

Visual Expressive Arts Therapy with Children: Fostering Multicultural Competency

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Multicultural competency is increasingly viewed as a crucial skill for counselling psychologists who utilize visual expressive arts therapy. However, little research has provided guidance for fostering multicultural competency within visual expressive arts therapy specifically with children. Thus, in this article, I suggest Collins and Arthur's (2010b) culture-infused counselling model as a guide to provide more culturally competent visual expressive arts therapy with children. More specifically, Collins and Arthur's three domains for cultivating multicultural competency (cultural self-awareness, awareness of client cultural identities, and a culturally sensitive working alliance) are used to demonstrate attitudes, knowledge, and skills particularly relevant when using visual expressive arts therapy with children. I engage in a personal reflection about my cultural background and experiences with the creative arts, before exploring the culture of childhood, the universality of art-making, the utility of expressive arts with children from diverse cultural backgrounds, the assessment of children through art, and social justice issues.

Keywords: visual expressive arts therapy; multicultural competency; counselling psychology; children

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Visual expressive arts therapy, which integrates the visual arts (e.g., painting, drawing, and sculpture) into a psychotherapeutic framework, encourages people to express and understand their emotions through artistic expression and the creative process (Graves-Alcorn & Green, 2014; Kristel, 2013). Over the past ten years, a number of scholars have called for increased multicultural competency when using visual expressive arts therapy (from hereon referred to simply as expressive arts therapy; e.g. Betts, 2013; Gipson, 2015; ter Maat, 2011). However, little research has provided guidance for strengthening multicultural competency when using expressive arts therapy specifically with children. Given that childhood can be considered a culture that is unique from adulthood (Mullen, 2008), multicultural considerations are distinct in many ways when using expressive arts therapy with young people. Furthermore, when considering the increasingly multicultural composition of Western societies, expressive arts counsellors in this context will likely work with children from diverse cultural backgrounds (Kristel, 2013). As such, offering ways to foster multicultural competency amongst counsellors who utilize expressive arts therapy with

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children becomes imperative.

In this article, I demonstrate how Collins and Arthur's (2010b) culture-infused counselling model can serve as a guide for counsellors who use expressive arts therapy with children to provide more culturally competent services. Collins and Arthur cited cultural self-awareness, awareness of client cultural identities, and a culturally sensitive working alliance as being critical for developing multicultural competency. I will use these three domains to explore some of the attitudes, knowledge, and skills that are particularly pertinent to address when using expressive arts therapy with children from culturally diverse backgrounds. In doing so, I assume a broad and inclusive definition of culture that recognizes children's multiple and intersecting cultural identities that include not only race and ethnicity, but also, for example, gender, sexual orientation, nationality, religion, social class, and physical and mental abilities (Collins, 2010). From this perspective, age is also conceptualized as being an important component of culture; that is, childhood is distinct from, for example, adolescence, young adulthood, middle age, or older adulthood.

Domain I: Cultural Self-Awareness

Collins and Arthur (2010b) asserted that self-awareness involves having an "active awareness of personal assumptions, values, and biases" (p. 55). Several theorists in the expressive arts therapy field have suggested that ongoing self-examination is critical for developing a culturally competent practice (Boston, 2005; ter Maat, 2011). For counsellors who utilize expressive arts therapy, this means not only critically examining one's cultural identity, beliefs, and values (Collins & Arthur, 2010c), but also one's attitudes about and experiences with the expressive arts themselves. Thus, I begin this section with a personal reflection about my relationship with the expressive arts before exploring how this might impact my use of expressive arts therapy with children.

A Personal Reflection

Creative expression speckled the canvas of my life for as long as I can remember. Watercolor creations, fictitious stories written late into the night, community theatre productions, and a competitive piano career compose a sampling of the creative memories of my youth. My childhood experiences with the arts were, for the most part, enjoyable and rewarding, and almost always supported by my family and community. Creative experiences allowed me to learn things about myself in ways that were different from other avenues such as academics and sports, and helped me express myself in a way that felt uninhibited, profound, and free.

As a young adult, when I started my Master's degree in counselling psychology, I entered into a new relationship with the expressive arts. I learned that counsellor burnout (which can be defined as a state of physical, emotional, intellectual, and spiritual exhaustion; Corey, Schneider Corey, & Callanan, 2007) can lead to physical and mental health concerns (Killian, 2008) and lower quality of care for clients (Salyers et al., 2014). Furthermore, burnout may occur when counsellors do not attend to self-care strategies that can nurture their wellbeing (Testa & Sangganjanavanich, 2016). As such, I felt inspired to dig out my dusty old easel and use visual artistic expression as a form of self-reflection, emotional release, and self-care. Furthermore, as I progressed through my counselling degree, I pursued supervision and training to integrate expressive arts therapy into my work with children and youth. In doing so, I was continually amazed by the things young people could say with brushstrokes that they often could not say with words alone. As I searched the literature that explored the use of expressive arts therapy with children, I learned that this approach has been helpful for children experiencing a wide variety of

concerns; for example, grief and bereavement (Ong, Lau, Tee, & Neo, 2016), emotional and behavioural dysregulation within the context of special educational needs (Lee & Liu, 2016), chronic illness (Beebe, Gelfand, & Bender, 2010), and adjustment difficulties following immigration (Lee, 2013). Through my research, I began to align with Judith Rubin (2005), who articulated that all children have a “right to an opportunity to become themselves and to deal with their hurts in a creative way through art” (p. 73).

I clearly hold the assumption that integrating the expressive arts into a therapeutic context can be a meaningful experience for children. However, engaging in this personal reflection illuminated how this assumption has been influenced by my cultural experiences and by my privileged position within the dominant culture in a Western society – the culture within which expressive arts therapy as a profession originated and has largely developed (Hocoy, 2002). With this awareness, I began to reflect upon the ways that my beliefs about art might differ from those of my clients. For example, one client might belong to a religion where certain forms of artistic expression are restricted, another might be part of a family where the arts are not valued, and yet another might belong to a culture where the arts are an integral part of their community. These cultural factors will certainly impact the use and utility of expressive arts therapy with diverse clients, and point to the importance of developing awareness of my clients’ cultural identities.

Domain II: Awareness of Client Cultural Identities

Collins and Arthur (2010b) asserted that demonstrating awareness of clients’ cultural identities and understanding clients’ worldviews are crucial for developing multicultural competence. This includes understanding the relationship between a client’s personal culture, health, and wellbeing, and demonstrating awareness about the ways oppression, prejudice, and discrimination may have impacted a client’s life (Collins & Arthur, 2010b). Additionally, there are two aspects of client cultural identity that are important to address in the specific context of expressive arts therapy with children: (a) the culture of childhood, and (b) the universality of art-making.

The Culture of Childhood

Being in a therapeutic relationship with a child is an honor that carries a responsibility to respect the diversity between the cultures of childhood and adulthood (Mullen, 2008). Childhood has its own “distinct values, rules, customs, status, and even language” (Mullen, 2008, p. 70). For example, children do not always rely on words, but, rather, communicate largely through play, nonverbal behavior, and even sound effects (Mullen, 2008). However, many counsellors are not trained to consider the client’s chronological age as being a significant component of culture (Swan, Schottelkorb, & Lancaster, 2015). Although I argue that many of the attitudes and skills important when working with adults are also relevant when working with children (e.g. demonstrating empathy, Coutinho, Silva, & Decety, 2014), I also agree with Swan, Schottelkorb, and Lancaster (2015), who suggested that “counselors should have specific training that emphasizes knowledge about the cultural view of children” (p. 93). It is not enough for counsellors to simply adapt adult-centric counselling skills (Mullen, 2008), or to treat children like “mini adults;” rather, they should use strategies that are appropriate for children’s development level (Roaten, 2011).

From a developmental perspective, the expressive arts represent an appropriate strategy for use with children (Malchiodi, 2011). Art is often described as a natural language for children who developmentally do not yet have the capabilities for abstract linguistic expression (Farokhi &

Hashemi, 2011; Huss, Nuttman-Shwartz, & Altman, 2012; Malchiodi, 2011). A fundamental belief amongst expressive arts counsellors is that art produced in a therapeutic environment may help children access and express emotions that they are unable to express with words alone (Waller, 2006). Graves-Alcorn and Green (2014) went as far as to say that “traditional talk therapy alone is generally unsuccessful when working with children and adolescents, especially within the developmental context of young childhood” (p. 2). For example, children can explore and express “difficult” feelings (e.g., fear, worry, anger) through art – feelings that may be challenging for the child to put into words (Waller, 2006). However, it is important to understand that the culture of childhood intersects with other factors of cultural identity; for example, ethnicity, gender, ability, and religion (Collins, 2010). Children will likely not experience these various dimensions separately and it is a counsellor’s responsibility to attend to these multiple dimensions of cultural identity (Collins, 2010). For example, children from certain cultural backgrounds may be less comfortable with nondirective creative expression, or their parents or caregivers may not understand why art is being used as a primary modality in therapy (Malchiodi, 2014). As such, it is important for counsellors to remain aware that not all children and their families will perceive visual creative expression in the same way. Indeed, counsellors must be sensitive to and respect the preferences and worldviews of their clients (Malchiodi, 2014).

Counsellors may be unsure about how to effectively translate multicultural knowledge and skills into work specifically with children (Swan et al., 2015). The expressive arts may offer one strategy for doing so. Swan et al. (2015) explored the effect of a multicultural training curriculum on counsellors’ multicultural competency with children and adolescents. The counsellors in the study were provided with training and supervision in using expressive arts modalities “so that children and adolescents could talk, explore, and make meaning of their experiences in a developmentally appropriate manner” (p. 183). Following the training, counsellors self-reported increased multicultural competence and enhanced sensitivity, understanding, and acceptance of children and adolescents from diverse backgrounds. The authors concluded that integrating a developmentally appropriate treatment modality (i.e., art) is an effective way to enhance counsellors’ sensitivity to multicultural issues. However, due to this study’s small sample size ($N=3$) and the lack of research in this area, more studies are needed to better understand how expressive arts training can increase perceived multicultural competence amongst counsellors working with children.

The Universality of Art-Making

The role of art-making within a child’s intersecting cultures is another important consideration to keep in mind when utilizing expressive arts therapy. In 1984, Shaun McNiff, a leading researcher and theorist in the expressive arts therapy field, argued in a seminal article that there is a distinct universality to the process of creative expression. This belief has been echoed more recently by other theorists (Betts, 2013; Degges-White, 2011). McNiff traced his argument to the work of psychologist and educator Rhoda Kellogg (1970), who, between 1948 and 1966, collected over one million drawings of young children from around the world. She hypothesized that every child follows the same graphic evolution (for example, from disordered scribbling to basic shapes) in his or her discovery of the use of art as a mode of symbolization. McNiff (1984) also cited Carl Jung’s concept of universal symbolic archetypes to support his claims for the universality of art. These archetypes, which are manifested in different content but contain similar composition across cultures (for example, mandalas) suggest that some symbols are universal (Huss et al., 2012). Because of this argued universality, Degges-White (2011) boldly contended

that the expressive arts can be used with any client, “regardless of gender, ethnicity, ability, age, language, cultural identity, physical functioning, among other forms of diversity” (p. 5). Similarly, McNiff (1984) contested that “art therapy lends itself to cross-cultural practice, providing the beginnings of a universal language and an alternative to verbal communication” (p. 129).

Although creative expression through the visual arts has been a significant human experience for individuals in cultures throughout history and across the world (Degges-White, 2011), it is crucial to remember that the use of expressive arts in the specific context of therapy is culture-bound to its Euro-American origins (Hocoy, 2002). Thus, it is important to consider whether expressive arts therapy is, in fact, a universal enterprise and to avoid making “sweeping statements about how the arts allow people to come together without explanation or evidence” (Mayor, 2012, p. 215). Huss and her colleagues (2012) argued that although many cultures organize themselves around a set of symbols that are transmitted intergenerationally, these symbols are not necessarily the same from culture to culture. Thus, when using art in therapy with children, it is important to consider the cultural context of various symbols that may emerge. Doing so may help the child reconnect with the base values of his or her culture that are manifested in certain symbols (Huss et al., 2012). Failure to do so may result in a therapist who “is oblivious to the cultural variables that might affect the client’s use of image, line, shape, and color” (Acton, 2001, p. 109).

Before using expressive arts therapy with any child, it is imperative to explore if and how art is used for psychological healing in that child’s culture (Hocoy, 2002). To demonstrate this point, I will use Aboriginal peoples in Canada as an example. The arts play a valuable role for the health and sociocultural revitalization for some Aboriginal peoples in Canada, but Indigenous conceptualizations of art differ in many ways from Western ones. For example, in many Indigenous communities, creativity manifests itself in everyday life through functional items such as baskets, spirituality through totem poles, and traditions of songs and dramas used to pass on knowledge (Muirhead & Leeuw, 2005). Creativity also plays an important role in promoting community strength and resilience (Muirhead & Leeuw, 2005). This differs from the Western view of art-making, which is more individualistic and often emphasizes the aesthetic appeal of artwork (Muirhead & Leeuw, 2005). While it is certainly important not to engage in stereotyped generalizations, this knowledge can encourage counsellors to consider the meaning art would have for a child from an Indigenous culture, and to become more intentional and competent when using expressive arts therapy with such a client.

In sum, art is often cited as being a naturalistic language for children and art-making a universal endeavour (Malchiodi, 2001; McNiff, 1984). However, the ways in which children engage with art depends largely on their worldviews, background, and intersecting cultural identities (Malchiodi, 2014). In order to be culturally sensitive when utilizing expressive arts therapy, these factors need to be carefully considered before introducing art into the therapy room with children.

Domain III: A Culturally Sensitive Working Alliance

The third domain in the Collins and Arthur (2010b) model involves translating cultural awareness into actual practice with clients through a culturally sensitive working alliance. Building this alliance may involve rapport-building and client empowerment (Boston, 2005), cultural inquiry (inquiring about culture in a purposeful way to ascertain the relation to the client’s counselling issue, Collins and Arthur, 2010a), and cultural empathy (the ability “to understand and communicate the concerns of clients from their cultural perspective,” Ridley, 1995, p. 91). In expressive arts therapy with children, part of this alliance also includes understanding how, when,

and why the expressive arts are useful for children from diverse cultures, and whether arts-based assessments are culturally appropriate. In the next section, I will discuss these two areas before considering the role the expressive arts might play in social justice activities.

The Utility of Expressive Arts with Children from Diverse Cultures

From a multicultural perspective, the visual arts may be particularly useful when language barriers exist (Degges-White, 2011). Furthermore, some children might belong to cultural groups where verbal expression about thoughts and emotions (particularly with a person outside their cultural group) is not the norm, and children may feel uncomfortable (Collins & Arthur, 2010a). Thus, the artwork itself, rather than verbalization, can act as a means of communication between the child and therapist (Degges-White, 2011; Waller, 2006). When using the expressive arts with children from diverse cultural backgrounds, Malchiodi (2011) suggested using a phenomenological approach that values the child's worldview and does not make assumptions about the content or meaning of children's artwork. Furthermore, part of building the therapeutic alliance may include learning about the cultural similarities and differences between the therapist and child. Specific visual art interventions, such as creating joint drawings, can illuminate the way the therapist and child's cultures differ and intersect (ter Maat, 2011). It is also important to consider the space and choice of art materials. For example, children from some cultures may be more comfortable working on the floor than at tables, and it is important to respect this preference (Prasad, 2013). Additionally, counsellors using expressive arts therapy should have a variety of art materials available that nurture creativity for children from various cultures (e.g., crayons that represent a range of skin colours, Malchiodi, 2014).

A small body of empirical research has supported the use of visual arts for children from diverse cultural backgrounds. Lee (2013) explored the role visual art played for immigrant children in the U.S. who had limited English proficiency and limited control of school and home situations due to immigration and transition. Results revealed that art allowed children to enter a "flow" state wherein they were engaged in the creative process and engrossed in an imaginary world. This helped children achieve a "marked sense of empowerment and safety through identification with make-believe characters" (p. 62). Additional research with immigrant children in the U.S. revealed how expressive arts therapy helped children attach meaning to their transitional experiences (Rousseau & Heusch, 2000) and address culture gaps, feelings of loss and separation, and trauma (Rousseau, Lacroix, Baglisha, & Heusch, 2003). Existing research that has explored the use of expressive arts therapy from a multicultural perspective is limited, and some expressive arts counsellors view research as being incongruent with their healing aims and the subjective, nonjudgmental nature of expressive arts therapy (Green, 2013). Much of the existing research has relied on narrative case studies or anecdotal accounts. While these provide valuable information, the literature "requires an intensive search for techniques proven to be effective in working with different cultural groups and their individual members" (ter Maat, 2011, p. 9). This, in turn, will encourage a more culturally competent practice. Additionally, more research is needed to better understand how to administer arts-based assessments in a culturally responsible way. Arts-based assessment is an important component of multicultural competency and has the potential to impact the working alliance.

Assessing Children through Art

In her discussion of cultural considerations for administering arts-based assessments, Betts (2013) encouraged expressive arts counsellors to approach assessments collaboratively with

clients, in order to diminish existing power differentials and encourage self-understanding and positive changes in clients. Similarly, Rosenberg and colleagues (2012) emphasized the importance of co-creating meaning with clients during cross-cultural assessment work, in order to foster rapport and intimacy. These considerations are important for working with clients of all ages, including children. However, it is important to keep in mind that, although drawings have been used as a means to assess children's emotional, physical, and environmental situations for many years (Skybo, Ryan-Wenger, & Su, 2007), few arts-based assessments were developed for children with different cultural groups in mind (Betts, 2013). Furthermore, there is a lack of systematic guidelines for developing culturally sensitive assessments in expressive arts therapy (Betts, 2013). It is crucial to remember that children's artwork will inevitably be influenced by their culture and social values (Deaver, 2009), and there is no such thing as a culture-free test (Williams, French, Picthall-French, & Flagg-Williams, 2011). Betts (2013) suggested that therapists should critically examine arts-based assessments for: (a) their ability to measure consistently across at least two cultural groups (i.e., equivalence); and (b) threats to the validity of cross-cultural comparisons due to "nuisance factors" (such as one group having more artistic training than another group; i.e., bias).

Some research has demonstrated the effective use of specific arts-based assessments with children from different cultures. For example, the Human Figure Drawing (HFD) test, one of the most widely researched arts-based assessments (Deaver, 2009), has been cited as being applicable for children of different ages and from different sociocultural and ethnic backgrounds (Teichman & Zafir, 2003). This assessment may be particularly relevant for children because of their natural inclination to draw people (Deaver, 2009). Although different variations of this assessment exist, typically the child is instructed to draw one whole person without a time limit (Skybo et al., 2007). Various methods are then used to assess the drawing for psychological functioning (Deaver, 2009) and for insight into the child's emotions, cognitions, and cultural environments (Gernhardt, Rubeling, & Keller, 2013). Williams and his colleagues (2011) found that compared to other assessments, HFDs were the most culturally adaptable and versatile for use with children from Aboriginal cultures. However, Skybo et al. (2007) reviewed eight studies that assessed cultural variations in HFDs and concluded that standards developed from studies of American children may not be useful with children from other countries. Because the majority of the studies they reviewed are more than 15 years old, more research is needed to establish cultural variations and validity of HFD assessments. Moreover, the quantitative methods often used to score children's HFD drawings are based on samples that are either outdated (e.g. Naglieri, 1988) and/or non-representative of a diverse population (e.g. Koppitz, 1968). In response to this lack of current and relevant normative data, Deaver (2009) collected HFD drawings from a multicultural sample of 467 school children. Although she found that "ethnic group identity was not a significant variable" (p. 10), she acknowledged that her study's small sample size limited the ability to generalize findings, and that more research is needed to determine which aspects of HFD tests are culturally specific and which are universal.

Social Justice

Translating cultural awareness into practice may be enhanced when counsellors who use expressive arts therapy consider ways to engage in social justice activities. Indeed, Collins and Arthur (2010b) called for social justice to be included as an integral component of multicultural competency. It is a belief that has been echoed by expressive arts counsellors (e.g. Gipson, 2015; Hocoy, 2005). Although there are many different definitions of social justice, in practice "social justice action involves advocacy-related interventions that address issues of self-determination,

social responsibility, and the equitable distribution of opportunities and resources in our society” (Arthur & Collins, 2010, p. 149). One area of social responsibility that is important to address in the expressive arts therapy field is the lack of diversity amongst practitioners. In a recent survey of members of the American Art Therapy Association, over 90% of respondents identified as white and female (Elkins & Deaver, 2013). It is important to encourage a more diverse community of practitioners for many reasons. Firstly, a varied community encourages different theoretical and clinical perspectives, which may help challenge traditional or biased assumptions in the expressive arts therapy field (Awais & Yali, 2013). Secondly, individuals from non-dominant groups may prefer and be more successful with a therapist from a similar culture as themselves (Wintersteen, Mensinger, & Diamond, 2005). Finally, from a social justice perspective, a culturally diverse professional community provides “an opportunity to model inclusion for clients” (Awais & Yali, 2013).

The visual arts offer a unique and powerful way to promote social justice, and the arts have a rich history of being used to ignite social change (Estrella, 2011). The art image itself offers a physical means to call for individual and collective action to address oppression and marginalization, and Hocoy (2005) asserted that “images can concurrently heal personal-collective wounds while demanding a response to injustice” (p. 7). As part of a large community arts project in Western Australia, Aboriginal and non-Indigenous children from rural communities used photography to explore and express their identities and sense of place (Sonn, 2009). Participation in the project fostered personal growth, improved social relationships between Indigenous and non-Indigenous families in different communities, and promoted the creation of new structures in the community, such as a photo club. Furthermore, several photo exhibitions and a published book were used to communicate the children’s representations of themselves and their communities, amplifying the voices of “those who are often invisible in the community” (p. 95). It is important to note here that, whenever children’s artwork is displayed in public places, informed consent must be obtained and precautions taken to safeguard clients from exploitation (Kapitan, 2010). Careful consideration should be given to clients’ anonymity, how the artwork will be displayed, who can comment on the work, and how many clinical details to reveal (Green, 2012). If, according to a therapist’s judgment, the benefits outweigh any risks, projects such as the aforementioned one can build on community strengths and resources, support an empowerment agenda, and encourage children to bring about change (Sonn, Quayle, & Kasat, 2015). In my opinion, these are fundamental undertakings for the expressive arts therapy field.

Additional Considerations

Gipson (2015) argued that approaching multicultural competency and social justice within the expressive arts field “requires a more complex engagement with social issues than an introduction to new terminology and recognition of privilege” (p. 142). In line with Gipson, I argue that, although Collins and Arthur’s culture-infused counselling model offers a starting point for expressive arts counsellors to foster multicultural competency in their work with children, it rests with practitioners to commit to this perspective, and to insist on providing service that “responds to all lives” (Gipson, 2015, p. 145). This work will require both individual and institutional accountability, in addition to ongoing training and supervision activities.

It is also important to note that engagement in expressive arts therapy with children (and, indeed, any client) carries specific ethical responsibilities that are distinct from strictly verbal techniques. While these considerations are beyond the scope of this article, the reader is directed to Green (2012), or Moon (2000) for more thorough reviews on this topic. At the same time, ethical

guidelines based on Western principles and worldviews may fail to cover all of the nuances of expressive arts therapy with children from diverse cultures (Potash et al., 2017). In such circumstances, consultation, supervision, and critical thinking are imperative to ensure that expressive arts therapy is delivered in a culturally responsible manner.

Conclusion

Using expressive arts therapy with children is not a black and white endeavor; indeed, there are shades of grey (and, in fact, all colors of the rainbow) when considering how to integrate the expressive arts in a culturally sensitive way. Questions about, for example, the universality of art-making and the cultural appropriateness of arts-based assessments do not always have clear answers. However, Collins and Arthur's (2010b) three domains for cultivating multicultural competence offer a useful framework to help counsellors using expressive arts therapy engage with these issues and questions in a culturally sensitive way. Firstly, in considering the first domain (Cultural Self-Awareness), it is imperative that counsellors look inside themselves to understand not only their cultural identities, but also the ways in which these identities impact their perceptions, assumptions, and biases about expressive arts therapy specifically and art in general. Secondly, in considering the second domain (Awareness of Client Cultural Identities) it is important for counsellors to understand that, while it may be true that “art is part of the human condition” (Barnes, 2015, p. 6) and that art may be a developmentally appropriate way for children to express themselves, children are cultural beings who will experience art – and, thus, expressive arts therapy – in different ways. Thirdly, in considering the third domain (A Culturally Sensitive Working Alliance), counsellors must carefully consider the cultural appropriateness of, for example, the expressive arts interventions, materials, and assessments they utilize. Additionally, an important part of a multicultural perspective involves committing to social justice activities, using one’s position to advocate for a more inclusive field and for those who are marginalized and oppressed in society.

In conclusion, engaging in Collins and Arthurs’ (2010b) three domains for cultivating multicultural competence may enhance counsellors’ cultural competency in their use of expressive arts therapy with children. It is understood that the path to multicultural competency is ongoing and ever-changing, and can be challenging and unclear at times. However, addressing some of the areas discussed in this article can be a step in right direction, and an invitation to continue this important discussion.

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