselor can lead students with a newly acquired disability in directive play. Using this approach, the school counselor would prompt the student to create something specific; objects can be chosen based on the student's experiences and needs. A non-directive approach can also be used. This allows the

school counselor to observe the student's clay creation. This intervention can be used with students of varying disabilities including adolescent-onset visual impairment, hearing impairment, loss of a limb, and more. The school counselor can ask some of the following process questions:

- 1) Tell me about what you did or made.
- 2) How does this creation relate to you?
- 3) If you could change one thing about your creation what would you change?
- 4) If you could add something to your creation, what would you add?
- 5) How does your creation make you feel? Tell me more about that feeling.

Following this activity, the school counselor may save the creation or take a photo of the creation for the student. This documentation may be used as an assessment component and for reflection in the future. The use of art for reflection may result in increased self-awareness between their internal and external worlds (Nisenson, 2008). Other mediums that could be used instead sculpting include drawing a picture or building something using item within the counselor office.

### **Drama Therapy**

According to the North American Drama Therapy Association (NADTA), drama therapy is, "an active, experiential approach to facilitating change" (para. 1, 2020). By using storytelling, projective play, purposeful improvisation, and performance, students are allowed to practice therapeutic goals established within therapy. These goals may include rehearsing desired behaviors, practicing being in a relationship, finding flexibility between life roles, and performing the change they wish to see in the world (NADTA, 2020). Drama therapy encourages students to explore new behaviors (Meyer, 2010).

Research has shown drama therapy to be an effective treatment modality for students who have experienced different forms of trauma (Leveton, 2010; Meyer, 2010). Drama therapy is a creative intervention that integrates “role play, stories, improvisation, and other techniques taken from the theater with the theories and methods of therapy” (NADTA, n.d., para. 2).

The benefits of drama therapy include “reducing feelings of isolation, developing new coping skills and patterns, broadening the range of expressions of feelings, experiencing improved self-esteem and self-worth, increasing the sense of play and spontaneity, and developing a relationship” (NADTA, n.d., para. 5). Using drama therapy, counselors work within the developmental level of the student and provide a safe place for student self-exploration. This can be especially beneficial for students who are struggling to connect to adults or within therapy (NADTA, n.d.). Drama techniques allow students to practice new behaviors in a safe environment.

**Drama Therapy Activities.** One example of drama therapy used with students experiencing a newly acquired disability would be to have the student act out a skit performing an activity that they perceive as being a challenge, either currently or in the future. Drama therapy is especially beneficial in groups because group members may act out different parts of a skit; however, it can be effective in individual counseling. It is important to note that acting out scenarios can be a very difficult task because it may bring up emotional experiences. For example, if a female student who has acquired a spinal cord injury is having difficulty adjusting to her disability in social environments, the counselor could have the student act out interacting with friends at a ball game (or in another social environment). The student would take the role of themselves, and other



group members could act as her peers in this scenario. The counselor may encourage the student to be authentic in how she would act if the scenario were real. Although drama techniques do not always require processing questions, since the students are practicing new behaviors, after the group members or individual act out the scenario the school counselor can ask the following questions:

- What was that experience like for you?
- What emotions were you feeling during this scenario?
- What did you find to be the biggest challenge?
- What did you find to be easier than anticipated?
- If you could change your responses/actions during this scenario, what would you change?

When implementing drama into the counseling sessions, the typical framework includes checking in by each participant (if using a group), warming up, scene implementation, debriefing, and closing (Meyer, 2010). According to Meyer (2010), checking in is a time when the student discusses thoughts and feelings they are bringing into the counseling session for the day; warming up is preparing the student for the scene; scene implementation is acting out a fictional scene; debriefing is when the student is allowed to process what occurred during the scene implementation; and closing is when the student discusses what they learned in the session.

### **Discussion**

For adolescents with a newly acquired disability, creative interventions can provide a platform for self-expression and exploration (Ricks et al., 2014). “Creative techniques can be used in counseling to facilitate expression during sessions and enhance the potential for optimal therapeutic growth to occur” (Desmond, Kindsvatter,

Stahl, & Smith, 2015, p. 442). Creativity may encompass a myriad of techniques, including art, music, writing, or drama. Although there are numerous creative interventions available, school counselors should work to identify which techniques meet the unique needs of the population they are serving. School counselors may use their unique creativity to develop a collection of playful activities to use during their counseling sessions (Curry & Frazio-Griffith, 2013). These “playful activities” or creative interventions may be used by school counselors to help immerse adolescence in the counseling process (Gladding, 2011). By introducing creative interventions, counselors can help reduce the resistance of some adolescents to engage in therapy and can help students who are struggling to express themselves, open up or explore their emotional reactions (Gladding, 2011; Ricks et al., 2014). These experiences may help school counselors develop an understanding of the students’ experiences (Desmond et al., 2015) which will help the counselor develop counseling goals and transitioning plans with each student.

Students with a newly acquired disability may have trouble transitioning back into school and the community after experiencing trauma (Ballard & Dymond, 2016; Lamer, 2005). Using creative interventions within counseling sessions may help these students cope with physical, social, and emotional changes while also finding new ways to integrate the disability into their self-perception and imagine a future of possibilities. Creativity can also be useful in helping these students practice new behaviors and discuss challenges that they are encountering while adjusting to life with a newly acquired disability (Eppler et al., 2009; Meyer, 2010). Students are given control within creative interventions (regardless of the intervention chosen) to choose the words,

colors, and/or artistic mediums used to explore the chosen topics; this empowers the adolescent and gives them a renewed sense of control (Edgar-Bailey & Kress, 2010).

### **Limitations**

Wexler (2011) affirmed that “Entering the world of a child with disabilities is a mutual adventure of exhilaration, fear, transformation, disorientation, and surprise” (p. 57). It is important for school counselors to be aware that some students will use creative interventions to revisit earlier stages in development that were present before the onset of the disability (Wexler, 2011). As a result, the variety of mediums used for the creative interventions may vary greatly. Some students experience frustration while attempting a creative intervention because of the newly acquired disability. It is important that the counselor reflect these frustrations and provide support. “Stimulation and help towards maturation must be given even while regression is encouraged and tolerated” (Kramer, 2011, p. 9). Students may learn first-hand through these creative interventions; however, what students learn may not be what the counselor believes the counseling focus should be within the session. This understanding is a shift for some counselors’ paradigm (Wexler, 2011). It is important to remember that when using creative interventions with adolescents, in general, the focus should be on the process rather than the product.

Although creative interventions can be powerful tools for helping adolescents who have a newly acquired disability, each counseling session should be tailored to the individual needs of the student. Creativity should only be introduced if it helps the student meet their identified goals within the counseling sessions (Ricks et al., 2014). School counselors should keep in mind that different types of play may be more

appealing to different age groups and should tailor their interventions appropriately (Curry & Frazio-Griffith, 2013). School counselors should also assess the readiness of a student to engage in creative activities before introducing them into the counseling session. Often creative interventions can evoke emotional reactions from the student, so it is essential to assess their emotional state before beginning. Additionally, school counselors should be knowledgeable of the limitations of different types of disabilities and chose an appropriate venue for introducing creative counseling interventions (Ricks et al., 2014). After assessing a student's needs, the school counselor should align creative interventions with the assessment outcomes and the goals for the student.

Although initial research on the use of creativity in counseling for individuals with disabilities and trauma victims is promising, there is a need for additional research in these areas. Research is needed on how to support adolescents struggling to cope with a newly acquired disability. Finally, guidance is also needed for school counselors' roles in supporting this unique population.

## References

- American Music Therapy Association. (2011). What is music therapy? Retrieved from <http://www.musictherapy.org/about/musictherapy>
- American School Counselor Association. (2009). The role of the professional school counselor. Retrieved from <http://www.schoolcounselor.org/content.asp?contentid=240>
- American School Counselor Association. (2016). The school counselor and students with disabilities. Retrieved from [https://www.schoolcounselor.org/asca/media/asca/PositionStatements/PS\\_Disabilities.pdf](https://www.schoolcounselor.org/asca/media/asca/PositionStatements/PS_Disabilities.pdf)
- Ballard, S. L., & Dymond, S. K. (2016). Acquired severe disabilities and complex health care needs: Access to inclusive education. *Research and Practice for Persons with Severe Disabilities, 41*(3), 191-208. doi:10.1177/1540796915621190
- Barksdale, A. L. (2003). *Music therapy and leisure for persons with disabilities*. Champaign, IL: Sagamore Publishing.
- Bishop, M. (2005). Quality of life and psychosocial adaption to chronic illness and acquired disability: A conceptual and theoretical synthesis. *Journal of Rehabilitation, 71*(2), 5-13.
- Breeding, R. R. (2005). Vocational rehabilitation and sudden onset disabilities: Advancing proprietary consumer involvement through vocational assessment. *Journal of Vocational Rehabilitation, 22*, 131-141.
- Bruneau, L., & Protivnak, J. J. (2012). Adding to the toolbox: Using creative interventions with high school students. *Journal of School Counseling, 10*(9). Retrieved from <http://www.jsc.montana.edu/articles/v10n9.pdf>

- Carson, D. K., & Becker, K. W. (2003). *Creativity in psychotherapy: Reaching new heights with individuals, couples, and families*. Binghamton, NY: The Haworth Clinical Practice Press.
- Comte, M. (2009). Don't hang your dreams in a closet: Sing them, paint them, dance them, act them... *Australian Journal of Music Education*, 2, 58-66.
- Curry, J. R., & Frazio-Griffith, L. J. (2013). *Integrating play techniques in comprehensive school counseling programs*. Charlotte, NC: Information Age Publishing.
- Davis, K. (2010). Music and the expressive arts with children experiencing trauma. *Journal of Creativity in Mental Health*, 5(2), 125-133. doi:10.1080/15401383.2010.485078
- Desmond, K. J., Kindsvatter, A., Stahl, S., & Smith, H. (2015). Using creative techniques with children who have experienced trauma. *Journal of Creativity in Mental Health*, 10, 439-455. doi:10.1018/15401383.2015.1040938
- Edgar-Bailey, M., & Kress, V. E. (2010). Resolving child and adolescent traumatic grief: Creative techniques and interventions. *Journal of Creativity in Mental Health*, 5, 158-176. doi:10.1080/15401383.2010.485090
- Emunah, R. (1990). Expression and expansion in adolescence: The significance of creative art therapy. *The Arts in Psychotherapy*, 17(2), 101-107.
- Eppler, C., Olsen, J. A., & Hidano, L. (2009). Using stories in elementary school counseling: Brief, narrative techniques. *Professional School Counseling*, 12(5), 387-391. Retrieved from <http://ezproxy.liberty.edu/login?url=https://search-proquest-com.ezproxy.liberty.edu/docview/213315505?accountid=12085>

- Frels, R. K., Leggett, E. S., & Larocca, P. S. (2009). Creativity and solution-focused counseling for a child with chronic illness. *Journal of Creativity in Mental Health, 4*(4), 308-319. doi:10.1080/15401380903372646
- Gladding, S. T. (2011). *The creative arts in counseling* (4<sup>th</sup> ed.). Alexandria, VA: American Counseling Association.
- Hermann, U. (1995). A trojan horse of clay: Art therapy in residential school for the blind. *The Arts in Psychotherapy, 22*(3), 229-234.
- Huffman, D. M., Fontaine, K. L., & Price, B. K. (2003). *Health problems in the classroom 6-12: An a-z reference guide for educators*. Thousand Oaks, CA: Corwin.
- Kahn, B. B. (1999). Art therapy with adolescents: Making it work for school counselors. *Professional School Counseling, 2*(4), 291-298.
- Klyce, D. W., Bombardier, C. H., Davis, T. J., Hartoonian, N., Hoffman, J. M., Fann, J. R., & Kalpakjian, C. Z. (2015). Distinguishing grief from depression during acute recovery from spinal cord injury. *Physical Medicine and Rehabilitation, 96*(8), 1419-1425. doi:10.1016/j.apmr.2015.02
- Kozlowska, K., & Hanney, L. (2001). An art therapy group for children traumatized by parental violence and separation. *Clinical Child Psychology and Psychiatry, 6*, 49-78. doi:10.1177/1359104501006001006
- Kress, V. E., Hinkle, M. G., & Protivnak, J. J. (2011). Letters from the future: Suggestions for using letter writing as a school counseling intervention. *Australian Journal of Guidance and Counseling, 21*(1), 74-84.

- Kress, V. E., Hoffman, R., & Thomas, A. M. (2008). Letters from the future: The use of therapeutic letter writing in counseling sexual abuse survivors. *Journal of Creativity in Mental Health, 3*(2), 105-118.
- Larner, S. (2005). Common psychological challenges for patients with newly acquired disabilities. *Nursing Standard, 19*(28), 33-39.
- Leveton, E. (2010). *Healing collective trauma using sociodrama and drama therapy*. New York, NY: Springer Publishing Company.
- Lia, E. S, & Abela, A. (2016). Not broken but strengthened: Stories of resilience by persons with acquired physical disability and their families. *Australian & New Zealand Journal of Family Therapy, 37*, 400-417. doi:10.1002/anzf.1156
- Marks-Tarlow, T. (2014). Clinical intuition at play. *American Journal of Play, 6*(3), 392-407.
- Meyer, D. D. (2010). Drama therapy as a counseling intervention for individuals with eating disorders. *VISTAS*. Retrieved from [https://www.counseling.org/resources/library/VISTAS/2010-V-Online/Article\\_08.pdf](https://www.counseling.org/resources/library/VISTAS/2010-V-Online/Article_08.pdf)
- Nafziger, J., & DeKruyf, L. (2013). Narrative counseling for professional school counselors. *Professional School Counseling, 16*(5), 290-302. Retrieved from <http://ezproxy.liberty.edu/login?url=https://search-proquest-com.ezproxy.liberty.edu/docview/1448006292?accountid=12085>
- Nickum, J., & Purgason, L. L. (2017). Using the sand tray to facilitate student creativity: A strengths focused approach to adolescent depression. *Journal of Creativity in Mental Health, 12*(3), 347-359.



- Nisenson, K. (2008). Arts for healing: The importance of integrated music and art in therapy and special education. *Exceptional Parent*, 38(3), 42-44.
- North American Drama Therapy Association. (n.d.). *Drama therapy with children and adolescents*. Retrieved from <http://www.nadta.org/assets/documents/children-adolescent-fact-sheet.pdf>
- North American Drama Therapy Association. (2020). What is drama therapy. Retrieved from <http://www.nadta.org/>
- Paisley, P. O., & Young, R. E., III. (1998). What a school administrator needs to know about expressive arts and play media in school counseling. In C. Dykeman (Ed.), *Maximizing school guidance program effectiveness: A guide for school administrators & program directors* (pp. 105-109). Retrieved from ERIC database.
- Ricks, L., Kitchens, S., Goodrich, T., & Hancock, E. (2014). The use of narrative therapy in individual and group counseling. *Journal of Creativity in Mental Health*, 9, 99-110. doi:10.1080/15401383.2013.870947
- Roscigno, C. I., Swanson, K. M., Vavilala, M. S., & Solchany, J. (2011). Children's longing for everydayness: Life following traumatic brain injury in the USA. *Brain Injury*, 25(9), 882-894. doi:10.3109/02699052.2011.581638
- Shakarashvili, M., & Arabuli, M. (2015). Music therapy. *European Scientific Journal*, 2, 244- 248. Retrieved from <https://eujournal.org/index.php/esj/article/viewFile/6843/6569>

Shin, J. Y., Hieneman, A. W., Gaebler-Spira, D., Sisung, C., & Simpson, J. (2003).

Long-term adjustment of families of children with spinal cord injury. *International Journal of Child & Family Welfare*, 6(3), 77-90.

Skudrzyk, B., Zera, D. A., McMahon, G., Schmidt, R., Boyne, J., & Spannaus, R. L.

(2009). Learning to relate: Interweaving creative approaches in group counseling with adolescents. *Journal of Creativity in Mental Health*, 4, 249-261.

doi:10.1080/15401380903192763

Stoddard, S. (2014). *2014 Disability statistics annual report*. Durham, NH: University of New Hampshire.

Stuckey, H. L., & Nobel, J. (2010). The connection between art, healing, and public health: A review of current literature. *American Journal of Public Health*, 100(2), 254-263.

U.S. Department of Education. (n.d.). *IDEA 2004: Building the legacy*. Retrieved from <http://idea.ed.gov/part-c/statutes.html#statute-2>

U.S. Department of Education, Office for Civil Rights. (2016). *Parent and educator resources guide to Section 504 in public elementary and secondary schools*. Retrieved from <https://www2.ed.gov/about/offices/list/ocr/docs/504-resource-guide-201612.pdf>

U.S. Department of Education, & Office of Special Education and Rehabilitation Services. (2017). *A transition guide to postsecondary education and employment for students and youth with disabilities*. Washington, D.C. Retrieved from <https://www2.ed.gov/about/offices/list/osers/transition/products/postsecondary-transition-guide-2017.pdf>

- U.S. Department of Education, Office of Special Education and Rehabilitation Services. (2016). *Individuals with disabilities education act: To ensure the free appropriate public education of all children with disabilities*. 38<sup>th</sup> Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act, 2016
- U.S. Department of Labor. (n.d.). *Section 504, Rehabilitation Act of 1973*. Retrieved from <https://www.dol.gov/agencies/oasam/centers-offices/civil-rights-center/statutes/section-504-rehabilitation-act-of-1973>
- Velsor, P. V. (2013). Thinking creatively: Expressive arts for counseling youth in the schools. *Counseling Today*, 55(8), 52-54. Retrieved from <http://ct.counseling.org/2013/02/thinking-creatively-expressive-arts-for-counseling-youth-in-the-schools/>
- Walker, S., & Wicks, B. (2005). *Educating children with acquired brain injury*. London, England: David Fulton Publishers.
- Wexler, A. (2011). The siege of cultural city is underway: Adolescents with developmental disabilities make “art.” *Studies in Art Education*, 53(1), 53-70.
- White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York, NY: Norton.
- White, V. E., & Murray, M. A. (2002). Passing Notes: The use of therapeutic letter writing in counseling adolescents. *Journal of Mental Health Counseling*, 24(2), 166-176.
- Wilson, S., Washington, L. A., Engel, J. M., Coil, M., A., & Jense, M. P. (2006). Perceived social support, psychological adjustment, and functional ability in youths with physical disabilities. *Rehabilitation Psychology*, 51(4), 322-330. doi:10.1037/0090-5550.51.4.322