

Expressive Art Therapy Activities

Therapist Information	
Name:	
Specialization:	Contact Information:
Client Information	
Name:	Date of Birth:
Session Date:	Session Number:
Activity Planning	
Activity Name:	Objective:
<input type="checkbox"/> Drawing <input type="checkbox"/> Painting <input type="checkbox"/> Sculpting <input type="checkbox"/> Collage <input type="checkbox"/> Photography <input type="checkbox"/> Music <input type="checkbox"/> Dance / Movement <input type="checkbox"/> Poetry / Writing <input type="checkbox"/> Other:	<input type="checkbox"/> Explore emotions <input type="checkbox"/> Improve self-esteem <input type="checkbox"/> Develop social skills <input type="checkbox"/> Reduce anxiety <input type="checkbox"/> Process traumatic experiences <input type="checkbox"/> Enhance cognitive abilities <input type="checkbox"/> Other:
Materials Needed:	
Instructions	

Activity Execution	
Duration:	Setting:
<input type="checkbox"/> < 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> > 60 minutes	<input type="checkbox"/> Individual <input type="checkbox"/> Group
Client Engagement:	
How did the client(s) engage with the activity? Were there any notable reactions or breakthroughs?	
Therapeutic Observations	
Any specific emotions, themes, or behaviors observed during the activity?	
Feedback and Reflections	
Client Feedback:	
How did the client(s) feel about the activity? What insights or reflections were shared?	
Therapist Reflection:	
Follow-Up	
Next Steps:	
Next Appointment	
Date:	Time: