GUIDELINES FOR INSURERS:
ART THERAPY SERVICES & REIMBURSEMENT CLAIMS DETERMINATIONS

May 22, 2012
revised

INTRODUCTION

This document is intended to assist healthcare insurance companies and their third-party administrators to better understand how to review reimbursement claims for art therapy services. We hope it will help resolve questions on how to apply medical necessity criteria to art therapy services and provide ways to differentiate cases where coverage exclusions do not apply. Studies that support the efficacy of art therapy services in improving patient/client outcomes are included at the end of this document with citations and abstracts, categorized by population type.

Contents

Introduction.................................................................................................................................................. 1
ART THERAPY PROVIDERS – Credentials & Licensure ........................................................................... 3
  Credentials .................................................................................................................................................. 3
  Licenses ...................................................................................................................................................... 3
ART THERAPY: PROFESSION & PRACTICE ......................................................................................... 3
COVERAGE OF ART THERAPY SERVICES ......................................................................................... 4
  Pooled or Combined Therapy Service Types: ......................................................................................... 4
  Vision Therapy: ........................................................................................................................................ 5
SPAN OF COVERAGE - ART THERAPY SERVICES ............................................................................. 6
REIMBURSEMENT CLAIM REVIEWS: ..................................................................................................... 7
APPLYING MEDICAL POLICIES OR CLINICAL GUIDELINES ........................................................... 7
  Governing Date:....................................................................................................................................... 7
  Review Process:....................................................................................................................................... 7
MEDICAL NECESSITY REVIEWS & DETERMINATIONS ................................................................. 8
  Definition & Criteria: Medically Necessary Art Therapy Services......................................................... 8
  Model Medical Necessity Criteria ........................................................................................................... 8
  Availability of Services............................................................................................................................ 9
  Diagnosis.................................................................................................................................................. 9
  Materials for PTSD/TBI Medical Necessity Determinations................................................................. 9
TBI/PTSD Medical Records at Special Facilities: ................................................................. 9
VA TBI Clinical Practice Guidelines & DVBIC Materials: ............................................... 9
VA Coding Guidance for TBI: ........................................................................................ 10
Definition of –Investigational|| or –Experimental|| (Not Medically Necessary) ................. 10
Medical Necessity Reviews: Applying –Experimental|| or –Investigational|| Medical Policies or Clinical Guidelines ................................................................. 11
 Procedure-Referral to Investigational Review Team: ......................................................... 11
Medical Necessity Reviews: Absent –Experimental|| or –Investigational|| Medical Policies or Clinical Guidelines ................................................................. 11
APPENDIX I: Treatment Efficacy & Supporting Studies ................................................... 13
Autism .................................................................................................................................. 13
Chronic Illness ..................................................................................................................... 16
 Illness, General ................................................................................................................. 16
Asthma ................................................................................................................................. 17
Cancer - Adults .................................................................................................................... 18
Cancer, Breast ...................................................................................................................... 19
Cancer - Pediatric ................................................................................................................ 20
Cancer Treatment .............................................................................................................. 21
Depression .......................................................................................................................... 22
Diabetes ............................................................................................................................... 23
Epilepsy ............................................................................................................................... 23
HIV/AIDS Symptoms .......................................................................................................... 23
Renal Disorders/Failure ...................................................................................................... 24
Neuropsychological Disorders in Older Adults & Elderly: Alzheimers’ Disease, Cognitive Functions, Dementias, Stroke ......................................................... 25
 Alzheimer’s Disease ........................................................................................................... 26
Cognitive/Affective Function ............................................................................................ 27
Dementia ............................................................................................................................. 27
Parkinson’s Disease ........................................................................................................... 28
Stroke ................................................................................................................................. 28
Post-Traumatic Stress Disorder (PTSD) ........................................................................... 28
Traumatic Brain Injury (TBI) ............................................................................................ 59
Trauma & Rehabilitation ................................................................................................... 61
Trauma & Children ............................................................................................................ 61
Rape, Sexual Abuse .......................................................................................................... 75
ART THERAPY PROVIDERS – CREDENTIALS & LICENSURE

Art therapists are highly trained doctoral and master-level therapeutic professionals who practice with clients/patients of all ages in a wide variety of clinical and other settings. Art therapists may have graduate degrees in art therapy or in a related profession, such as psychology or social work, after which they earned a post-graduate certification in art therapy. Art therapists may hold credentials from the Art Therapy Credentials Board (ATCB). They may be either credentialed or licensed or they may have both credentials and a license.

CREDENTIALS

The Art Therapy Credentials Board (ATCB), an independent organization, grants credentials. Registration (ATR) is granted upon completion of graduate education and post-graduate supervised experience. Board Certification (ATR-BC) is granted to Registered Art Therapists who pass a written examination, and is maintained through continuing education. Some states regulate the practice of art therapy and in many states art therapists can become licensed as counselors or mental health therapists.

LICENSES

The licenses art therapists hold may carry different titles, such as art therapists, licensed professional counselor-art therapist, clinical psychologist, marriage and family counselor, mental health counselor, creative arts therapist, or others, depending upon state licensing practices and individual qualifications. Some states provide an Art Therapy license using the specific title such Maryland, Mississippi, Kentucky, and New Mexico. The Creative Arts Therapy license is offered in New York. In a number of states art therapy licensure is included under a Professional Counselor license. Consult the American Art Therapy Association’s web site for the most current licenses titles for art therapists in states across the country. In terms of their educational, training and licensure requirements, art therapists are comparable to counselors and marriage and family therapists.

ART THERAPY: PROFESSION & PRACTICE

Art therapists are professionals trained in both art and therapy. They use art in treatment, assessment and research, and provide consultations to allied professionals. They are knowledgeable about human development, psychological theories, clinical practice, spiritual, multicultural and artistic traditions, and the healing potential of art. Art therapists work with people of all ages: individuals, couples, families, groups, and communities. They provide services, individually and as part of clinical teams, in settings that include mental health, rehabilitation, medical and forensic institutions; community outreach programs; wellness centers; schools; nursing homes corporate structures; open studios and independent practices.
Art therapy is the therapeutic use of art making, within a professional relationship, by people who experience illness, trauma, or challenges in living, and by people who seek personal development. Through creating art and reflecting on the art products and processes, people can increase awareness of self and others cope with symptoms, stress, and traumatic experiences; enhance cognitive abilities; and enjoy the life-affirming pleasures of making art.
Those art therapists who practice with —older adults,|| aged 50 years or more, ensure that these people maximize their psychological health and, by extension, their physical health.1 Art therapists who practice in schools or see child clients outside of the school setting ensure that children maximize their psychological health and, by extension, their physical health.

More recently, art therapists have been on the forefront of treatment for military and civilian persons with traumatic brain injury and post-traumatic stress disorder. They commonly work in multidisciplinary teams with other medical professionals. Apart from Veterans Administration hospitals, there are two special facilities in which art therapy is part of the services provided, The Defense and Veterans Brain Injury Center (DVBIC) and The National Intrepid Center of Excellence (NICOE) treatment planning and research facility located in Bethesda, MD. Any service member or veteran with a traumatic brain injury (TBI) who is covered by TRICARE or Veterans Affairs (VA) benefits may be referred to DVBIC.

Art therapy is an integral part of the treatment program at this unprecedented facility. The NICOE has been designated a Center of Excellence due to its unique capabilities and mission of providing cutting-edge treatment planning, diagnosis, research, and education of service members and families dealing with the signature wounds from the Afghanistan and Iraq wars: Traumatic Brain Injury (TBI) and Psychological Health (PH) conditions.

**COVERAGE OF ART THERAPY SERVICES**

Art therapy services are typically fall under one or more of the more commonly used categories for corporate medical policies, coverage and Utilization Management Guidelines. These may differ, depending on whether the categories of plans to which they apply are typical commercial plans, FEHB plans, Medicare plans, self-funded plans, or others. Examples of basic categories are below. There may be special terms for inpatient and outpatient services and for settings such as hospices, residential treatment facilities, and home care.

Services and Procedure Codes commonly applied to art therapy include but at not limited to:

<table>
<thead>
<tr>
<th>Service</th>
<th>Procedure Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatric Interview</td>
<td>90801</td>
</tr>
<tr>
<td></td>
<td>90802</td>
</tr>
<tr>
<td>Individual Therapy, Office</td>
<td>90806</td>
</tr>
<tr>
<td></td>
<td>90807</td>
</tr>
<tr>
<td></td>
<td>90808</td>
</tr>
<tr>
<td></td>
<td>90812</td>
</tr>
<tr>
<td></td>
<td>90814</td>
</tr>
<tr>
<td>Family Therapy</td>
<td>90846</td>
</tr>
<tr>
<td></td>
<td>90847</td>
</tr>
<tr>
<td>Group Therapy</td>
<td>90853</td>
</tr>
</tbody>
</table>
**POOLED OR COMBINED THERAPY SERVICE TYPES:** Some plans pool multiple types of therapeutic services for the purpose of coverage terms, limits, policies and UM guidelines. For instance, occupational, physical and speech therapy services are commonly pooled together when applying coverage limits to services, so that plan subscribers can count them interchangeably against their coverage ceilings. Cognitive/Neuropsychological Rehabilitation may be pooled with occupational, physical and speech therapy services. Psychological Testing and Neuropsychological Testing may be pooled with Cognitive/Neuropsychological Rehabilitation.

1 The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) uses the term “older adults” to refer to adults who are 50 or more years of age.  
[http://www.samhsa.gov/samhsanewsletter/Volume_17_Number_1/OlderAdults.aspx](http://www.samhsa.gov/samhsanewsletter/Volume_17_Number_1/OlderAdults.aspx)
Simply because art therapy may not be specifically mentioned in plan terms, policies, or guidelines does not mean that it is not a covered service. **The reviewer must consider the art therapy services provided within the context of the patient’s overall evaluation and treatment.** In addition, services categories may be combined within medical policies and UM guidelines, yet not be pooled or otherwise combined for the purpose of plan coverage limits or other coverage terms.

Art therapy services may be provided separately or within an interdisciplinary team approach and subsumed for purposes of plan terms under these broader categories of occupational and/or Cognitive/Neuropsychological Rehabilitation. Pain Management and Pain Rehabilitation, under which art therapy services may be provided, may be pooled with other services, combined, or handled separately.

It is important that the claims reviewer is cognizant of the variations in how art therapy services may be addressed by corporate policies, UM Guidelines and individual plan terms of coverage, in order to make correct reimbursement claims determinations. Art therapy services may be claimed for reimbursement under these categories of services or disorders, as well as others:

- **Behavioral Health Services**
- **Cognitive Rehabilitation**
- **Habilitation & Rehabilitation**
- **Hospice Care**
- **Medical Rehabilitation: OT, PT & ST, with Cognitive Rehabilitation**
- **Mental Health Services**
- **Mental Health/Substance Abuse Disorders, Outpatient & Residential Treatment**
- **Neuropsychiatric Disorders**
- **Occupational Therapy**
- **Outpatient Physical and Occupational Therapy**
- **Pain Management/Pain Rehabilitation**
- **Physical/Occupational/Speech Therapy & Cognitive/Neuropsychological Rehabilitation**
- **Physical & Occupational Therapy, In- or Outpatient**
- **Psychological Services**
- **Psychological & Neuropsychological Testing/Cognitive & Neuropsychological Rehabilitation**
- **Visual Information Processing Evaluation & Orthoptic/Vision Therapy**

**VISION THERAPY:** It is possible that art therapy services may be used for some types of vision therapy, so this type of reimbursement claim should be carefully evaluated for coverage. "Vision therapy is sometimes called eye exercise therapy, visual therapy, visual training, vision training, orthoptic therapy, orthoptics, orthoptic vision therapy, or optometric vision therapy. Vision therapy encompasses a wide range of optometric treatment modalities, with the therapeutic goal of correcting or improving specific dysfunctions of the vision system. There is no clear consensus on the exact definition of vision therapy."
- The American Academy of Optometry (AAO) and the American Optometric Association (AOA) broadly define it as an individualized treatment program that utilizes the use of special lenses, prisms, filters, occlusion, and other appropriate materials, methods, equipment, and procedures, including eye exercises and behavioral modalities. These therapies are used for eye movement and fixation training to eliminate or improve conditions such as lazy eye (amblyopia), crossed eyes (strabismus), focusing, eye-teaming, and tracking disorders. Visual perceptual therapy is a psychoeducational intervention intended to correct visual-motor or perceptual-cognitive deficiencies that are claimed to contribute to delay in speech and language development in preschool children.||

- Visual information processing evaluation (VIPE) identifies problems with processing of information for enhanced school and/or social development. Visual processing refers to a group of skills used for interpreting and understanding visual information. The evaluation may include testing for visual spatial orientation skills, visual analysis skills, including auditory-visual integration, visual-motor integration skills and rapid naming.|| 2

**SPAN OF COVERAGE - ART THERAPY SERVICES**

Commonly used coverage exclusions such as for –educational or –recreational services should be reviewed against medical necessity criteria as in many cases art therapy services should be covered, reimbursable services. Claims reviewers should afford special care to the patient’s diagnosis, the context of treatment, participation of the art therapist on interdisciplinary treatment teams and other elements of the case that support a finding of medical necessity.

In cases in which children are receiving IDEA-covered services through the schools, art therapists may provide adjunctive or additional therapy that may be medically necessary to augment the therapy the child receives in school. The reviewer should not assume out of hand that any art therapy a child receives is automatically –educational|| or –recreational|| simply because that child receives other services geared toward educational support and success. It is important to also remember that the child’s life outside of the school setting is enhanced through art therapy services, as well.

---

REIMBURSEMENT CLAIM REVIEWS:
APPLYING MEDICAL POLICIES OR CLINICAL GUIDELINES

Of course, in determining coverage eligibility, the claims reviewer must first consider and apply relevant federal and state law, along with contract language, including definitions, specific contract provisions and coverage exclusions that take precedence over Medical Policy.

**GOVERNING DATE:** The date when the services are rendered govern as to the member’s contract benefits in effect. Policy, which addresses medical efficacy, should be considered before utilizing medical opinion in adjudication.

**REVIEW PROCESS:**
1. In determining if there is a relevant Medical Policy or Clinical Utilization Management (UM) Guideline, the reviewer will not consider the Current Procedure Terminology (CPT) code entered on the reimbursement claim form alone. If an 'unlisted' or 'not otherwise classified' code is proposed, the detailed service description will be the determining factor.

2. When a claim is submitted with an unlisted code, there is a predetermination request, or a service, procedure, or product is otherwise subject to review, the company reviewer will determine, based on the service description*, if there is a Medical Policy or Clinical UM Guideline relevant to the procedure, service or product. If a relevant Medical Policy or Clinical UM Guideline is available, the reviewer must use it as the basis for making the claim decision.

It may be necessary to request a Medical Director Review or the equivalent, where uncertainty exists as to the nature of the service, the applicable CPT procedural code and/or ICD-9-CM diagnostic code at the level of the initial claims reviewer. There may also be differences among types of plans as to how these apply. CPT codes may exist that apply to a reimbursement claim but that are not specifically listed for covered services in the Medical Policies or Clinical UM Guidelines. Examples are:

**Unlisted CPT Codes Requiring Medical Director Review**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Behavioral Health Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>90899</td>
<td>Unlisted psychiatric service or procedure</td>
<td></td>
</tr>
<tr>
<td>97799</td>
<td>Unlisted physical medicine/rehabilitation service or procedure</td>
<td>N/A</td>
</tr>
<tr>
<td>99199</td>
<td>Unlisted special service, procedure or report</td>
<td>N/A</td>
</tr>
</tbody>
</table>

3. If there is no Medical Policy or Clinical UM Guideline that directly applies to the decision to be made, reviewers will use their discretion and professional judgment to select resources that may be appropriately referenced for the requested services, based on the member’s clinical circumstances.

4. After Medical Reviewers have made their determination, they should document their decision and the resources used in the appropriate claims management system.
MEDICAL NECESSITY REVIEWS & DETERMINATIONS

DEFINITION & CRITERIA: MEDICALLY NECESSARY ART THERAPY SERVICES

Medically Necessary art therapy services are procedures, treatments, supplies, devices, equipment, or facilities that an art therapist, exercising reasonable clinical judgment, would provide to a covered individual for the purpose of preventing, evaluating, diagnosing or treating an illness, injury or disease or its symptoms, and that are:

1. in accordance with generally accepted standards of art therapy practice; and
2. clinically appropriate in terms of type, frequency, extent, site and duration and considered effective for the covered individual's illness, injury or disease; and
3. not primarily for the convenience of the covered individual, physician or other health care provider; and
4. comparable to an alternative service or sequence of services at least as likely to produce diagnostic or therapeutic results, as to the diagnosis or treatment of that covered individual's illness, injury or disease.

The phrase, "generally accepted standards of art therapy practice," means standards that are based on credible evidence published in peer-reviewed medical or healthcare literature generally recognized by the relevant art therapy, healthcare or medical community, national practitioner specialty society recommendations, the views of art therapy practitioners practicing in relevant clinical areas, and any other relevant factors. ³

MODEL MEDICAL NECESSITY CRITERIA

Where art therapy services are the subject of a reimbursement claim and were provided under utilization review staff or care manager certification that the case met -Medical Necessity- criteria that certification should be deemed sufficiently probative to support approval of the reimbursement claim. Likewise, if a psychiatrist, psychologist, or other peer clinical reviewer who assessed the case found medical necessity for the art therapy services to be furnished, the reimbursement claim should be approved. For consistency, the peer clinical reviewer should use medical necessity guidelines to help frame their decision as to authorizing provision of art therapy services, but must also use their clinical experience and judgment to make exceptions to the criteria when indicated.

When applying medical necessity criteria in the course of making medical necessity determinations as to art therapy services, the claims reviewer should take into account any specific needs of the individual covered individual (such as age, co-morbidities, complications, psychosocial situation and progress) or characteristics of the local delivery system (such as the availability of alternative levels of care).

³ Drafted with reference to Anthem, Inc., Medical Necessity Criteria; Policy #: ADMIN.00004 Current Effective Date: 08/22/2011; Status: Revised; Last Review Date: 08/18/2011
Medical necessity criteria apply to each level of care in three categories: *Severity of Illness, Intensity of Service* and *Continued Stay* for hospitalization. *Severity of Illness* criteria include descriptions of the covered individual’s condition and circumstances. *Severity of Illness* criteria must be met for authorization of the requested service. *Intensity of Service* criteria describe the services being provided, in terms of number or amount of services with respect to a timeframe.

Of course, any mental health services should not be provided primarily to avoid incarceration of the patient or to satisfy a programmatic length of stay. There should be a reasonable expectation that the patient’s illness, condition, or level of functioning will be stabilized, improved, or maintained through art therapy treatment known to be effective for the patient’s illness or condition.

**Availability of Services**
The availability of services varies by different geographic and regional areas. In some states, regulations allow non-physicians to treat covered individuals at inpatient facilities. Outpatient treatment is typically provided by behavioral health providers licensed to practice independently (without physician supervision required). When individual psychotherapy, family therapy and group therapy are provided as part of a facility's inpatient, sub-acute, or intensive outpatient program, individuals who are not licensed to practice independently would be appropriately supervised.

**Diagnosis**
Reimbursement claims for art therapy must have an appropriate diagnosis that is covered under the Covered Individual’s Health Benefit Plan. Mental disorders are defined by the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders, 4th Edition Text Revision (DSM IV-TR).

**Materials for PTSD/TBI Medical Necessity Determinations**

**TBI/PTSD Medical Records at Special Facilities:** While private-sector insurers are unlikely to be providing services to active duty military members, they may well have veterans as covered subscribers, depending upon their access to VA services and other factors. Some will also be seen at private-sector facilities because they are beneficiaries of Medicare or Medicaid programs that have contracted with private insurers to provide services. This means that some patients’ important medical records may be from military or VA facilities and will need to be obtained in order to make medical necessity determinations on reimbursement claims concerning them.

There also may be private-sector primary care physicians or other providers who will see some of these patients and refer them to these or other special treatment facilities, where some of their medical records will reside.

**VA TBI Clinical Practice Guidelines & DVBIC Materials:** The Veterans Health Services Administration and the Defense and Veterans Brain Injury Center (DVBIC) have developed Clinical Practice Guidelines (CPGs), coding advice and other materials that may prove helpful for claims reviewers in the private sector who must make medical necessity determinations about art therapy, occupational therapy and other rehabilitative services provided for PTSD and residuals of traumatic brain injury, regardless whether the patient is in active military service, a veteran or a civilian.
VA/DoD Evidence Based Guideline: Evaluation and Management of Concussion/mTBI - Subacute/Chronic (CONUS)

DCoE Summary Fact Sheet

Clinical Guidance for Evaluation and Management of Concussion/mTBI - Acute/Subacute (CONUS)

Fact Sheet / Pocket Card

VA CODING GUIDANCE FOR TBI: Due to the unique nature of the symptomatology of TBI, there are CPT coding issues relevant to these disorders that apply to reimbursement claims for services to assess or treat them. Special rules apply for coding of initial visits for evaluation of TBI symptoms and for coding of follow-up care for TBI symptoms. Claim reviewers may find this information extremely useful. (It is copied into Appendix II of this document.)

The .PDF file is available here (click on): Department of Veteran Affairs Fact Sheet: Coding Guidance for Traumatic Brain Injury or go to: http://www.dvbic.org/images/pdfs/Clinical-Tools/TBI-Coding-Fact-Sheet_Dec2010.aspx

CODING INITIAL VISITS: “The practitioner codes mild TBI (850.11) and codes the initial encounter for memory problems (780.93) due to TBI. In order to ensure the most accurate and appropriate level of coding, documentation must clearly state if there was a loss of consciousness (LOC) due to the injury and the duration of the LOC. If documentation does not clearly define the LOC then unspecified state of consciousness must be coded. When appropriate an E code from the E99x series may be assigned. Please refer to your Health Information Management Coding Department for further guidance on E codes.

CODING FOLLOW UP CARE: For follow up visits for symptoms directly related to a previous TBI, the symptom code(s) that best represents the patient’s chief complaint or symptom(s) (e.g., headache, insomnia, vertigo) are coded, followed by the appropriate late effect code (905.0 or 907.0). Late effects include any symptom or sequela of the injury specified as such, which may occur at any time after the onset of the injury. The pairing of the symptom code and the late effect code is the ONLY WAY that symptoms can be causally and uniquely associated with TBI and is essential to the accurate classification of TBI.”

**DEFINITION OF “INVESTIGATIONAL” OR “EXPERIMENTAL” (NOT MEDICALLY NECESSARY)**

Investigational]| or -experimental| basically means that the procedure, treatment, supply, device, equipment, or facility (all services) does not meet the criteria for ¬Medically Necessary| art therapy services because it does not meet one or more of the following criteria:

- has credible evidence published in peer-reviewed literature generally recognized by the relevant art therapy, healthcare or medical community which permits reasonable
conclusions concerning the effect of the procedure, treatment, supply, device, equipment, or facility (all services) on health outcomes; or

- is reasonably expected to improve the net health outcome; or
- is comparably beneficial to any established alternative; or
- is able to show improvement outside the investigational settings.

In addition to the above criteria, claim reviewers may consider the recommendations of national art therapy or other healthcare specialty societies, nationally recognized professional healthcare organizations, public health agencies, and other relevant factors, including information from the practicing community.4

**MEDICAL NECESSITY REVIEWS: APPLYING “EXPERIMENTAL” OR “INVESTIGATIONAL” MEDICAL POLICIES OR CLINICAL GUIDELINES**

**PROCEDURE-REFERRAL TO INVESTIGATIONAL REVIEW TEAM:**
When a company medical policy or Clinical Utilization Management (UM) Guideline categorizes the procedure or treatment as “experimental” or “investigational” or delineates criteria against which the procedure or treatment could be characterized as such, the reimbursement claim should be referred to a designated Investigational Review Team. The Investigational Review Team shall make a determination as to whether and in what manner the medical policy or Clinical UM Guideline applies to the services concerning the claim. Where the reimbursement claim concerns art therapy services, the Investigational Review Team shall include an ATCB-credentialed art therapist with clinical expertise in the subject area of the services rendered, per the claim at issue.

**MEDICAL NECESSITY REVIEWS: ABSENT “EXPERIMENTAL” OR “INVESTIGATIONAL” MEDICAL POLICIES OR CLINICAL GUIDELINES**

A healthcare insurance company reviews services provided, or proposed to be provided, to members, in order to determine benefits based on whether the services are medically necessary, not medically necessary, or investigational and, therefore, not medically necessary. In making such benefit decisions, the company determines whether such services comport with generally accepted standards of practice in the relevant healthcare/medical field. In so doing, the company takes into account credible evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, physician or other healthcare practitioner specialty society recommendations, and the views of professionals practicing in relevant clinical areas, and other relevant factors, as they relate to the insured member’s clinical circumstances.

Reviewers should use those resources that may be relevant to the decision at hand, which does not mean using every resource in every case. Reviewers should use more than one resource when

---

4 Drafted with reference to Anthem, Inc., Medical Policy, Subject: Investigational Criteria; Policy #: ADMIN.00005 Current Effective Date: 08/22/2011; Status: Revised; Last Review Date: 08/18/2011
multiple resources are relevant to their decision. Reviewers should exercise their professional judgment in selecting appropriate resources with which to assist in rendering their determination.

There are various resources available to a company’s medical claim reviewers to use in situations where the company does not have a Medical Policy or Clinical UM Guideline that addresses the specific service or product for which benefits are requested. The company definitions of "Medically Necessary" or "Medical Necessity" and "Investigational" apply for the purpose of making benefit determinations, although they may be modified in the covered individual's plan document, the terms of which govern benefit determinations.
APPENDIX I: TREATMENT EFFICACY & SUPPORTING STUDIES

Bibliographic style for the following citations is: American Psychological Association, 6th Edition, annotated with abstracts.

AUTISM

Underlined citations indicate that they contain a hyperlink to the document online.


270-275.


Riley, S. (2004). Multi-family group art therapy: Treating families with a disabled family member. In S. Riley (Ed.), Integrative approaches to family art therapy (2nd ed.) (pp.155-


**CHRONIC ILLNESS**

**ILLNESS, GENERAL**


Medical applications of art therapy are a natural extension of the use of art therapy with psychiatric populations. The fundamental qualities that make the creative process empowering to children in general can be profoundly normalizing agents for those undergoing medical treatment. When the ill child engages in art making, he or she is in charge of the work -- the materials to be used; the scope, intent, and imagery; when the
piece is finished; and whether it will be retained or discarded. All these factors are under the child artist's control. Participating in creative work within the medical setting can help rebuild the young patient's sense of hope, self-esteem, autonomy, and competence while offering opportunities for safe and contained expression of feelings. Art therapy has been used with a variety of pediatric medical populations, including cancer, kidney disease, juvenile rheumatoid arthritis, chronic pain, and severe burns. When medical art therapy is included as part of team treatment, art expression is used by young patients to communicate perceptions, needs, and wishes to art therapists, mental health professionals, child life specialists, and medical personnel. It is extremely useful in assessing each young patient's strengths, coping styles, and cognitive development. Information gathered through artwork can be invaluable to the medical team as it seeks to treat the whole person, not just the disease or diagnosis. [Text, p. 207]


ASTHMA

Beebe, A., Gelfand, E. W., Bender, B. (2010). A randomized trial to test the effectiveness of art therapy for children with asthma. Journal of Allergy & Clinical Immunology, 126(2), 263-6, 266.

Twenty-two children with asthma were randomized to an active art therapy or wait-list control group. Those in the active art therapy group participated in 60-minute art therapy sessions once a week for 7 weeks. Sessions included specific art therapy tasks designed to encourage expression, discussion, and problem-solving in response to the emotional burden of chronic illness. Score changes from baseline to completion of art therapy indicated (1) improved problem-solving and affect drawing scores; (2) improved worry, communication, and total quality of life scores; and (3) improved Beck anxiety and self-concept scores in the active group relative to the control group. At 6 months, the active group maintained some
positive changes relative to the control group including (1) drawing affect scores, (2) the worry and quality of life scores, and (3) the Beck anxiety score. Frequency of asthma exacerbations before and after the 6-month study interval did not differ between the 2 groups. This was the first randomized trial demonstrating that children with asthma receive benefit from art therapy that includes decreased anxiety and increased quality of life.

**Cancer-Adults**


Garland, S. N., Carlson, L. E., *et al.* (2007). A non-randomized comparison of mindfulness-based stress reduction and healing arts programs for facilitating post-traumatic growth and spirituality in cancer outpatients. *Supportive Care in Cancer, 15*(8), 949-61, The aim of this study was to compare a mindfulness-based stress reduction (MBSR) program and a healing through the creative arts (HA) program on measures of post-traumatic growth (PTGI-R), spirituality (FACIT-Sp), stress (SOSI), and mood disturbance (POMS) in cancer patients. MATERIALS AND METHODS: A sample of cancer outpatients (104 patients) with a variety of diagnoses chose to attend either an 8-week MBSR program or a 6-week creative arts program and were assessed pre- and post-intervention. Participants in both groups improved significantly over time on overall post-traumatic growth. Participants in the MBSR group improved on measures of spirituality more than those in the creative arts group. Participants in the MBSR group also showed more improvement than those in creative arts group on measures of anxiety, anger, overall stress symptoms, and mood disturbance. Both programs may improve facilitation of positive growth after traumatic life experiences for those who choose to participate. MBSR may be more helpful than creative arts therapy in enhancing spirituality and reducing stress, depression, and anger.

Monti, D. A., Peterson, C., Kunkel, E. J., *et al.* (2006). A randomized, controlled trial of mindfulness-based art therapy (MBAT) for women with cancer. *Psycho-Oncology, 15*(5), 363-73. The purpose of this study was to gather data on the effectiveness of a newly developed psychosocial group intervention for cancer patients, called mindfulness-based art therapy (MBAT). One hundred and eleven women with a variety of cancer diagnoses were paired by age and randomized to either an eight-week MBAT intervention group or a wait-list control group. Compared to the control group, the MBAT group demonstrated a significant decrease in symptoms of distress and significant improvements in key aspects of health-related quality of life.


This study tested the effects of an art-making class on reducing anxiety and stress among family caregivers of patients with cancer. Sixty-nine family caregivers were pre-tested and then a two-hour art-making class was delivered. Post-tests showed that anxiety and stress was significantly reduced after art-making class. Family caregivers may benefit from participation in art-making interventions. Nurses should continue to investigate the use of creative approaches to promote holistic care.

CANCER, BREAST
The aim of this randomized controlled clinical trial was to study the outcome of five sessions of art therapy given at a 5-week period of postoperative radiotherapy. Half the participants (n = 20) received art therapy and the other half (n = 21) were assigned to a control group. At follow-up, significant lower ratings of depression, anxiety, and somatic symptoms and less general symptoms were reported for the art therapy group compared to the control group. The conclusion suggests that art therapy has a long-term effect on the crisis following the breast cancer and its consequences.


This study included 41 women, aged 37-69 years old, with non-metastatic primary breast cancer. The women were randomized to a study group with individual art therapy for 1 hour a week during postoperative radiotherapy or to a control group. There was an overall
increase in coping resources among women with breast cancer after taking part in the art therapy intervention. Significant differences were seen between the study and control groups in the social domain on the second and third occasions. Significant differences were also observed in the total score on the second occasion. This study shows that individual art therapy provided by a trained art therapist in a clinical setting can give beneficial support to women with primary breast cancer undergoing radiotherapy, as it can improve their coping resources.

Find a library that holds this journal: [http://worldcat.org/issn/01619268](http://worldcat.org/issn/01619268)


**CANCER - PEDIATRIC**

Children undergoing painful procedures for leukemia exhibited resistance and anxiety during and after these procedures. By contrast, children provided with art therapy from the first hospitalization exhibited collaborative behavior. They or their parents asked for art therapy when the intervention had to be repeated. Parents stated they felt better able to manage the painful procedures when art therapy was offered. Art therapy was shown to be a useful intervention that can prevent permanent trauma and support children and parents during intrusive interventions.

Tim was diagnosed with leukemia at age 5, after a month of easy bruising and flu-like symptoms. Up until that time, he had been in good health and had suffered only the usual childhood ailments (such as sore throats and chickenpox). Until Tim was diagnosed with leukemia, the family had not experienced significant stressors or traumas. There were no signs of previous familial psychopathology. The diagnosis challenged the family system, however, and weak links in the parents' communication patterns emerged. In addition, the child and his family had to deal with the tangible, technical aspects of the treatment regimen and with the concomitant emotional reactions and fears surrounding the disease. A case report of Tim is presented; how treatment is provided by family, art, and play therapy is explained. A follow-up at age 15 is presented. [Adapted from Text, p. 386]

This pilot study evaluated the effects of the creative arts therapy on the quality of life of children receiving chemotherapy. The study compared art therapy with a volunteer’s attention in 16 children. Results showed improved mood with statistical significance on the Faces Scale, and patients were more excited, happier, and less nervous. Provider focus groups revealed positive experiences.

**Cancer Treatment**


Sixty cancer patients on chemotherapy participated in once-weekly art therapy sessions (painting with water-based paints). Nineteen patients who participated four or more sessions were evaluated as the intervention group, and 41 patients who participated in 2 or less sessions comprised the participant group. In the intervention group, the median score for depression was 9 at the beginning and 7 after the fourth appointment. The median fatigue score changed from 5.7 to 4.1. Art therapy is worthy of further study in the treatment of cancer patients with depression or fatigue during chemotherapy treatment.


Art therapy has been shown to be helpful to cancer patients at different stages in the course of their illness, especially during isolation for bone marrow transplantation, during radiotherapy treatment, and after treatment. The aim of this study is twofold: (1) to assess whether patients during chemotherapy sessions perceive art therapy as helpful and (2) to outline in which way art therapy is perceived as helpful. 157 cancer patients attending an Oncology Day Hospital participated in [-free collage]. A psychologist interviewed a randomized group of 54 patients after the chemotherapy treatment using a semi-structured questionnaire. Out of the 54 patients, 3 found art therapy -not helpful. The other 51 patients described their art therapy experience as -helpful. Three main groups emerged: (1) art therapy was perceived as generally helpful, ex: [-relaxing, -creative] (37.3%), (2) art therapy was perceived as helpful because of the dyadic relationship (ex., -talking about oneself and feeling listened to) (33.3%), and (3) art therapy was perceived as helpful because of the triadic relationship, patient-image-art therapist (ex. -expressing emotions and searching for meanings) (29.4%). These data show that art therapy may be useful to support patients during the stressful time of chemotherapy treatment. Different patients use it to fulfill their own different needs, whether it is a need to relax (improved mood) or to talk (self-narrative) or to visually express and elaborate emotions (discovering new meanings).


The specific aim of this study was to determine the effect of a 1-hour art therapy session on pain and other symptoms common to adult cancer inpatients. There were statistically significant reductions in eight of nine symptoms measured, including the global distress score, as well as significant differences in most of the areas measured by the anxiety scale. Subjects overwhelmingly expressed comfort with the process and desire to continue with therapy. This study provides beginning evidence for the efficacy of art therapy in reducing a broad spectrum of symptoms in cancer inpatients.


This controlled clinical trial tested the efficacy of a creative arts intervention with family caregivers of patients with cancer. Forty family caregivers reported significantly reduced stress, lowered anxiety, and increased positive emotions following creative arts interventions which promoted short-term wellbeing in this family caregiver sample. Caregivers also increased positive communication with cancer patients and health care providers.

### Depression

(Also see studies under categories of Trauma and Traumatic Brain Injury (TBI) that involve patients with post-traumatic stress syndrome PTSD), depression and other related psychological symptoms.)


This archival study examined the efficacy of EMDR with residential latency-age children. Participants in the study were the records of 5 children who completed a 10-week EMDR treatment protocol, and 4 children who were in a control group. Treatment included art therapy, play therapy, drama therapy, and talk therapy. EMDR was included as a component of the overall treatment for the experimental group. Pre- and post-measures were assessed using the Behavior Assessment Scale for Children (BASC) and the Trauma Symptom Checklist for Children (TSCC). . . .The children endorsed significantly fewer symptoms of PTSD, Depression, and Dissociation at the end of treatment as compared to the beginning of treatment. Because of the numerous limitations of this study, generalizability is inevitably limited. However, the outcome of this research indicates that EMDR can be effective to reduce overall symptomatology of severely traumatized children. [Author Abstract]


**Fertility-Related Depression**


Weekly 2-hour art therapy group courses were held for a total of 21 subfertile women. The effectiveness of art therapy was assessed using Beck Hopelessness, Depression and Anxiety Inventories, administered before and after participation. Mean Beck Hopelessness Scale fell from 6.1 to 3.5 after therapy. Beck Depression Inventory-II Score fell from 19.8 to 12.5 and Beck Anxiety Inventory Score changed from 12.4 to 8.4. Women felt the course was insightful, powerful and enjoyable. Art therapy was associated with decreased levels of hopelessness and depressed mood in subfertile women.


**DIABETES**


**EPILEPSY**


The present report details the results of a three-part study involving 60 subjects from a comprehensive epilepsy center population. Subjects were grouped by the following diagnoses: seizures, partial seizures, complex partial seizures with temporal focus, and non-epileptic events. The Formal Elements Art Therapy Scale task showed significant effects in patients with epileptic seizures. The Free Drawing was most sensitive to complex partial seizures with temporal focus, while the Outline was most predictive of non-epileptic events. In addition to giving some insight into the neurological functioning of these subjects, this pilot study provides a basis for the future development of diagnostic tests to be used within this patient group.

**HIV/AIDS SYMPTOMS**


Seventy-nine people with a diagnosis of HIV infection participated in either a one-hour art therapy session or viewed a videotape about art therapy. The analyses showed that physical
Symptom mean scores were better for those who participated in the art therapy compared to those who viewed the videotape, and this difference between conditions was statistically significant. Thus, the study demonstrated the potential benefits of one session of art therapy in relation to symptoms associated with HIV/AIDS.

**RENAL DISORDERS/Failure**

**Dialysis**


**Aim & Method:** Qualitative Research. People on hemodialysis live longer because of advances in technology; however, there are concerns about the diminished quality of life and the emotional problems these patients experience. During hemodialysis, patients rarely engage in any meaningful activity. The purpose of this study is to investigate eight patients’ (volunteers who were right-handed, ages 30 – 75 years, three men and five women, all African-American) responses to drawing experiences while in a hemodialysis unit.

- Duration of hemodialysis treatment varied from less than one year to 10 years|| (p. 92).
- The inquiry involved a series of drawings and a series of interviews conducted before and after the drawings. By introducing a meaningful activity such as drawing, it was postulated that patients would be stimulated to talk about issues and experiences and improve their confidence and self-esteem. —Data were collected on two forms: a series of drawing activities [(1) Free drawing; (2) Self-portrait; (3) Draw what you most like] and a series of [two] interviews|| (p. 94). Materials were 9 x 12|| white paper, standard pencils with erasers and colored pencils for tasks 1 and 2, and watercolor crayons for task 3. —To increase the validity and reliability of interpretation, all drawings were named and dated and colors were standardized|| (p. 92). Interviews were audiotape. The pre-drawing interviewed —provided information about education, background, demographics, art experience, and views about
- the patient’s sense of self. A post-drawing interview discussed the participants’ responses to the drawings tasks. Information was gathered on aspects that were enjoyable or difficult, ideas and topics drawn, and what the drawings represented|| (p. 92). —Interpretative protocols such as those advocated by Adamson, Cousins, Bach (1990), and Furth (1988) were used in conjunction with analytical inductive reasoning to interpret the outcomes|| (p. 92). This inquiry describes how patients perceived the situation before and during hemodialysis and explores the relationship between drawing and feelings of well-being.

**Results:** The results indicate that all patients enjoyed the experience of drawing; they became focused on doing the drawings and the hours passed more quickly. (Weldt, 2003, p. 92; abstract modified by St. John, 8/14/05)

**Renal Transplant**


Pediatric and young adult renal transplant recipients may experience feelings of depression
and emotional trauma. A study was conducted to (1) determine the prevalence of depression
and emotional trauma and (2) assess the utility of the Formal Elements of Art Therapy Scale (FEATS). 64 renal transplant recipients, 6-21 years of age, were evaluated using self-report measures (CDI and Davidson) and art-based assessments. Subject art was analyzed by art therapists using 7 of the 14 elements of the FEATS, to assess depression. Unlike CDI and Davidson self-report testing, all patients were able to complete the art-based directives. When self-report measures and art-based assessments were combined, 36% of the study population had testing results consistent with depression and/or post-traumatic stress. The FEATS assessments identified a subset of patients who were not identified using the self-report measures. There was a correlation between CDI and Davidson scores (p < 0.0001), Davidson scores correlated with hospital days (p = 0.05), and FEATS correlated with height Z score (p = 0.04) and donor type (p = 0.01). Patients who required psychological interventions including antidepressant therapy, psychological counseling, and psychiatric hospitalization during the year after the study were identified as depressed. Sensitivity for FEATS and CDI were 22 and 50% respectively. The results suggest that while art therapy may be of utility in the identification of pediatric and young adult transplant recipients who are suffering from depression, FEATS analysis appears to lack sufficient sensitivity to warrant its use in this population. Study of other quantitative art-based assessment techniques may be warranted. [Author Abstract]

**NEUROPSYCHOLOGICAL DISORDERS IN OLDER ADULTS & ELDERLY: ALZHEIMERS’ DISEASE, COGNITIVE FUNCTIONS, DEMENTIAS, STROKE**


**Abstract**

**Aim & Method:** An art therapy intervention using an eight-session pottery class based on Eastern Method throwing technique was implemented with 20 elderly nursing home residents, with the aim of improving their psychological well-being. Quantitative evaluation was based on Hebl & Enright (1993) and employed a quasi-experimental design measuring the participants’ self-esteem (Coopersmith, 1981), depression (Beck Depression Inventory, Beck et al., 1961), and anxiety (State-Trait Anxiety Inventory, Spielberger et al., 1983) compared with 20 nonparticipating elderly residents of the nursing home. Qualitative evaluation included client self-evaluations (a subjective measure, designed for this study), case progress notes, journal notes, and photographs.

**Results:** Following the intervention, the participating group showed significantly improved measures of self-esteem, and reduced depression and anxiety at post-test (p < .05) relative to the comparison group. However, it should be noted that those with high self-esteem and low anxiety at the beginning of the study did not make significant gains; conversely, those with low self-esteem and high anxiety, pre-intervention, benefited the most. Implications for art therapy intervention with institutionalized elderly and further research are discussed. (Doric-Henry, 1997, p. 163; P. St. John, 8/14/05)


The value of art therapy for older people with mental health problems is well documented although there is a paucity of research for people who are home bound. This study, based in England, involved five clients, all older people with mental health problems, receiving art therapy sessions at home. The clients and caregivers were then interviewed to ascertain their views. This study indicated that clients and caregivers do feel that art therapy can be of benefit in the home environment. These benefits include an increase in confidence and motivation, with emotional support also being valued. The study concludes that an art therapist can work in the home environment as long as he/she is flexible, organized and assertive. (p. 52)


[PubMed - indexed for MEDLINE]


**Abstract**

**Aim & Method:** The investigation was aimed towards constructing a visual art program for communication with elderly.

**Methods:** Pictures of works of art were used in a controlled intervention study. Dialogues were performed with elderly persons (age 82.6 years) at a senior's apartment building. The Wheel Questionnaire parameters structure, motivation, and emotional investment were analyzed using ANOVA (mixed model).

**Findings:** Significant improvement was found in the visual art group (n = 20) compared with a matched control group (n = 20) over the studied period of time. Communication directions were different in the intervention group compared with the control group. In the intervention group there was an inexhaustible source of topics to be discussed that originated from pictures of works of art. In the control group the dialogues dealt with daily events in the elderly persons' lives. During the final phase of the intervention period it was difficult to find topics of conversation in the control group compared with the intervention group.

**Conclusions:** The visual art program is an example of how the language of works of art could be used for nursing management. The findings show a new way to care for elderly persons that builds upon elderly persons' knowledge and personal experience.

**ALZHEIMER'S DISEASE**

Cognitive/Affective Function


Abstract

**Objective:** This study was designed to investigate the benefits of a short-term intervention for older adults that targeted cognitive functioning and quality of life issues important for independent living.

**Method:** One hundred twenty-four community-dwelling participants (aged 60 to 86) took part in one of three study conditions: theater arts (primary intervention), visual arts (non-content-specific comparison group), and no-treatment controls.

**Results:** After 4 weeks of instruction, those given theater training made significantly greater gains than did no-treatment controls on both cognitive and psychological well-being measures. A comparison of theater and visual arts training showed fewer benefits in fewer areas for visual arts. Discussion: The authors suggest reasons why various aspects of theater training appear to enhance healthy aging.

Dementia


Pay-per View [Full-text Article (PDF)] PMID: 8272478 [PubMed - indexed for MEDLINE]

Abstract

The present article reports on a controlled intervention study of the effects of a nondirected use of pictures as a possible modality for improving well-being in elderly women. Works of art were chosen for the individual taste pattern on the basis of psychological and art scientific research on aesthetic reactions to and perception of art. Participants were randomly allocated either to the intervention (n = 20) or to the control (n = 20) group. Participants in both groups had the same amount of social contact with and attention from the experimenter. The difference between the groups indicated improved well-being in the intervention group, an improvement not seen in the control group. The quantitative analyses of the results reveal a significant improvement of the positive mood parameters happiness, peacefulness, satisfaction and calmness and the negative parameters low-spirited, unhappy and sad. Systolic blood pressure decreased and an improvement was seen in the subjects' medical health status with regard to reported dizziness, fatigue, pain and use of laxatives.
**Parkinson's Disease**


The focus of this outcome study was on art therapy as a support for medical treatment and palliative care. A total of 41 patients were placed in 2 matched groups: 22 patients with Parkinson’s disease and 19 patients without Parkinson’s disease. Each participant completed the Brief Symptom Inventory (BSI) (Derogatis, 1993) pre- and post-test session, and was asked to manipulate a ball of clay and to respond to follow-up questions on the experience. Quantitative and qualitative results showed a positive outcome with significant decrease in somatic and emotional symptoms in both groups. This research supports the value of an art therapeutic clay program for patients diagnosed with Parkinson’s disease and recommends future studies addressing art therapy with caregivers. (p. 122)

**Stroke**

Kim, S-K., Kim, M.-Y., Lee, J.-H., & Chun, S.-I. (2008). Art therapy outcomes in the rehabilitation treatment of a stroke patient: A case report. *Art Therapy: Journal of the American Art Therapy Association, 25*(3), 129-133. This case report discusses the potential for art therapy to aid in the recovery of early-chronic stroke patients. The patient was diagnosed with having a subarachnoid hemorrhage from a cerebral aneurysm rupture 1 year prior to hospitalization. Therapies used as part of the patient’s treatment included 10 weeks of art therapy conducted twice a week, resulting in improvements in the patient’s emotions and cognition. The patient’s artwork provides an especially valuable opportunity for tracking improvements in cognition not easily detected in standard rehabilitation therapy. Results from the MMSE, MVPT, and psychological tests conducted before and after art therapy treatment showed improved scores in visual perception and cognition, as well as an increase in motor activity and function as a secondary effect. This case report suggests that art therapy may have a positive therapeutic effect on chronic stroke patients. (p. 129)

**Post-Traumatic Stress Disorder (PTSD)**

Also see studies under Chronic Illness/Depression, Trauma, and Traumatic Brain Injury (TBI).


A significant mental health issue impacting college students is an increased risk for exposure to traumatic events and the subsequent development of trauma associated symptoms and PTSD. The purpose of this replication research study was to examine the efficacy of creating mandalas in alleviating symptoms consistent with PTSD in 53 full time college students who had experienced at least one traumatic event. Benefits to participants were measured in terms of changes in severity of associated traumatic symptoms (PTSD...
symptom severity, depression, state anxiety, and trait anxiety) and self-reported occurrence of physical health problems utilizing a randomized control group pretest, posttest, post-posttest research design. Participants engaged in a drawing activity (mandala creation or neutral drawing task) for 20 minutes each day for three consecutive days. Results suggested both mandala creation and a neutral drawing task were effective in reducing associated traumatic symptoms. Significant decreases from pretest to post-posttest for PTSD symptom severity, depression, trait anxiety, and physical health problems were found in the mandala creation group, and significant decreases were found on all outcome measures for the neutral drawing task. The findings suggest, that not only is mandala creation effective in alleviating PTSD symptom severity, it is also effective in reducing other trauma associated symptoms such as depression, trait anxiety, and occurrence of physical health problems. Furthermore, engaging in drawing may, in and of itself, be therapeutic and aid in the reduction of trauma associated symptoms. [Author Abstract]


This paper describes visual art therapy as an integrative and unique approach, which is most appropriate for the multidimensional treatment of PTSD. The unique contribution of visual art therapy in the treatment of PTSD is expressed in three major areas: (1) working on traumatic memories, (2) the process of symbolization-integration, and (3) containment, transference, and countertransference. Two case descriptions of traumatized patients treated in visual art therapy are presented. [Author Abstract]


The history of the Arab/Palestinian-Israeli conflict goes back more than one hundred years. From a Palestinian perspective, this conflict has been characterized by catastrophe and bloodshed, pain and suffering, loss, hate, and revenge. This perspective is blended with a bitter feeling passed from one generation to the next that the Palestinians are the victims and the Israelis are the perpetrators. This inherited dichotomy of victim and victimizer will continue as long as the historical responsibility and truth regarding injustice and violence toward the Palestinian people remain unacknowledged. Both recovery and reconciliation require remembering and sharing of experiences and coining to terms with one's own suffering and pain. In this chapter, I document stories of survivors in the aftermath of the forty-day Israeli military siege of the Nativity Church in Bethlehem, which took place from April 1 to May 9, 2002. In addition, I analyze the images drawn by a group of Bethlehem's Palestinian children depicting the reality of their lives. Finally, I share my own professional experience in working with traumatized Palestinians in the last two years of the violence. Based on this experience, I present current efforts for working with human-made disasters in Palestine and Israel and propose future directions of interventions designed to guide both Palestinian professionals who are providing services and international organizations that are supporting psychosocial projects in Palestine. [Author Abstract]


AIM: Presentation of the rationale, design, methods, specific goals, and major empirical findings of a series of art therapy programs aimed at helping war-traumatized children from
Croatia and other parts of ex-Yugoslavia. The programs, conducted from 1991 to 1995, covered a large number of children and their natural helpers within community, both during and after intensive warfare. METHODS: The programs provided help for over 100,000 children in Croatia, as well as for many refugees living abroad. They included a wide range of creative workshops which enabled the children and their helpers (teachers and librarians) to express themselves, share their experiences, and help each other recover from the traumatic experience. An extensive evaluation study was made of the expected impact of these programs on the children's well-being, particularly on the changes in a number of specific mental health measures for treating PTSD and other types of disorder. RESULTS: In general, the children benefitted from these recovery programs at the rates of 75-100%, regardless of their age, gender, or residential status. CONCLUSION: More in-depth research is necessary for a better understanding of the use of art therapy approach in preserving children's well-being and the growth of their creative powers during and after mass disasters such as war. KEY WORDS: Art therapy; child; Croatia; war.


This article describes progress made through art therapy with a Vietnam War veteran who has PTSD. Previously, the veteran had been misdiagnosed as schizophrenic and had been rejected for a VA hospital confrontative talk group program because of his avoidance of people whenever possible. [ALW]


Sexual abuse has created multiple short and long term problems for many individuals in society today. It often occurs in childhood and the scars that are left can be permanent. Statistically, it occurs with far greater frequency than should be tolerated. However, it is frequently unreported and can be difficult to detect in a child that experiences this form of trauma. There is a significant need to help these children that have been victims of this crime. Extrafamilial sexual abuse in particular appears to occur with greater frequency than intrafamilial sexual abuse. Studies show that it has lasting effects on children. Two of the most common and consistent symptoms seen with these children are PTSD and sexualized behavior. Other symptoms that have been found with these children include: depression, anxiety, fear, and difficulty managing anger. Although there have been many program designs implemented for child sexual abuse victims, most do not properly assess the level of improvement through objective measures that show that the treatment was responsible for the observed change and not some other variable. Many different forms of treatment have been used to treat sexual abuse victims, such as different forms of traditional individual therapies, family therapy, group therapy, drama therapy, and art therapy. One innovative psychotherapeutic technique that has been used recently with these types of clients and those who have experienced other types of traumatic events is Eye Movement Desensitization and Reprocessing (EMDR). EMDR is a relatively new form of treatment developed in 1987 by Francine Shapiro. There have been controlled research studies that have shown the efficacy of this technique. Although there are some researchers who are
skeptical of the use of this technique and challenge its effectiveness, studies have nonetheless shown that it is an effective form of brief therapy with long-term effects. This proposed treatment program would be developed for children, aged 6-12 years, who have been victims of extrafamilial sexual abuse. It is designed to be short term, lasting 4 months, and EMDR will be utilized as the primary psychotherapeutic tool to assist the children in reprocessing their traumatic experience.

Mental health services that would be provided include individual therapy consisting primarily of EMDR, group therapy for the child and the parents or caretakers provided separately, and family therapy that would include the parents, child, and siblings if deemed necessary. The children admitted to the program would meet criteria for a diagnosis of PTSD. They would also be given psychological measures in order to establish a baseline in terms of current symptoms such as depression and anxiety. The same measures would be administered again at the completion of treatment allowing for the measurement of any improvements. It is expected that children who complete the program would show a significant reduction or elimination of PTSD symptoms. This can be done more effectively by treating the family as a unit in dealing with such a traumatic experience. It is believed that this form of treatment would provide a valuable service to the community and further our understanding regarding the efficacy of EMDR. [Author Abstract]

In gaining access to traumatic memories through art therapy, feelings can be recognized, and more memories often surface in response. Furthermore, the dreams and nightmares that seem to be so much a part of PTSD can be recreated visually, just as they are usually experienced. While memories are stimulated, the artwork allows the client more control over, and distance from, the memories. The artwork can be approached at whatever depth at which the client is comfortable; resistance is lowered; and gradually the memories become owned and integrated into the self. A case study is also presented. [ALW]

In this paper I will discuss some of the current thinking on trauma and PTSD in children, focusing on an art therapy case of a young girl exposed to chronic trauma in a dysfunctional family. [Text, p. 48]

This article reports on art therapy interventions with children, families, and mental health workers, who were experiencing PTSD syndrome as a result of the military conflicts in the West Bank and Gaza. Through references to mental health literature regarding art therapy with individuals in war zones, the psychological effects of war and violence on children and their families are identified. The author describes art therapy in six mental health clinics. The artwork from participants in group workshops helped to open lines of communication among people enduring attempts at reconstruction and rehabilitation of their society. The article ends by describing follow-up plans to promote empathic dialogue among mental health workers in the different cultures. [Author Abstract]

Art therapy is an established therapeutic modality used by many mental health practitioners today, and yet despite its growing popularity, concern has often been raised in response to the lack of empirically supported research regarding its effectiveness. In this study a meta-analysis was performed on both published and unpublished art-based intervention studies in order to find both an overall effect size (ES) and moderating factors that impact the outcome of art therapy on anxiety-related symptoms in clients. This meta-analysis included 24 studies and found art therapy to have a moderate overall ES of 0.53 (with a 95% confidence interval (CI) of 0.36 to 0.71) for reducing anxiety symptoms. As this analysis included treatment studies regardless of their overall stated intervention goal (as long as an objective measure of anxiety was reported), when this author examined only those studies that specifically aimed to reduce anxiety (versus improve psychological wellbeing, elevate mood along with reduce anxiety, or reduce PTSD symptom severity) the ES was higher at 0.81 (n = 6; with a 95% CI of 0.52 to 1.10), which is within the range of other recent meta-analytic reviews of psychotherapeutic interventions for anxiety. The author discusses clinically relevant issues related to the use of art therapy for anxiety and presents suggestions for further research. [Author Abstract]


This thesis explores the literature on trauma, PTSD, and grief in order to discover the existence of the phenomenon of traumatic grief in children. Appropriate therapies are explored for treating traumatic grief in children. The focus in this research is on non-directive art therapy as the literature has found it to be useful in traumatic circumstances. The therapeutic relationship and the focus on containment are valuable in addressing the primary need of the child in therapy especially when traumatic experience is to be addressed. A qualitative case study approach was chosen. Two case studies were selected to investigate the phenomenon of traumatic grief in children. Purposeful sampling was used to select the cases to observe the phenomenon of traumatic grief. The case studies included pre-therapy and post-therapy evaluation, which included cognitive, emotional, and behavioral assessments. Art therapy was found to address the problems in the two cases. [Author Abstract]


The author objects to the characterization of her work (as dealing with assessment rather than treatment) in a survey of issues in art therapy research. In reply, the author of the survey defends her judgment. [FAL]


Although PTSD in children has been extensively studied during the past 15 years, little
research exists regarding the efficacy of treatment interventions. This report describes an outcome-based art therapy research project currently conducted at a large urban hospital trauma center. Included are the theoretical rationale and overview of an art therapy treatment intervention called the Chapman Art Therapy Treatment Intervention (CATTI) designed to reduce PTSD symptoms in pediatric trauma patients. Used in this study, the CATTI was evaluated for efficacy in measuring the reduction of PTSD symptoms at intervals of 1 week, 1 month, and 6 months after discharge from the hospital. An early analysis of the data does not indicate statistically significant differences in the reduction of PTSD symptoms between the experimental and control groups. However, there is evidence that the children receiving the art therapy intervention did show a reduction in acute stress symptoms. [Author Abstract]


This article discusses the creative making of boxes as a cross-cultural art therapy intervention in Kigali, Rwanda, with survivors of the 1994 Rwandan genocide. The box as an art form is particularly applicable with young adult survivors, given the nature of their prodigious trauma and the possibility of PTSD, as well as their cultural mode of emotional expression. Physical and metaphorical characteristics of the box are examined and discussed with corresponding aspects of the Rwandan culture. Three case examples from the art therapy group demonstrate how the metaphor of the box resonated with young adult genocide survivors and functioned as a catalyst for expression, healing, and reconnection with the self. [Author Abstract]


The purpose of this study was to evaluate the efficacy of a new method for treating psychological trauma called Trauma Relief Unlimited (T.R.U.). The method uses kinetic hand movements and nonverbal techniques. 40 adult participants were randomly assigned to either an experimental or control group. The control group was time lagged to receive treatment after the completion of treatment by the experimental group. Each participant received three 45-minute T.R.U. treatment sessions in a one month period. Participants were pre and post treatment tested with a four month follow-up using Briere's Trauma Symptoms Inventory and client self-report. Study results showed that T.R.U. treatments significantly reduced symptoms of post-traumatic stress at both post treatment and the four month follow-up period, with no adverse after-treatment effects. [Author Abstract]


The journey through grief after exposure to a sudden traumatic death is a painful and personal experience for children. This requires therapeutic interventions that explore and facilitate the healing potential within each child. Drawings are an expressive method that can provide a conduit for identifying and understanding issues requiring therapeutic intervention and follow up. [Author Abstract]

Many combat veterans are subject to terrorizing recurrent playback nightmares, a symptom of PTSD. These nightmares can be depotentiated and diminished through a veterans' dream group experience involving logging their dreams, drawing them, and discussing their nightmares within the group. This seven-month project follows the development of a Veterans Administration hospital dream group from inception to completion, including some follow-up interviews. The group was composed primarily of Vietnam veterans who presented their dreams and drawings to the group. The group size fluctuated from 6 to 14 veterans. The thesis includes dialogue from the group, therapists' comments, and examples of drawings of the dreams. Dreams and nightmares are explored from their biblical and healing perspectives. Post-traumatic nightmares from the current group and from earlier veterans' dream groups are examined for their sequential healing aspects: (1) the nightmare; (2) the variation of the nightmare; (3) the spiritual dream. Findings include that once the traumatized combat veteran addresses his nightmares through logging his dreams, drawing them, and discussing them the nightmares transform, and a resolution, or spiritual, dream is experienced. Two case studies are presented: Dave, a Vietnam prisoner-of-war suffering from post-traumatic stress disorder, and "the Wolfman," a Vietnam-era veteran who suffered from chronic violent nightmares. Wolfman, the "ugly duckling" of his family, suffered his first psychotic break while he was in the army in Germany. His "Wolfman" dream and other subsequent dreams began to pave the way for him to a more integrative personality structure. This P.D.E. can be seen as a model for organizing and conducting veterans' dream groups for therapists interested in using this expressive method of working with dream and recurrent nightmares. [Author Abstract]


This paper focuses on our clinic's utilization of the diversified team in the treatment of sexual abuse victims and their families. Our "diversified team approach" utilizes specialists in the fields of marriage and family, PTSD, childhood trauma, and art therapy. An example of a case treated by the team will be discussed along with issues such as treatment planning and community agency interfacing. During the past 2 to 3 years, approximately 20 to 30 families with intergenerational incest have been successfully treated utilizing a team treatment approach. [Author Abstract]


Since Sifneos in 1973 introduced the term "alexithymia" to describe the apparent incapacity of some of his patients to discern and verbally express their emotions, without finding a physical cause for it, this phenomenon has become the object of various studies and publications. In the pursuit of effective treatment methods, art therapy has been indicated as being among the possibly effective forms of treatment. But in the literature on art therapy alexithymia up to now has scarcely received the attention the authors believe it deserves. This paper focuses on the concept of alexithymia, especially in psychotrauma, and the
usefulness of art therapy. A concise review of literature on the concept of alexithymia is included and an illustration of the use of art therapy by a detailed description of treatment of a case of alexithymia in a patient, Rita, with severe self-pathology, who had grown up in a traumatizing environment. The patient was able to recognize and name emotional reactions after the treatment with art therapy, and thus art therapy seems to be a promising form of treatment for traumatized patients suffering from alexithymia, even in cases of severe self-pathology. [Author Abstract]

KEY WORDS: alexithymia; art therapy; PTSD; self-disorder; trauma


A variety of techniques to promote movement and exercise were used as an adjunct to therapy in an ongoing support group for women with severe and chronic mental health problems. Three women [one of whom was 39 years old and diagnosed with PTSD, major depressive disorder with psychotic features, and avoidant personality disorder] and a therapist had met weekly for 16 weeks at the time of this writing. A short case history of each of the women including a psychiatric assessment, notes on medication regimen, symptomatology, psychosocial history, and immediate challenges is presented. Life styles by self-report ranged from sedentary to moderately active. Techniques to "jump start" greater mobility and exercise included: (a) completion of partner interviews on sport, exercise, and movement, (b) construction of a genogram rating the activity level and sport/movement/exercise history of family members, (c) games involving throwing and general movement, and (d) individual walk-talk therapy sessions. As an adjunct to therapy, these techniques followed other expressive therapeutic techniques such as art therapy, sandtray, and dream work. Therapeutic board games and client-centered therapy were also part of the milieu. Most of the techniques to facilitate movement and exercise took place during the last six weeks of the support group. Attitudes toward these techniques and results varied among the participants. [Author Abstract]


Psychotherapy work with children traumatized in the terrorist act at Beslan is used as an example to illustrate a model of medical-psychological assistance developed by the authors. A complex of methods is described, consisting of "delayed debriefing" using stories and games, combined with serial drawing and storytelling methods, used in accordance with crisis psychotherapy practice. We present observations showing that these methods allow contact to be made with children to uncover their feelings associated with the psychologically traumatizing situation and to obtain detachment from those feelings. [Author Abstract]


This archival study examined the efficacy of EMDR with residential latency-age children.
Participants in the study were the records of 5 children who completed a 10-week EMDR treatment protocol, and 4 children who were in a control group. Treatment included art therapy, play therapy, drama therapy, and talk therapy. EMDR was included as a component of the overall treatment for the experimental group. Pre- and post-measures were assessed using the Behavior Assessment Scale for Children (BASC) and the Trauma Symptom Checklist for Children (TSCC). Three versions of the BASC were used in this study: the Parent Rating Scale (PRS), the Teacher Rating Scale (TRS), and the Self Report of Personality (SRP). Paired-sample t tests demonstrated significant differences on the BASC-SRP and the TSCC for the experimental group at pre- and post-measures. For the BASC-SRP, the children in the experimental group endorsed significantly fewer items for Atypicality, Locus of Control, Social Stress, and Anxiety at the conclusion of the study as compared to initial results. For the experimental group, three of the six scales on the TSCC were significantly lower at the end of the study than at the beginning of the study. The children endorsed significantly fewer symptoms of PTSD, Depression, and Dissociation at the end of treatment as compared to the beginning of treatment. Because of the numerous limitations of this study, generalizability is inevitably limited. However, the outcome of this research indicates that EMDR can be effective to reduce overall symptomology of severely traumatized children. [Author Abstract]


The high prevalence of PTSD in youth necessitates the availability of effective treatments. While cognitive-behavioral therapies enjoy the most empirical support for use with this population, there are reservations about its use with very young children. Specifically, there are concerns about the developmental appropriateness of some cognitive interventions for children under the age of 8. Art therapy, on the other hand, can be readily adapted to accommodate young children’s developmental abilities. Yet, art therapy has not received sufficient empirical support to suggest it can stand alone as a treatment for children diagnosed with PTSD. This dissertation study was designed to examine the utility of integrating cognitive-behavioral and art therapies to provide a comprehensive and developmentally targeted treatment approach for PTSD. A phenomenological qualitative design was selected to explore the lived experiences of cognitive-behavioral therapists as they integrate art into their treatment for children diagnosed with PTSD. Through criterion sampling, 5 licensed clinical psychologists were invited to participate in individual interviews. Following data collection, the interviews were coded and analyzed to reveal eight major themes. Results of the analysis suggest that the use of art in treatment is dependent on a variety of attributes, including those of the environment, the child, and the clinician. All of the participants described their style of treatment as deviating from traditional CBT, with a greater emphasis on symbolism and activity, making the incorporation of art more natural. Although the participants identified a number of benefits to the inclusion of art, as with any treatment approach, they also pointed out cautions to consider. Despite the intent to understand how clinicians theoretically integrate art and CBT, the data suggest that art is predominantly used as a tool to advance CBT techniques as opposed to serving as a theoretical approach in and of itself. [Author Abstract]
This case study details art therapy over a 7-month period with a woman who had been a childhood victim of severe sexual abuse by her father. Maria (pseudonym) exhibited self-mutilation behavior and bulimia; her diagnosis was PTSD due to recurrent flashbacks and intrusive symptoms. Art therapy was coordinated with a primary therapist in a different agency. Sessions seemed to alternately focus on distressful current incidents and painful abuse memories. The art therapy intern encouraged Maria to control the sessions. Maria used art primarily to disclose and gain distance from painful memories. By the end of treatment, she had learned to use art for self-soothing, an important skill for her to develop. [Author Abstract]

In this chapter I have reviewed the phenomenology of posttraumatic syndromes, and I have presented a model classroom intervention. This therapeutic technique holds promise of being an economical and effective community response in the aftermath of disaster. It was developed by the Psychological Trauma Center, affiliated with Cedars-Sinai Medical Center, Los Angeles, CA. [Adapted from Text, p. 120]

This paper examines the use of art as a therapeutic technique for addressing the clinical issues of children of Vietnam veterans in a community mental health center program funded by the Agent Orange Class Assistance Program (AOCAP). Children of many veterans who have experienced PTSD often encounter multiple stressors during extended periods in their lives. Within the therapeutic process these children may have difficulty expressing themselves verbally or may deny feelings because they do not want to betray the trust of their parents. Inclusion of artistic expression in the therapeutic design has been helpful in addressing the emotional content of the child's life. Case studies of 3 children who have participated in this technique illustrate the 5 elements of the therapeutic process: family history, nonverbal behavior, form and style of artistic expression, child's description of the art, and the therapeutic intervention. The researchers conclude that art can be an effective bridge between a child's inner symbolic representations and the more direct experiential content in his or her everyday life. [Author Abstract]

This thesis demonstrates how art therapy can be utilized to relieve and support children who move to another country and a different culture. The focus is on the special needs of students with limited proficient English. Through art therapy interventions the emotions caused by relocating are addressed. The art therapy sessions offer opportunities to approach the grief, anxiety and depression frequently experienced in the migratory process. Nonverbal communication proves to be an appropriate way to deal with problems associated
with uprooting, and may prevent post-traumatic stress. The data for this work was collected from a suburban middle school in the northeastern part of the United States. The thesis reviews research on the effect of relocation, migration and bilingual education. It explores the psychological trauma involved and suggests interventions. [Author Abstract]

Three lines of research support the concept that trauma is primarily a nonverbal problem: (a) evolutionary survival responses; (b) brain imagery studies of human responses to trauma cues; and (c) the relation of alexithymia to posttraumatic dissociation. Based on these research findings the authors offer a neurobiological view of psychological trauma that points the way to use art therapy as a primary means of treating posttraumatic symptoms. [Author Abstract]

The articles in this volume focus on techniques which are innovative to the traumatology field. These new techniques described by their respective authors are designed specifically to mitigate or remove the symptoms of PTSD or acute distress from victims, survivors, and caregivers. Some of these innovative techniques are sometimes referred to as "power therapies" since they are fast-acting and foster resiliency. A more detailed discussion on PTSD Motivation Enhancement Group, Residential Treatment, school-based intervention, Forensic Examination, Thought Field Therapy (TFT), Emotional Freedom Technique (EFT), Traumatic Incident Reduction (TIR), humor, art therapy, Virtual Reality therapy, and technological treatment enhancements is included. These techniques were incorporated and discussed in this volume because of their unique approach to treating trauma survivors or for their groundbreaking style. [Adapted from Text, p. 3]TOPICS TREATED: Addressing readiness to change PTSD with a brief intervention: a description of the PTSD Motivation Enhancement Group; The development of a 90-day residential program for the treatment of complex PTSD; How schools respond to traumatic events: debriefing interventions and beyond; The forensic examination of PTSD; Thought Field Therapy: working through traumatic stress without the overwhelming responses; Emotional Freedom Techniques: a safe treatment intervention for many trauma based issues; Traumatic Incident Reduction: a person-centered, client-titrated exposure technique; The humor of trauma survivors: its application in a therapeutic milieu; Art speaks in healing survivors of war: the use of art therapy in treating trauma survivors; Virtual Reality Exposure for veterans with PTSD; Technologies to lessen the distress of autism.

Post-traumatic response (PTR) is a reaction to a distressful event or events. PTR can be immediate, delayed, or chronic. Delayed or chronic PTR is often observed in adults who experienced repeated episodes of childhood physical, emotional, and/or sexual abuse. After years of secrecy, fear, denial, repression, suppression, and/or maladaptive coping patterns, recovery for chronic survivors can be lengthy, painful, and arduous. Recovery work can be facilitated by a therapeutic approach combining cognitive and expressive techniques. A case study illustrates one client's four-year recovery period. [Author Abstract]

TOPIC: The use of art therapy to treat post-traumatic response. PURPOSE: To demonstrate the use of a case presentation ways in which art therapy can be used to facilitate healing from post-traumatic response. SOURCE: The author's own clinical work. CONCLUSIONS: The healing process for individuals experiencing post-traumatic response does not end with the formal termination of therapy. It may need to be supplemented with support and follow-up, short-term therapy episodes. Healing can be facilitated by art therapy, which provides a useful medium for identifying and exploring changes in self-concept, behaviors and feelings. [Author Abstract]KEY WORDS: art therapy; healing; post-traumatic response


This paper describes an art therapy program that I designed as an alternative treatment modality for Vietnam veterans who were dealing fifteen years later with the psychological sequelae of combat. It presents five ways in which their dualistic approach to self-representation manifested itself artistically, and describes conscious and unconscious attempts by the veterans to integrate the polarities symbolically. [Introduction]


Therapists have reported symptoms similar to post traumatic stress when working with severely traumatized clients. These symptoms have been referred to as secondary traumatic stress (STS). This resulted in research into an area called traumatology which studies the effect of trauma on the client and the therapist. Recent studies investigated the incidence of STS in marriage and family therapists, counselors, and administrators. The current study examines the relationship between symptoms of STS in art therapists, as well as other mental health professionals. To broaden STS research, art therapists were studied because they use art materials in the therapeutic session to help clients process emotions and memories through the depiction of graphic images. Not only is the therapist dealing with verbal images of the client's trauma, but the art therapist is often witness to the traumatic event through a visual art image. A total of 264 clinicians participated in this research. Of these, 257 were included in the study: art therapists (146), counselors (46), social workers (20), psychologists (18), medical doctors (4), and other clinicians (18). Seven who completed questionnaires reported that they were not currently seeing clients, and therefore, were not included in the study. Participants completed a questionnaire which included demographic, professional and personal information, The Compassion Fatigue Self-Test for Psychotherapists, and the PK Scale from the MMPI-2, which measures PTSD symptoms.

A correlation analysis was conducted to determine the relationship between STS, the dependent variable, and the independent variables of client population, gender, age, level of education, and the number of years worked in clinical practice. Contrary to expectation, a significant correlation was not found between STS in therapists and whether they work with traumatized clients. Analysis did indicate that participants who had experienced PTSD in their past had greater STS symptoms, suggesting that they were more susceptible to STS symptoms than those who had not experienced PTSD. There was a significantly higher
incidence of STS in therapists who work with dissociative clients. The correlations between STS and the independent variables of age and levels of education were not significant. There were significant findings between STS and gender (although this study was predominantly female which is a factor in the ability to generalize the results), as well as STS and the number of years worked as a practitioner, with increased years of experience correlating with fewer symptoms of Stine summary, it was concluded: therapists with past PTSD may be more susceptible to STS when working with clients; it may be more stressful for therapists to work with clients who dissociate than with other clients; and ways of preventing stress symptoms from occurring may be increased with experience. The results of this research suggest that further investigation into the effects of STS on the therapist is warranted. [Author Abstract]


In this paper the authors explore the use of art therapy with Armenian school age children following the December 7, 1988 earthquake. [ALW]


In August 1996, Belgium was deeply shocked to learn of the rape and murder of several young girls by a group of pedophiles. In the wake of these events, the Belgian population displayed symptoms of collective emotional shock and bereavement. We endeavored to come to terms with these feelings as a community. We immediately sent an open letter to all children, which was published in the country's main newspapers. We then organized a group debriefing on national television on a very popular children's programmer. This article deals mainly with the process involved in this debriefing session. Further complications later developed involving, among others, abused children and their families. In order to help them, in addition to individual interventions, we again used the press and radio and TV programmers. When the population eventually began to emerge from the shock and bereavement, we acted to prevent excesses by, among other things, writing an 'open letter to child abusers'. [Author Abstract]KEY WORDS: (collective) bereavement; (collective) emotional shock; (collective) PTSD; debriefing session; mental health institutions


This chapter focuses on the effective treatments for PTSD which are used with young people, particularly young refugees. Comprehensive accounts of treatments and treatment efficacy for PTSD in young people have been provided elsewhere. The aims of this chapter are therefore twofold: first to describe the more established treatments for young people with PTSD, and second to look at all innovative treatment approaches that have been developed for young refugees. The chapter has an evidence-based perspective, and so provides data regarding the efficacy of the treatments described. In order to achieve these aims, it was felt necessary to describe the background to evidence-based practice. This will be followed by a summary of children's and adolescents' reactions to traumatic events, and salient developmental factors. The description of treatments begins then with the therapies for which there is currently most evidence, e.g. cognitive behavioral and related treatments,
including group CBT and exposure therapy. Two other individual treatments -- EMDR and psychopharmacology -- will also be described in this chapter. There is then consideration of some innovative therapies that have been used for young refugees with PTSD, such as testimony therapy and narrative exposure therapy. Non-directive therapies such as art therapy are highlighted and discussed alongside the role of the family and its potential for involvement in treatment and any proposed management plan. Finally, attention is given to some contextual factors that will influence choice of treatments. [Text, p. 40]

A brief description of the use of art therapy in the treatment of PTSD in Vietnam War veterans. [FAL]

This paper describes the use of art therapy with a woman who developed traumatic neurosis or PTSD subsequent to childhood victimization through physical and sexual assault. It was hypothesized that art therapy could be used as an isomorphic intervention in the treatment of PTSD. Isomorphism is defined as a match of the style of therapeutic intervention to the style of the problematic pattern manifest in PTSD; both involve imagery and distancing processes. As such, art therapy could be an effective tool for increasing the client's ability to connect historic imagery and current feelings, with the attendant benefits of an increased level of comfort in dealing with the original trauma as well as heightened self-esteem. The observation/treatment/observation (ABA) was the single-case research design used. The Beck's Depression Inventory was the pre- and post-test assessment instrument. In addition, instruments developed to monitor feelings and imagery was used over the 9-week treatment period. Results indicated a reduction in stress and increased self-awareness. [Author Abstract]

The aim of this chapter is to review the existent knowledge base regarding the use of the creative arts therapies in the assessment and treatment of psychological trauma. Wherever possible, summary statements are made with reference to more detailed articles, books, or reports. It is important to note that the creative arts therapies consist of several modalities; however, we have attempted to highlight information that is relevant to the creative arts therapies as a whole. This chapter focuses only on the creative arts therapies, that is, art therapy, dance/movement therapy, drama therapy, music therapy, poetry and bibliotherapy, and psychodrama. The related field of body therapies (e.g., Feldenkrais, Alexander, Pesso-Boyden psychomotor, Rubenfeld synergy work, among others) are not covered but could be the focus in a future study. [Text, p. 302]

For most school personnel, what goes on in psychotherapy remains a mystery. Without a
basic understanding of the direction and process of therapy, educators often feel unable to work with therapists. In addition, many therapists who do not regularly work with traumatized children do not feel comfortable in dealing with either the children or their families. This chapter distinguishes between crisis intervention and psychological treatment, defines the central task of therapy, and describes methods of child and adolescent treatment. In addition, it specifies information from natural settings that therapists can use, opening the door to the therapeutic process for non-clinicians. [Overview, p. 89] Topics treated: The therapeutic task; Treatment considerations with traumatized children (assessment; short-term treatment; long-term treatment); Therapeutic methods (play therapy; art therapy; behavioral therapies; family therapy; psychiatric treatment); Adolescent treatment considerations (family mediation); Conclusion.

This thesis delves into the psyche of a survivor of sexual molestation, exploring defense mechanisms, PTSD, and elusive memory in an audio and visual context. Three photographic gazes appear in this work, the dissociative gaze, the experiential gaze, and the metaphorical gaze. These gazes are shown in the series "In Memory of Trauma" which consists of ten large Photographic prints on the gallery wall. "Disarticulation" is a book of images that discuss the dissociation between mind and body happening after a traumatic experience. There is also a confrontational sound installation, "Confessional", that speaks to denial and self-hatred. Work by artists including Tracy Emin, Sue Williams, Harriet Hosmer, Krzysztof Wodiczko, Alfredo Jaar, Joe Spence and Rosie Martin on the subject of sexual abuse and trauma in general are discussed along with the few examples in pop culture such as David Lynch's "Twin Peaks" and "Law and Order, SVU" showing the media's portrayal of victim hood. This thesis also addresses some early ideas of Freud and his contemporaries Jean-Martin Charcot and Pierre Janet on the psychology of trauma survivors. Other theories explored are Susan Sontag's and Ulrich Baer's ideas on re-witnessing and traumatic images and Dora Apel on validation and witness, as well as Janet Marstine's views on feminism and art therapy. Finally this thesis will discuss the cycle of denial and complacency in our society and around the world. [Author Abstract]

On April 19, 1995, the most devastating act of terrorism ever perpetrated in the United States of America occurred in Oklahoma City, Oklahoma. In the immediate aftermath, there was a dearth of mental health professionals experienced in dealing with the sequela of violent, deadly trauma. The extensiveness of the tragedy, which included the destruction of the Federal Building and the death of 169 people and injury to another 500, was unparalleled. Due to considerable clinical experience in dealing with violent trauma, treating PTSD patients, organizing critical incident response teams, and availability, the author was asked to spearhead the local Indian Health Service mental health team. This article describes the author's experience in providing clinical services to more than 120 victims and their families in the 6 months following the bombing. The following dimensions are discussed: (1) organization and employment of treatment/intervention teams; (2) unique dimensions of this traumatic event; (3) techniques of art therapy utilized in the stabilization and treatment
of survivors; (4) reflections on the success of such intervention 1 year later; (5) the emotional impact on the therapist(s); and (6) the rationale for the use of art therapy with this population. [Author Abstract]

Art therapy enables PTSD patients to express feelings that promote a deep and lasting communication both within the self and with others, breaking the pattern of silence so common in this population. [Adapted from Text]

Recent developments in neuroscience provide important information for therapists working with maltreated children. Severe maltreatment and lack of significant attachment figures in the crucial early years lead to adverse brain development. It appears evident that traumatic memories are stored in the right hemisphere, making verbal declarative memory of the trauma more difficult. This research lays the groundwork for understanding why nonverbal, expressive therapies can be more effective than verbal therapies in work with severely maltreated children exhibiting attachment difficulties. This chapter explores current research in neuroscience and provides a rationale for expressive therapy as a treatment intervention for this population. [Text, p. 43]

This article describes the treatment of 5 traumatized children (aged 4-8 years) using adjunctive group art therapy, and reviews the theoretical basis for such a treatment strategy. All the children had been exposed to cumulative traumatic experiences involving threats to caregivers in the context of conflictual, violent, and unresolved parental separation. All presented with symptoms of post-traumatic stress, developmental problems related to trauma, had difficulties with any discussion of traumatic events or family concerns, and reacted with hyperarousal and/or an 'emotional shutdown' response. Previous treatments included a combination of social, family, psychological, and biological interventions including: outpatient family therapy, medication, admission to a therapeutic day programme, inpatient family work, and home visits by nurses, with partial response. The group, a structured, low anxiety, interactive setting, was a therapeutic intervention developed by a child psychiatrist and an art therapist to facilitate further therapeutic change. The therapeutic use of artworks facilitated exposure to traumatic cues in a less direct manner, allowed for desensitization of anxiety and unpleasant body sensations, helped the children recount the story of the parental separation, and to label and articulate affective states using art and narrative. Positive family changes and coping skills the children were using to manage ongoing stresses were made overt. Positive expectations of the future were promoted. Key therapeutic and theoretical aspects of the group intervention are described. [Author Abstract]KEY WORDS: childhood trauma; group art therapy; PTSD

This study correlated an art therapy descriptive technique originally applied to adolescent burn victims with adult combat-related victims in an effort to identify art themes and graphic elements associated with PTSD. The designed rating instrument, referred to as the Combat Trauma Art Therapy Scale (CTATS), consisted of 62 items aimed to detect common themes associated with war time experiences. Using the CTAS, raters examined 158 pictures, with depictions of women, violence, and combat interwoven, suggesting an ongoing struggle to cope with the emotional aftermath of recent traumatic experiences. [Author Abstract]


BACKGROUND: Traumatic experiences evoke emotions such as fear, anxiety, and distress and may encourage avoidance of similar situations in the future. For a proportion of those exposed to a traumatic event, this emotional reaction becomes uncontrollable and can develop into PTSD. Most of those diagnosed with PTSD fully recover while a small proportion develop a chronic PTSD a year after the event. Sports and games may be able to alleviate symptoms of PTSD.OBJECTIVES: Primary objective: To assess the effectiveness of sports, and games in alleviating and/or diminishing the symptoms of PTSD when compared to usual care or other interventions. Secondary objective: To assess the effectiveness of different types of sports and games in alleviating and/or diminishing symptoms of PTSD.SEARCH STRATEGY: The Cochrane Collaboration Depression, Anxiety and Neurosis Controlled Trials Registers (CCDAN-CTR) were searched up to June 2008. The following databases were searched up to June 2008: the Cochrane Central registry of Controlled Trials; MEDLINE; EMBASE; CINAHL; PsycINFO. Reference lists of relevant papers were searched and experts in the field were contacted to determine if other studies were available. SELECTION CRITERIA: To be included, participants had to be diagnosed with PTSD using criteria outlined in the DSM-IV and/or ICD criteria.

Randomized controlled trials (RCTs) that considered one or more well-specified sports or games for alleviating and/or diminishing symptoms of PTSD were included. Sports and games were defined as any organized physical activity done alone or with a group and non-physical activities such as computer games and card games done alone or with a group. Psychological interventions such as music therapy, art therapy, and play therapy and behavioral therapy were excluded. DATA COLLECTION AND ANALYSIS: Two reviewers (SL and MD) separately checked the titles and abstracts of the search results to determine which studies met the pre-determined inclusion criteria. A flow chart was used to guide the selection process. No studies met the inclusion criteria. MAIN RESULTS: The search strategy identified five papers but none of the studies met inclusion criteria. AUTHORS’ CONCLUSIONS: No studies met the inclusion criteria. More research is therefore required before a fair assessment can be made of the effectiveness of sports and games in alleviating symptoms of PTSD. [Author Abstract]


Pre-school aged refugee children are at a higher risk for sustained traumatic grief, in which
childhood trauma symptoms intrude on a child's ability to bereave their multiple losses. A transcultural and developmental approach provides a framework for understanding the multiple issues of pre-trauma, trauma, and host country integration that challenge refugee children and their families. An instrumental case study methodology is used in order to integrate these theories and capture the complexity of issues of one young refugee child referred to art therapy due to post-traumatic stress symptoms. Through case session descriptions and qualitative analysis of the resulting themes, this case study seeks to explore how this child expresses cultural bereavement, trauma, and grief in his art and play expressions. As well, the case will explore the ways that art therapy can help children experiencing traumatic grief re-engage developmental coping strategies in order to work through grief and trauma symptoms. The findings from this analysis will demonstrate how 'anchor points' of a child's traumatic memories express themselves in verbalizations, repetitive images, traumatic play, and how these are entry points for the therapist to work with in therapy through art and play. Through creating a warm therapeutic alliance, with engaged and sustained reciprocal communication, this case demonstrates how art therapy can help re-engage a child's capacity to communicate symbolically through art and play in order to integrate losses and grief into a growing self-concept. [Author Abstract]


Trauma is common in our everyday lives. Air disasters significantly impact health and community stability even when only a few individuals are the primary victims. Air travel becomes more and more frequent thus raising the possibilities for plane accidents. What is society's responsibility to deal with and treat the victims of air disasters? It appears that the attitude of the government and the aircraft industry safety officials focus on preventing a crash and not surviving it. This dissertation looks at possible ways of treating victims. The responses of individuals to disasters vary. People experience overpowering terror and mental distress. Factors such as severity of the stressor, genetic predisposition, developmental phase, social support, prior traumatization and preexisting personality exist. Traumatic stressors experience feelings such as troubling memories, arousal, and avoidance, How the victims interact with their environment and society after a plane disaster is a major focus of this dissertation. The research states that people exposed to a traumatic event experience intense fear, helplessness, or horror. The phenomena of anxiety, depression, suicidal ideation and an increasing intake of alcohol and drugs are some of the side effects of PTSD. The level of social support, the meaning of the trauma, the victim's psychological response, personality, and previous life experiences are all crucial factors in the victim's eventual response to trauma as well as to the form of treatment and resumption of a normal life. Moreover, the research indicates that cultural, social and individual differences may influence the rescue worker's coping styles and the physician's and clinician's ability to give correct treatment. An effective program of treatment is the main aspect of this dissertation.

The central objective of this program is to provide support, education and counseling to individuals and their families regarding the nature and process of psychological trauma and loss as a result of an air crash also facilitating victims to reintegrate back into their "normal" life. The strategies will be of the program are as follows: (a) decrease overwhelming emotions and cognitive disorganizations, (b) normalize intensive emotional reaction, (c)
facilitate emotional disclosure, (d) prevent avoidance by encouraging coping skills, and (e) return to pre-event functioning both personally and professionally. It is anticipated that any airline seeking to address psychological services related to air disaster will find this program a useful resource and incorporate (and modify as needed) the program to suit specific and preferential needs.

The program provides victims with the opportunity to have psychotherapeutic needs met within a structured and consistent surrounding on a daily basis. Psychological services will be available in certain areas such as: psychological education, psychological debriefing, individual psychotherapy, group therapy, family therapy, behavior therapy, cognitive therapy, and art therapy. Psychiatric assessments and psychotropic medication will be provided as well. [Author Abstract]

This paper reviews PTSD with a focus on its impact on children, highlighting the use of Art Therapy as a healing psychotherapeutic counseling method. A case study will demonstrate the use of Art Therapy with a child in whom a sudden event produced suspected Acquired Brain Injury (ABI), concurrently with PTSD symptomatology. It is common after physical injury for healthcare professionals to work on physical recovery, leaving secondary psychological issues including stress to be assessed later, or when symptomology is evident, rather than examining risk factors at the time. PTSD symptomology can occur immediately after a sudden incident, hindering mind-body recovery. Emotional sequelae can be present long after resolution of physical sequelae, affecting the continuum of complete recovery. It is crucial to resolve emotional difficulties in order to recover completely. Seeing an individual in community outreach allows the traumatic experience to be processed within familiar, non-medical settings, and also acknowledges readjustment difficulties in these same settings. Art Therapy allows the use of creative materials to describe feelings and situations. Exercises are goal-oriented, require no artistic skill, and help to process feelings and concepts without having to 'say' all the words. Art Therapy is ideal when sensory, verbal or cognitive abilities are affected because it does not rely on verbal output. [Text, p. 159]

The veteran client with PTSD may exhibit a cluster of problematic behaviors that are integral to current maladaptive coping patterns. These coping patterns can be successfully addressed through a multidisciplinary therapeutic approach that emphasizes client-controlled expression of emotions and client-focused step-by-step behavior modification. Art therapy and nursing, in a collaborative approach, can facilitate individual and group interventions that promote expression of feelings, congruency between experience and self-concept, and feelings of effectiveness in behavioral change. A case study and a sample care plan are included. [Adapted from Abstract]

With the high number of soldiers returning from war in Afghanistan and Iraq, and the prevalence of PTSD with this population, it is necessary to explore creative treatment solutions. The current study looks at the implementation of a group art therapy approach as part of an interdisciplinary inpatient treatment program for Canadian veterans diagnosed with PTSD. The purpose of the study is to assess the applicability of an art therapy intervention with this population. The study presents a review of the existing literature on the use of art therapy in the treatment of PTSD, including studies with a specific focus on war veterans. It also describes the group art therapy process of 7 veterans. Group art therapy was offered twice a week and qualitative data was collected over a ten week period. Data collected includes images of the art works created in therapy, therapist observations, and observations by other staff members. The process of art therapy is described and data is looked at in terms how the veterans engaged with the process and the issues and emotions expressed in their art making. Potential benefits are explored. [Author Abstract]

Mohr-Almeida, K. (2009). An integration of American nontraditional and Mesoamerican traditional approaches as a treatment model for traumatic stress and post-traumatic stress disorder (PTSD) dissertation. Union Institute and University). (Ph.D. dissertation) Retrieved from http://proquest.umi.com/pqdweb?did=2341083111&sid=1&Fmt=2&clientId=4347&RQT=309&VName=POD. (93031). Traumatic stress and PTSD are rampant in American culture, even within nuclear families. This may cause disorganization of attachment bonds and increase the likelihood of PTSD when exposed to future traumatic events. The objective of this study is to assess the similarities and differences among psychotherapeutic treatment modalities employed in the United States, Cognitive Behavioral Therapy (CBT); Eye Movement Desensitization and Reprocessing (EMDR); Structured Intervention for Trauma for Children, Adolescents and Parents (SITCAP); Hypnosis; and finally Curanderismo, a Mesoamerican traditional treatment modality with similar practices to those found in Transpersonal Psychology for the treatment of PTSD. This heuristic study consists of interviews with co-researchers gathered in urban settings in the United States; urban, rural, and jungle settings in Mexico; and the personal and professional experiences of the researcher with both modalities. This study includes description of the therapeutic use of the temazcal (a Mesoamerican sweat lodge); limpias (a ritualized clearing of the subtle energy field); the medicinal and spiritual applications of herbalism; shamanic ritual; and the plática (a specific and highly interpersonal counseling style employed by curanderos), and the significance of holism and equilibrium in the Mesoamerican healing paradigm. In addition to these, this discussion also presents the role of prayer and interpersonal touch related to healing traumatic stress, and PTSD. An analysis of the results produced the development of an integrated healing model to reflect the positive aspects of all researched modalities toward efficacious treatments for traumatic stress and PTSD. Finally, this research examines and discusses the implications, limitations, and future research of this model for trauma treatment and research. [Author Abstract]

Treatment of nightmares in two Vietnam veterans with PTSD was conducted comparing a drawing task with a writing task. Our hypothesis is that the isomorphism between visual imagery and the visual modality of nightmares may provide a more effective means of transforming and integrating the traumatic material into normal cognitive schemas. In a 12-week intervention in which drawing and writing were alternated, both subjects reported reduction in frequency and intensity of their nightmares in the drawing condition. This study provides support for more extensive study of art therapy methods in PTSD. [Author Abstract]


This dissertation explores the reality of women's trauma and the effective treatment for traumatized women in Japanese culture. Current research on PTSD supports the universality of many of the biologically determined components of PTSD experiences, while the importance of considering the cultural aspect of trauma is also stressed. Key research questions were: Can PTSD and trauma-related disorders be diagnosed in Japanese women? To what degree are the trauma theory and treatment methods from the West applicable to Japanese women? The primary research method was a literature review supplemented by interviews with Japanese clinicians and reflections on the author's experience as a psychotherapist. In Japan, the interest in trauma has been rapidly growing in the 1990s, particularly after the year 1995 when the Great Hanshin (Kobe) Earthquake happened. The developing statistics of women's trauma in Japan signify a serious problem to women's mental health, as is found in United States.

Although the literature is limited yet, the research indicated that Japanese women suffer almost the same symptoms of PTSD and other trauma-related symptoms as women in the U.S. One distinctive characteristic is that Japanese people tend to complain of physical pain rather than psychological symptoms. The assessment and treatment procedures for traumatized women were not studied enough in Japan. The author illustrated the effective assessment and treatment plan for Japanese women as an example. The Western trauma theories and treatment methods are applicable to Japanese women, requiring some additional devices. Supportive psychotherapy and EMDR seem to be prevalent approaches at present. Creative art therapy and body-centered approaches have the potential to be effective in Japanese culture. Vicarious traumatization in mental health professionals is becoming a serious problem in Japan, too. The author also paid attention to multigenerational trauma in Japanese society. The trauma caused by World War II is reviewed in an effort to suggest the enormity of the task we have in dealing with trauma. It is time for Japanese people to resolve multigenerational trauma so as to stop continuous trauma and to take care of traumatized people. [Author Abstract]


Little is known about the restorative impact of visual art on war veterans diagnosable with PTSD. A literature review was conducted to identify existing theories and guidelines that
address the use of visual art in general acute-care health care settings. Then, case studies of visual imagery's impact on war veterans' trauma-related symptoms were examined. The case studies included the use of visual imagery during art therapy sessions and therapeutic visits to war memorials. Finally, the authors suggest hypotheses that may guide future research on evidence-based guidelines for visual art for war veterans with PTSD. [Author Abstract]

**KEY WORDS:** evolutionary theory; emotional congruence theory; attention restoration theory


This paper explores the personal violation of rape in terms of specific trauma usually experienced after a rape: PTSD, rape trauma syndrome, and permanent life changes. The purpose of this paper is to explore the ways in which art therapy can help a rape victim engage herself in the healing process. A study of one rape victim is reviewed along with the current literature as an example of the life-altering effects of rape and the importance of art expression in their treatment. [Author Abstract]


**BACKGROUND:** Many persons who survived Nazi concentration camps are now in advanced age, so that rehabilitation centers in Poland are seeing increasing numbers of such patients, especially after strokes. In many cases, the process of rehabilitation is severely hampered by PTSD, while the neuropsychological consequences of the stroke itself often evoke traumatic memories and simultaneously disorganize or destroy the patient's previous coping mechanisms. The present study describes the program developed by the authors for concentration camp survivors in post-stroke rehabilitation, including the use of art therapy and specially prepared films to help the patients cope with PTSD. **MATERIAL/METHODS:** The experimental group (KL) consisted of 8 such patients (4 men, 4 women, average age 79.1 ± 4.28) with mild post-stroke aphasia who went through the PTSD program, while the comparison group (C) included 8 post-stroke patients, matched for age and gender, who were not concentration camp survivors and showed no premorbid symptoms of PTSD. All subjects were tested at baseline and again 3 months later, using structured interview and observation, self-rating scales for three basic negative emotions (anger, anxiety, and sadness), and the Frustration and Aggression Test for the Disabled. **RESULTS:** The results showed significant differences between the groups at baseline, while at follow-up the differences between groups had changed in both extent and distribution. **CONCLUSIONS:** Qualitative analysis of the results allows for some important observations about the etiology and course of PTSD in these persons. [Author Abstract]

**KEY WORDS:** post-stroke rehabilitation; flashback; autobiographical memory


This chapter describes a short-term structured group psychotherapy intervention for a group of girls sexually abused by an employee of their school district. The presentation details an 18-session intervention for 6 girls, all of whom were abused by the same man. After a brief review of the literature on structured group treatment for sexual abuse, the content of the
group sessions with the girls is presented, with an emphasis on techniques employed to help them deal with the cognitive, emotional, and behavioral effects of the abuse. [Text, p. 183]


46 seriously delinquent, incarcerated boys received individual and group therapy for 32 months. The study examined how art therapy addressed the boys' psychological needs via analysis of the boys' self-selected art productions. In descending order of frequency, the eight most frequent need themes were identity issues; need for security and tranquility; need for freedom, adventure, and fun; need for ideal parental relationships; need for affiliation and affection; erotic and sexual needs; expression of depression, childhood trauma, and other psychological problems; and religious or spiritual needs. The boys' perceptions of what was most helpful about art therapy in descending order were stress relief and relaxation, reduction of boredom, pride and self-confidence, positive recognition, working through frustration, enjoyment and fun, improvement of ability to concentrate, and the way they were treated. Three brief case histories and a description of the art therapy procedures are given. Possible implications for cognitive restructuring are discussed. [Author Abstract]KEY WORDS: juvenile delinquents; art therapy; treatment with serious offenders; criminology; conduct disorder; antisocial; experiential therapy; sociopaths; offender therapy; psychotherapy research


The purpose of this study was to determine if a therapeutic art education curriculum could be used to raise the self-esteem of children living in internats in Eastern Europe. The Rosenberg Self-Esteem Scale was used to measure self-esteem. Throughout the review of literature it was reported that children who grow up in internats face a variety of challenges including disability, PTSD, attachment disorder, and are at a much higher risk of becoming involved in crime and trafficking. This study used an art curriculum designed especially for children in internats during a holiday camp in Mukachevo, Ukraine. The results of the study indicate that the art education curriculum was beneficial to the self-esteem of the participants. [Author Abstract]


Describes a Hungarian non-verbal treatment for PTSD in refugees called "animation therapy" in which clients can recreate their lost self-respect and trust towards others, mourn their lost objects, and learn to love again, first of all themselves, then perhaps others. [Adapted from Author Summary]


This paper describes the evolution of the art therapy process at a United States' 6-week day camp for Russian children from orphanages. The practical implementation of the art therapy evolved -- as did the camp design -- as the children's needs emerged. Art therapy helped
address anxiety-provoking issues that the children faced, such as immersion in American culture and adjusting to the adoption process, as well as serving as a tool to meet their individual mental health needs. This paper explores cross-cultural issues and the attachment disorder and PTSD symptoms that emerged, and demonstrates the importance of art as a healing agent. [Author Abstract]


This chapter presents the treatment of Charlie, a 10-year-old boy in play therapy, whose crisis emerged years after witnessing marital violence, living in a shelter for battered women, and experiencing the hostile separation and divorce of his parents. Charlie's symptoms rekindled unresolved family conflicts, demonstrating how trauma can be expressed years later as a disorder in behavior, emotion, and family interaction. As we will see in this chapter, Charlie's treatment posed numerous therapeutic challenges: engaging a parent who was also a trauma survivor; using nondirective play techniques with a child and family in crisis; and determining what treatment modalities to combine for comprehensive treatment planning. The case of Charlie -- like that of millions of other children each year who survive family violence and divorce -- reminds us that "children bear the burden of being least able to voice their feelings and fears", and that symptoms of trauma may emerge long after traumatic events have taken place. [Text, p. 272]


This paper discusses art therapy interventions with latency age children who were victims of the Los Angeles earthquake in 1994. The author worked with 25 children at the site of an elementary school in the area hardest hit by the earthquake and offers clinical observations about issues most relevant to the trauma, symptomatology, and defenses exhibited by children during treatment. In the course of therapy children were encouraged to tell their earthquake story in words and in pictures, to explore their current and repetitive thoughts, and to work through their feelings toward the resolution of the trauma. The use of art was instrumental in accessing children's internal processes and helping them return to normal functioning. [Author Abstract]


This dissertation describes a training program for experienced trauma therapists who wish to address countertransference and vicarious traumatization experiences. The main objective of the dissertation is to present a way for trauma therapists to use visual image making as a nonverbal form of dialogue within dyadic peer consultation in order to understand, address, and ameliorate their own countertransference and vicarious traumatization reactions. The dissertation's other objective, to describe a conceptual and scholarly framework for visual image making technique in peer consultation, forms the basis for the main objective. To accomplish these tasks, the dissertation addresses the needs of trauma therapists, shows why
a visual image technique may be useful, and discusses how training in making visual images may help address these needs. It also presents a conceptual framework for using visual image making strategies when addressing countertransference and vicarious traumatization reactions. In a comprehensive literature review drawing from sources that address PTSD, countertransference, vicarious traumatization, creativity, and art therapy, the dissertation discusses therapists' responses to traumatic material and assesses current methods for preventing or ameliorating the negative responses. Using the current literature as a source for comparison, the dissertation proposes a specific visual image making technique to address countertransference and vicarious traumatization reactions and a training program that introduces the technique to interested therapists. The training program design includes a description of the training workshop and a dyadic peer consultation practice period for experienced trauma therapists, as well as some reflections on the training workshop and the visual image making process. The dissertation ends with some recommendations for research. [Author Abstract]

Prior to the dramatic school shootings in the 1990s throughout rural and suburban towns in the United States, little attention was given to the deleterious impact of bullying behavior. In response to school shootings such as the one at Columbine High School, research has proliferated on bullying behavior and school prevention/intervention programs for bullying. Focused studies evaluated overtly aggressive and violent behavior, teasing and practical jokes, and, ultimately, integrated the impact of subtler forms of relational aggression often found among girls. As a reaction to an increased awareness of the potentially horrific consequences of bullying behavior, some state laws now mandate the inclusion of a harsh "zero-tolerance" policy toward bullies and the inclusion of anti-bullying programs in schools. While researchers concede that bullying behavior has psychological implications for both the bully and the victim, little research focuses on creative approaches one could utilize to minimize the causes and effects of bullying. Viable, psychotherapeutic interventions are especially needed within the context of working with bullies and their victims, who are often among the children and adolescents in individual and group psychotherapy. This chapter explores the prevailing definitions of bullies and victims, the prevalence and psychological implications of bullying behavior, and the creative approaches one might use to minimize the impact on children traumatized by enduring bullying encounters. [Text, pp. 132-133]

As a method of expression, art - both creating it and contemplating it - is a healer. Its ability to evoke feelings while preventing them from raging out of control makes art a therapeutic tool that is well-suited to the psychological and physical rehabilitation of many types of VA patients [including those with PTSD]. [Author Abstract]


The purpose of this study was to compare a commonly used crisis intervention, a therapeutic coloring book (CB), to an intervention using both the coloring book and a technique believed to enhance children's sense of mastery over the feared event, experiential mastery technique (EMT). This study also addressed children's responses to disaster, and level of agreement between parent reports and child reports following disaster. Participants were 56 children, aged three to eight, and their mothers, all of whom had survived Hurricane Andrew. Data were gathered from a Red Cross Disaster Relief Center, and a day care, in Miami, Florida. Therapy outcome was measured by the FACES fear index, which was reported by children, and by the Parental Fear index, the Post-Traumatic Stress Disorder Reaction Index (PTSD Reaction Index), and the Parental Observations Checklist (POC), which were reported by mothers for their children. The Self-Report Family Inventory (SFI), the Hurricane Questionnaire, and the Treatment Response Rating were used to measure potential intervening variables. Hierarchical regression analyses were performed with an Alpha level of .05.

Analyses revealed that the groups differed significantly on the FACES Fear Index, Children in the EMT condition reported more reduction in fear both immediately post-treatment and at the three day follow-up. The reverse was found in parental reports. On the parental Fear index, parents reported a significant difference between treatments with greater reduction of fear in the CB only group. However, no significant differences were found on the parent-reported PTSD Reaction Index and on the POC. Amount of damage suffered to the home had an independent effect on children's post-treatment FACES Fear Indexes. Global Family Health had a main but inverse effect on treatment benefit as measured by the parent-reported child Fear Indexes. At pre-treatment, a non-significant tendency was found for parent-child disagreement of children's fear level, with less fear reported by parents than the children self-reported. No significant differences in parents' and children's reports of the children's fear level were found at the follow-up. [Author Abstract]


The author explains various stages of visual dialogue that evolve during art therapy, including the posttraumatic stress stage. As illustration of the process, a case example is presented of a young woman who was raped both as a child and as an adult. [ALW]


This chapter presents a structured trauma intervention that relies on re-exposure to traumatic memories through drawing, developing a trauma narrative, and cognitive reframing. The intervention discussed is based on a program field tested and researched as part of a 2-year grant project developed by the National Institute for Trauma and Loss in Children (TLC). Research demonstrated a significant reduction of trauma-specific reactions across all three subcategories of DSM-IV: re-experiencing, avoidance, and arousal. Reduction was seen in the most severe cases (Type II traumas) as well as the least severe (Type I). These results were not only substantiated by the participating children but also by the independent pre-, post-, and 3-month follow-up evaluations from parents. Field testing took place in both
school and agency settings with the intent of developing a program which could be implemented by school counselors and mental health professionals. Structured drawing activities, along with cognitive reframing, were the primary media used for re-exposure and initiating the trauma narrative. [Text, p. 139]


The Structured Sensory Interventions for Traumatized Children, Adolescents, and Parents (SITCAP) model is a comprehensive treatment approach designed to diminish the terror that exposed individuals experience and facilitate feelings of safety. Trauma reactions are normalized and the distinction between trauma and grief is emphasized. This structured protocol provides a session-by-session, situation specific (e.g., school vs. agency) guide to intervention. It is appropriate for individuals who have experienced violent or non-violent trauma and is age-specific (preschoolers, 6-12 year olds, adolescents, adults). Focusing on themes such as 'hurt' and 'worry' that accompany both violent and non-assaultive types of trauma enhances the generalizability of the model. The parent component encourages a supportive caretaker response and addresses past and present traumas in the parent's life.

The SITCAP model utilizes a series of drawing tasks and treatment specific questions that focus on the ten major sensations that follow trauma (e.g., terror, fear, worry, powerlessness). The premise is that traumatic memories are experienced at a sensory level and must be reactivated in order to be moderated and tolerated with a renewed sense of power and feeling of safety. The nonverbal act of drawing coupled with the repeated exposure of telling the narrative helps transform these symbolic memories into a conscious form that can then be addressed therapeutically. Traditional psychotherapy often encourages the discussion of feelings that has the undesired effect of overwhelming the child. Through a structured drawing process, children are guided through the reliving of the experience and are assisted in telling their story. The trained facilitator then assists them in developing a new narrative that relegates the traumatic memory to the place and time it occurred instead of permeating every aspect of life. The emphasis is on cognitive reframing, taking traumatized children from the passive to an active role so that they feel greater control over the experience. Children, adolescents, and their parents are taught that they are survivors.

Following a concise review of the trauma literature, the authors provide a detailed description of trauma interventions for children and adolescents. Chapters addressing field testing and research discuss the limitations of conducting trauma studies. The SITCAP model is outlined in a sequential manner and the basic drawing technique is explained in detail. Illustrative case studies provide material for clinicians and demonstrate the benefits from beginning at the sensory memory level. [Adapted from Preface]


This article reviews eleven years of field testing, focused feedback sessions, anecdotal information, and research of intervention programs designed to assist children, adolescents, and parents exposed to trauma-inducing incidents. These efforts were conducted by the National Institute for Trauma and Loss in Children in schools and agencies across the
country and resulted in a series of intervention programs which made up the Institute's Structured Sensory Interventions for Traumatized Children, Adolescents, and Parents (SITCAP) Model. The use of drawing as a primary sensorimotor activity to facilitate the safe re-experiencing of the incident, the use of structured, trauma-focused questions addressing the major themes of trauma to facilitate the development of the trauma narrative (telling the story), and cognitive reframing statements designed to shift from victim thinking to survivor thinking were the primary intervention strategies used in each program. The SITCAP model has been instrumental in assisting victims seen in schools and agency settings find relief and resolutions of reactions to their trauma. [Author abstract]

Tanaka, M., Kakuyama, T., & Urhausen, M. T. (2003). Drawing and storytelling as psychotherapy with children. In: Handbook of art therapy, (pp. 125-138) New York: New York: Guilford Press. Retrieved from www.csa.com Many Japanese children referred to the Child Guidance Center and Educational Counseling Center display a wide range of emotional problems including social withdrawal, school refusal, anxiety disorder, selective mutism, social phobia, and PTSD from abuse and neglect. Others seek counseling to cope with depression due to medical conditions. The children entering psychotherapy often have difficulty verbalizing their concerns regarding themselves and any traumatic experiences they have had. One of the effective interventions known to assist children in verbalizing their feelings safely is storytelling, a technique that includes various expressive modalities. When employed appropriately, storytelling provides a rich creative experience and offers a wide variety of applications in psychotherapy. By allowing the child to be a storyteller, the child is actively engaged in reparative work of his or her self-esteem. It facilitates the expression of difficult emotions such as worry, anger, and confusion effectively and in a non-confrontational manner. An important consideration in using storytelling is how to bridge the presented story and the child's actual experience of internal conflict. The therapist becomes the mediator of the two. In this chapter, the use of drawing and storytelling in psychotherapy is discussed with examples from the Squiggle Game, Egg Drawing technique, and the Cave Drawing technique. [Adapted from Text, pp. 125-126]

Tinnin, L. W., Bills, L. J., & Gantt, L. (2002). Short-term treatment of simple and complex PTSD. New York: Haworth Press: Binghamton. Retrieved from www.csa.com This chapter presents a brief treatment method that uses video technology as a therapeutic tool in in-session treatment procedures and as homework. This approach permits controlled, non-reactive processing of traumatic memories. It protects the patient from re-traumatization and allows the trauma work to commence without undue delay. Video-assisted therapy uses recursive reviews of the treatment sessions. Every session is videotaped -- including those sessions reviewing previous tapes -- and the patient owns the tapes. The patient conducts much of the therapy independently by studying the tapes at home. This treatment also uses video recording and replay in video dialogue, a specific procedure to diminish dissociation, and permits externalization of an individual's inner dialogue. The principles of video-assisted trauma therapy can be applied without video recording, but using the video camera, if the treatment is to be brief, is recommended. [Text, p. 99]

continuing difficulties resulting from severe traumatic events. The 42-year-old man was raped at knifepoint 20 years before, when he was in the military, by an acquaintance after they had spent a night out drinking. He did not report the crime because of shame but began having difficulties while still in the military. He was diagnosed with PTSD after a trip to the emergency department. He was prescribed venlafaxine and clonazepam initially. Risperidone was started for hallucinations. Eventually olanzapine was prescribed. He was also referred to a 12-week military trauma group which included skills training and psychoeducation. Eventually he attended a 4-week inpatient program which offered elements of wellness, art therapy, skills building, cognitive restructuring, and a heavy component of exposure. [Adapted from Text]


The present study examined the relationship between self-esteem and symptoms of PTSD. A treatment-outcome study design examined the efficacy of utilizing cognitive and clinical art therapies within a solution-centered approach to victimization. The review of literature explores the effects of victimization with a focus on perceived coping and a solution-centered approach; examines the research pertaining to group therapy as it encompasses cognitive therapy and art therapy; and investigates theoretical views on imagery, cognition and affect, with particular attention to PTSD. 17 adolescent and young adult female subjects with a history of sexual assault were given a brief structured clinical interview, the Beck Depression Inventory (BDI), the Impact of Event Scale (IES), the Trauma Symptom Checklist-40 (TSC-40), and the Multi-Self-Esteem Inventory (MSEI). Subjects were then randomly assigned to a treatment group (n = 8) or control group (n = 9). Subjects in the treatment group participated in ten 90-minute sessions of weekly group psychotherapy.

Multivariate analysis of variance between treatment and control groups on the IES (p < .0573) was marginally significant, with group means pointing to fewer symptoms of PTSD in the treatment group than in the control group. Examining the correlations between symptoms of PTSD as evidenced in the TSC-40 and self-esteem as evidenced in the MSEI revealed a strong trend which approached significance (p < .0596) that there would be an inverse relationship between symptoms of PTSD and self-esteem. Not related to any hypothesis in this study was the significant finding that the treatment group evidenced lower scores on the BDI than the control group (p < .0480). As exploratory research, these findings were encouraging and suggest several new areas of research to be explored. [Author Abstract]


Pediatric and young adult renal transplant recipients may experience feelings of depression and emotional trauma. A study was conducted to (1) determine the prevalence of depression and emotional trauma and (2) assess the utility of the Formal Elements of Art Therapy Scale (FEATS). 64 renal transplant recipients, 6-21 years of age, were evaluated using self-report measures (CDI and Davidson) and art-based assessments. Subject art was analyzed by art therapists using 7 of the 14 elements of the FEATS, to assess depression. Unlike CDI and
Davidson self-report testing, all patients were able to complete the art-based directives. When self-report measures and art-based assessments were combined, 36% of the study population had testing results consistent with depression and/or post-traumatic stress. The FEATS assessments identified a subset of patients who were not identified using the self-report measures. There was a correlation between CDI and Davidson scores (p < 0.0001), Davidson scores correlated with hospital days (p = 0.05), and FEATS correlated with height Z score (p = 0.04) and donor type (p = 0.01). Patients who required psychological interventions including antidepressant therapy, psychological counseling, and psychiatric hospitalization during the year after the study were identified as depressed. Sensitivity for FEATS and CDI were 22 and 50% respectively. The results suggest that while art therapy may be of utility in the identification of pediatric and young adult transplant recipients who are suffering from depression, FEATS analysis appears to lack sufficient sensitivity to warrant its use in this population. Study of other quantitative art-based assessment techniques may be warranted. [Author Abstract]KEY WORDS: kidney transplantation; children; depression; stress disorder, post-traumatic; art therapy


The case presented in this chapter depicts a crisis in the life of a 4-year-old boy whose brief life history resonated with family turmoil, causing him to experience emotional and behavioral breakdown. The child's inability to adapt to an unraveling sequence of crisis events seriously compromised his development and interfered with his ability to relate to peers. Play therapy with the child utilized art, family dolls, and tape-recorded storytelling to encourage ventilation and verbalization of the child's anger in the playroom. This resulted in an eventual reduction of his aggressive outbursts, and in improvement in his ability to cope with his anger. [Text, p. 49]


Children and adolescents in the U.S. and worldwide are commonly exposed to traumatic events, yet practitioners treating these young people to reduce subsequent psychological harm may not be aware of -- or use -- interventions based on the best available evidence. This systematic review evaluated interventions commonly used to reduce psychological harm among children and adolescents exposed to traumatic events. Guide to Community Preventive Services (Community Guide) criteria were used to assess study design and execution. Meta-analyses were conducted, stratifying by traumatic exposures. Evaluated interventions were conducted in high-income economies, published up to March 2007. Subjects in studies were £ 21 years of age, exposed to individual/mass, intentional/unintentional, or manmade/natural traumatic events. The 7 evaluated interventions were individual cognitive-behavioral therapy, group cognitive behavioral therapy, play therapy, art therapy, psychodynamic therapy, and pharmacologic therapy for symptomatic children and adolescents, and psychological debriefing, regardless of symptoms. The main outcome measures were indices of depressive disorders, anxiety
disorder and PTSD, internalizing and externalizing disorders, and suicidal behavior. Strong evidence (according to Community Guide rules) showed that individual and group cognitive-behavioral therapy can decrease psychological harm among symptomatic children and adolescents exposed to trauma. Evidence was insufficient to determine the effectiveness of play therapy, art therapy, pharmacologic therapy, psychodynamic therapy, or psychological debriefing in reducing psychological harm. Personnel treating children and adolescents exposed to traumatic events should use interventions for which evidence of effectiveness is available, such as individual and group cognitive-behavior therapy. Interventions should be adapted for use in diverse populations and settings. Research should be pursued on the effectiveness of interventions for which evidence is currently insufficient. [Author Abstract]

This study followed an intensive case study methodology involving two female survivors of intimate partner abuse participating in a Structured Creative Art Therapy Exploration (SCATE) program over four months. The program focused on reducing PTSD symptoms through structured art, relaxation, and body movement. The course of the study was analyzed and interpreted in ways consistent with an in depth case study research design. The General Self-Efficacy Scale (GSE), the Impact of Event Scale-Revised (IES-R), and the Guilt and Shame Container Drawing (GSCD) were used to assess changes in symptomatology over the course of the program. Both participants reported a decrease in the total score of IES-R, the intrusion subscale and the hyper-arousal subscale. One participant reported a decrease on the avoidance subscale. Results from the GSCD suggested a decrease in feelings of guilt and shame. Overall the program was concluded to be a success both by the participants and the researcher. [Author Abstract]

It is now well established that PTSD is a common reaction among children following road traffic accidents. Other, predominantly anxiety reactions may also develop. PTSD can last for many years. Currently, few children and their families get help and advice on the emotional reactions they may develop. There is some evidence that early intervention helps. Despite the current controversy surrounding the effects of early intervention with adults following disasters, the few studies with children are more promising. However, there is no evidence that non-directive counseling and art therapy work at all. [Adapted from Text, pp. 384-385]

Recent research indicates that childhood abuse experiences characterize a large subset of psychiatric inpatients. This paper presents a time-limited pilot group developed for adult male abuse survivors in an inpatient setting using: (1) techniques adapted from the existing literature on treatment of abuse survivors; and (2) approaches deriving from the interface of
theory and current manifestations of distress. The eclectic therapeutic approach incorporated psychoeducational, cognitive, behavioral, and art therapy techniques presented below in a session-by-session format. [Author Abstract]

TRAUMATIC BRAIN INJURY (TBI)


Author Abstract

Although the use of art therapy with individuals with traumatic brain injury (TBI) has generally been neglected, the application of art therapy in neuropsychological settings supports the development of a neuropsychological art therapy (NAT) model. The NAT model proposed here is based in cognitive-interaction theory, placing emphasis on environmental factors and the need to develop approaches that incorporate an understanding of cognitive, psychological, and neurological processes. A knowledge of developmental and behavioral approaches is also important in the use of art therapy with individuals with TBI; and social support and environment are seen as influential in the success or failure of therapy. The NAT model is intended to provide a foundation upon which art therapists can construct approaches relevant to the deficits of a given individual.

Traditionally, art therapy has had a strong allegiance to psychoanalytic and psychodynamic therapies (Wald, 1986). Even so, pioneers in the field of art therapy—Margaret Naumburg, Edith Kramer, and Elinor Ulman, among others—experienced great difficulty in being accepted as valid practitioners in the field of psychotherapy. The necessity of aligning art therapy with psychotherapy was probably due to the fact that the art therapy field was dominated by this attitude, which even now remains a strong force in intervention. Art therapy today, however, has evolved, as has the field of psychology, to encompass multiple points of view. Humanistic, gestalt, behaviorist, and cognitive approaches to psychological treatment have become increasingly influential in art therapy (Robbins & Sibley, 1976; Rubin, 1987).

Along with the expansion of the theoretical base of art therapy, there has been an expansion of the environments in which it is practiced. Today, art therapy is practiced not only in psychiatric hospitals and clinics but also in vocational and educational institutions. The practice of art therapy includes all ages of individuals, from nondisabled school-aged children to older adults with Alzheimer’s disease in nursing homes. Psychiatric patients, individuals with mental and/or physical disabilities, and people with terminal illnesses have been treated in various art therapy programs (Achterberg & Lawlis, 1984; Robbins & Sibley, 1976). Nevertheless, art therapy remains a relatively small part of the health services and medical community (Cheyne-King, 1990), and art therapy programs in neuropsychological settings make up an extremely small part of the field (McGraw, 1989).

Important elements of a model that art therapists must consider in developing an approach to art therapy for individuals with TBI are addressed here. Psychological schools of thought applicable to the neuropsychological setting are included, and the need for research on the diversity of deficits due to brain injury is emphasized. The relationship between the individual
and his or her environment is the basis from which the art therapist must interpret the abilities and needs of the client. Hence, the NAT model consists of art therapy components necessary in treating individuals with TBI.


**Resource Location** [http://dx.doi.org/10.1016/S0197-4556(02)00147-8](http://dx.doi.org/10.1016/S0197-4556(02)00147-8)

**Abstract**

This paper reviews PTSD with a focus on its impact on children, highlighting the use of *Art Therapy* as a healing psychotherapeutic counseling method. A case study will demonstrate the use of *Art Therapy* with a child in whom a sudden event produced suspected Acquired Brain Injury (ABI), concurrently with PTSD symptomology. It is common after physical injury for healthcare professionals to work on physical recovery, leaving secondary psychological issues including stress to be assessed later, or when symptomology is evident, rather than examining risk factors at the time. PTSD symptomology can occur immediately after a sudden incident, hindering mind-body recovery. Emotional sequelae can be present long after resolution of physical sequelae, affecting the continuum of complete recovery. It is crucial to resolve emotional difficulties in order to recover completely. Seeing an individual in community outreach allows the traumatic experience to be processed within familiar, non-medical settings, and also acknowledges readjustment difficulties in these same settings. *Art Therapy* allows the use of creative materials to describe feelings and situations. Exercises are goal-oriented, require no artistic skill, and help to process feelings and concepts without having to 'say' all the words. *Art Therapy* is ideal when sensory, verbal or cognitive abilities are affected because it does not rely on verbal output. [Text, p. 159]


This chapter will focus on *art* and play *therapy* interventions in the hospital setting for pediatric patients with *traumatic brain injury*, spinal cord *injury*, and burns, with an emphasis on addressing *traumatic* stress in child and adolescent survivors. [Text, pp. 112-113]
TRAUMA & REHABILITATION


TRAUMA & CHILDREN


Sexual abuse has created multiple short and long term problems for many individuals in society today. It often occurs in childhood and the scars that are left can be permanent. Statistically, it occurs with far greater frequency than should be tolerated. However, it is frequently unreported and can be difficult to detect in a child that experiences this form of trauma. There is a significant need to help these children that have been victims of this crime. Extrafamilial sexual abuse in particular appears to occur with greater frequency than intrafamilial sexual abuse. Studies show that it has lasting effects on children. Two of the most common and consistent symptoms seen with these children are PTSD and sexualized behavior. Other symptoms that have been found with these children include: depression, anxiety, fear, and difficulty managing anger. Although there have been many program designs implemented for child sexual abuse victims, most do not properly assess the level of improvement through objective measures that show that the treatment was responsible for the observed change and not some other variable.

Many different forms of treatment have been used to treat sexual abuse victims, such as different forms of traditional individual therapies, family therapy, group therapy, drama therapy, and art therapy. One innovative psychotherapeutic technique that has been used recently with these types of clients and those who have experienced other types of traumatic events is Eye Movement Desensitization and Reprocessing (EMDR). EMDR is a relatively new form of treatment developed in 1987 by Francine Shapiro. There have been controlled research studies that have shown the efficacy of this technique. Although there are some researchers who are skeptical of the use of this technique and challenge its effectiveness, studies have nonetheless shown that it is an effective form of brief therapy with long-term effects.

This proposed treatment program would be developed for children, aged 6-12 years, who have been victims of extrafamilial sexual abuse. It is designed to be short term, lasting 4 months, and EMDR will be utilized as the primary psychotherapeutic tool to assist the children in reprocessing their traumatic experience. Mental health services that would be provided include individual therapy consisting primarily of EMDR, group therapy for the
child and the parents or caretakers provided separately, and family therapy that would include the parents, child, and siblings if deemed necessary. The children admitted to the program would meet criteria for a diagnosis of PTSD. They would also be given psychological measures in order to establish a baseline in terms of current symptoms such as depression and anxiety. The same measures would be administered again at the completion of treatment allowing for the measurement of any improvements.

It is expected that children who complete the program would show a significant reduction or elimination of PTSD symptoms. This can be done more effectively by treating the family as a unit in dealing with such a traumatic experience. It is believed that this form of treatment would provide a valuable service to the community and further our understanding regarding the efficacy of EMDR. [Author Abstract]

This paper discusses some of the current thinking on trauma and PTSD in children, focusing on an art therapy case of a young girl exposed to chronic trauma in a dysfunctional family. [Text, p. 48]

This paper presents a program in a domestic violence shelter that focuses on strengthening the connections between mothers and children. The program draws on trauma theory, art therapy, and a recursive model of communication. The paper describes how psychoeducation about the physiological and psychological effects of trauma is helpful to the families. It illustrates how art therapy is used to help the children express and communicate their experience of family violence. The recursive model of sharing information is explained and demonstrated, using examples of issues that frequently arise in the art therapy sessions. These three components used together promote communication within the family and strengthen safe connections. [Author Abstract]

This thesis explores the literature on trauma, PTSD, and grief in order to discover the existence of the phenomenon of traumatic grief in children. Appropriate therapies are explored for treating traumatic grief in children. The focus in this research is on non-directive art therapy as the literature has found it to be useful in traumatic circumstances. The therapeutic relationship and the focus on containment are valuable in addressing the primary need of the child in therapy especially when traumatic experience is to be addressed. A qualitative case study approach was chosen. Two case studies were selected to investigate the phenomenon of traumatic grief in children. Purposeful sampling was used to select the cases to observe the phenomenon of traumatic grief. The case studies included pre-therapy and post-therapy evaluation, which included cognitive, emotional, and behavioral assessments. Art therapy was found to address the problems in the two cases. [Author Abstract]

This chapter discusses creative techniques that are helpful in resolving disturbing responses to many situations of trauma. In addition to being a play therapist, I am a family therapist and have incorporated into my work some creative forms of therapy, along with more traditional verbal therapy in both individual and family treatments. My primary specialty is sandplay therapy, with art therapy as my secondary interest. Many cases throughout my years in practice have involved children traumatized by sexual abuse, loss/bereavement, adoption, and neurological impairment. These cases cover many of the standard diagnostic categories, such as anxiety, depression, attention-deficit/hyperactivity disorder, oppositional defiant disorder, developmental delay, and Tourette's syndrome. The case presented in this chapter is that of an anxious child whose symptom of migraine headaches was exacerbated by the events of 9/11. [Adapted from Text, pp. 216-217]

Although PTSD in children has been extensively studied during the past 15 years, little research exists regarding the efficacy of treatment interventions. This report describes an outcome-based art therapy research project currently conducted at a large urban hospital trauma center. Included are the theoretical rationale and overview of an art therapy treatment intervention called the Chapman Art Therapy Treatment Intervention (CATTI) designed to reduce PTSD symptoms in pediatric trauma patients. Used in this study, the CATTI was evaluated for efficacy in measuring the reduction of PTSD symptoms at intervals of 1 week, 1 month, and 6 months after discharge from the hospital. An early analysis of the data does not indicate statistically significant differences in the reduction of PTSD symptoms between the experimental and control groups. However, there is evidence that the children receiving the art therapy intervention did show a reduction in acute stress symptoms. [Author Abstract]

This article considers the usefulness of arts-based group therapy methods in working with traumatized children. Although traditional effective forms of trauma treatment are necessary for many traumatized children, the authors explore how for some children living in foster care arts-based methods offer an appropriate and helpful approach, conducive to posttraumatic growth, which may be more suited to their particular needs and circumstances. The research is qualitative and sought to develop a better understanding of the impact of arts-based methods on children in care. We discuss how arts-based and experiential methods can help children in care feel better about themselves and develop coping abilities without direct discussion and/or working through of their traumatic life events. [Author Abstract]

This archival study examined the efficacy of EMDR with residential latency-age children.
Participants in the study were the records of 5 children who completed a 10-week EMDR treatment protocol, and 4 children who were in a control group. Treatment included art therapy, play therapy, drama therapy, and talk therapy. EMDR was included as a component of the overall treatment for the experimental group. Pre- and post-measures were assessed using the Behavior Assessment Scale for Children (BASC) and the Trauma Symptom Checklist for Children (TSCC). Three versions of the BASC were used in this study: the Parent Rating Scale (PRS), the Teacher Rating Scale (TRS), and the Self Report of Personality (SRP). Paired-sample t tests demonstrated significant differences on the BASC-SRP and the TSCC for the experimental group at pre- and post-measures. For the BASC-SRP, the children in the experimental group endorsed significantly fewer items for Atypicality, Locus of Control, Social Stress, and Anxiety at the conclusion of the study as compared to initial results. For the experimental group, three of the six scales on the TSCC were significantly lower at the end of the study than at the beginning of the study. The children endorsed significantly fewer symptoms of PTSD, Depression, and Dissociation at the end of treatment as compared to the beginning of treatment. Because of the numerous limitations of this study, generalizability is inevitably limited. However, the outcome of this research indicates that EMDR can be effective to reduce overall symptomatology of severely traumatized children. [Author Abstract]

In this chapter I have reviewed the phenomenology of posttraumatic syndromes, and I have presented a model classroom intervention. This therapeutic technique holds promise of being an economical and effective community response in the aftermath of disaster. It was developed by the Psychological Trauma Center, affiliated with Cedars-Sinai Medical Center, Los Angeles, CA. [Adapted from Text, p. 120]

Following the tragic crash of Avianca Flight 052, a large number of mental health professionals collaborated to provide mental health services to the survivors, their families, and the families of the deceased victims. Working with child survivors of psychic trauma soon after the traumatic event, as in our interventions with the hospitalized child survivors of the crash, offers an opportunity to observe the initial coping responses of the children. The therapist is thus allowed a direct opportunity to experience the trauma with the child, rather than attempting to reconstruct it in the consulting room many years later. This offers the rare and unique opportunity of early intervention and the possibility of prevention of a variety of symptoms that might otherwise develop. [Adapted from Text, pp. 177-179]

This thesis demonstrates how art therapy can be utilized to relieve and support children who move to another country and a different culture. The focus is on the special needs of students with limited proficient English. Through art therapy interventions the emotions caused by relocating are addressed. The art therapy sessions offer opportunities to approach
the grief, anxiety and depression frequently experienced in the migratory process. Nonverbal communication proves to be an appropriate way to deal with problems associated with uprooting, and may prevent post-traumatic stress. The data for this work was collected from a suburban middle school in the northeastern part of the United States. The thesis reviews research on the effect of relocation, migration and bilingual education. It explores the psychological trauma involved and suggests interventions. [Author Abstract]


Drawing as an expressive technique can facilitate the recovery work of survivors of chronic trauma in a variety of modalities and settings. It is useful in inpatient groups and in marital, family, and individual therapy. Outpatient groups for domestic violence, sexual abuse, codependency, substance abuse, and adult children of alcoholics or dysfunctional families can also benefit from this technique. It is not magic, and seeing something on paper does not necessarily make it easier to change. But the concrete image it provides facilitates the arduous process of change and makes awareness easier. [Text, pp. 15-16]


The aim of this chapter is to review the existent knowledge base regarding the use of the creative arts therapies in the assessment and treatment of psychological trauma. Wherever possible, summary statements are made with reference to more detailed articles, books, or reports. It is important to note that the creative arts therapies consist of several modalities; however, we have attempted to highlight information that is relevant to the creative arts therapies as a whole. This chapter focuses only on the creative arts therapies, that is, art therapy, dance/movement therapy, drama therapy, music therapy, poetry and bibliotherapy, and psychodrama. The related field of body therapies (e.g., Feldenkrais, Alexander, Pesso-Boyden psychomotor, Rubenfeld synergy work, among others) is not covered but could be the focus in a future study. [Text, p. 302]


For most school personnel, what goes on in psychotherapy remains a mystery. Without a basic understanding of the direction and process of therapy, educators often feel unable to work with therapists. In addition, many therapists who do not regularly work with traumatized children do not feel comfortable in dealing with either the children or their families. This chapter distinguishes between crisis intervention and psychological treatment, defines the central task of therapy, and describes methods of child and adolescent treatment. In addition, it specifies information from natural settings that therapists can use, opening the door to the therapeutic process for non-clinicians. [Overview, p. 89] Topics treated: The therapeutic task; Treatment considerations with traumatized children (assessment; short-
term treatment; long-term treatment); Therapeutic methods (play therapy; art therapy;
behavioral therapies; family therapy; psychiatric treatment); Adolescent treatment
considerations (family mediation); Conclusion.

Retrieved from www.csa.com
On April 19, 1995, the most devastating act of terrorism ever perpetrated in the United
States of America occurred in Oklahoma City, Oklahoma. In the immediate aftermath, there
was a dearth of mental health professionals experienced in dealing with the sequelae of
violent, deadly trauma. The extensiveness of the tragedy, which included the destruction of
the Federal Building and the death of 169 people and injury to another 500, was
unparalleled. Due to considerable clinical experience in dealing with violent trauma, treating
PTSD patients, organizing critical incident response teams, and availability, the author was
asked to spearhead the local Indian Health Service mental health team. This article describes
the author's experience in providing clinical services to more than 120 victims and their
families in the 6 months following the bombing. The following dimensions are discussed:
(1) organization and employment of treatment/intervention teams; (2) unique dimensions of
this traumatic event; (3) techniques of art therapy utilized in the stabilization and treatment
of survivors; (4) reflections on the success of such intervention 1 year later; (5) the
emotional impact on the therapist(s); and (6) the rationale for the use of art therapy with this
population. [Author Abstract]

Retrieved from www.csa.com
Kids who are using the activities in this book have been emotionally, physically, and/or
sexually abused. You, like the other kids who are working through this book, will be
learning about yourself and your feelings. You will be able to better understand how your
abuse makes you feel today and learn more helpful ways of taking care of yourself. [Text, p.
7]

 disorders: A neuroscience framework. In: Creative interventions with traumatized
www.csa.com
Recent developments in neuroscience provide important information for therapists working
with maltreated children. Severe maltreatment and lack of significant attachment figures in
the crucial early years lead to adverse brain development. It appears evident that traumatic
memories are stored in the right hemisphere, making verbal declarative memory of the
trauma more difficult. This research lays the groundwork for understanding why nonverbal,
expressive therapies can be more effective than verbal therapies in work with severely
maltreated children exhibiting attachment difficulties. This chapter explores current research
in neuroscience and provides a rationale for expressive therapy as a treatment intervention
for this population. [Text, p. 43]

Kozlowska, K., & Hanney, L. (2001). An art therapy group for children traumatized by
parental violence and separation. Clinical Child Psychology and Psychiatry, 6(1), 49-78.
Doi:10.1177/1359104501006001006
This article describes the treatment of 5 traumatized children (aged 4-8 years) using adjunctive group art therapy, and reviews the theoretical basis for such a treatment strategy. All the children had been exposed to cumulative traumatic experiences involving threats to caregivers in the context of conflictual, violent, and unresolved parental separation. All presented with symptoms of post-traumatic stress, developmental problems related to trauma, had difficulties with any discussion of traumatic events or family concerns, and reacted with hyperarousal and/or an 'emotional shutdown' response. Previous treatments included a combination of social, family, psychological, and biological interventions including: outpatient family therapy, medication, admission to a therapeutic day program, inpatient family work, and home visits by nurses, with partial response. The group, a structured, low anxiety, interactive setting, was a therapeutic intervention developed by a child psychiatrist and an art therapist to facilitate further therapeutic change. The therapeutic use of artworks facilitated exposure to traumatic cues in a less direct manner, allowed for desensitization of anxiety and unpleasant body sensations, helped the children recount the story of the parental separation, and to label and articulate affective states using art and narrative. Positive family changes and coping skills the children were using to manage ongoing stresses were made overt. Positive expectations of the future were promoted. Key therapeutic and theoretical aspects of the group intervention are described. [Author Abstract]

In existential family trauma therapy, play and art can be utilized during the treatment process to help children and their parents hold, tell, master, and honor their trauma experiences and trauma pain. Clinical material is offered to illustrate this existential treatment process. [Author Abstract]

Pre-school aged refugee children are at a higher risk for sustained traumatic grief, in which childhood trauma symptoms intrude on a child's ability to bereave their multiple losses. A transcultural and developmental approach provides a framework for understanding the multiple issues of pre-trauma, trauma, and host country integration that challenge refugee children and their families. An instrumental case study methodology is used in order to integrate these theories and capture the complexity of issues of one young refugee child referred to art therapy due to post-traumatic stress symptoms. Through case session descriptions and qualitative analysis of the resulting themes, this case study seeks to explore how this child expresses cultural bereavement, trauma, and grief in his art and play expressions. As well, the case will explore the ways that art therapy can help children experiencing traumatic grief re-engage developmental coping strategies in order to work through grief and trauma symptoms. The findings from this analysis will demonstrate how 'anchor points' of a child's traumatic memories express themselves in verbalizations, repetitive images, traumatic play, and how these are entry points for the therapist to work with in therapy through art and play. Through creating a warm therapeutic alliance, with
engaged and sustained reciprocal communication, this case demonstrates how art therapy can help re-engage a child's capacity to communicate symbolically through art and play in order to integrate losses and grief into a growing self-concept. [Author Abstract]


The purpose of this chapter is to describe a group art project created at Big Brothers Big Sisters of New York City (BBBS/NYC). It was begun a month after the attack on the World Trade Center (WTC) twin towers on September 11, 2001. The primary goal of the "Mural Project", as it came to be called, was to provide social, psychological, and emotional support to the youngsters served by the agency -- the "Little Brothers" and "Little Sisters", between the ages of 7 and 18 -- who were experiencing various responses of fear, anxiety, and posttraumatic stress following the egregious attack. The rationale behind the Mural Project was that art can serve as therapy for psychological and emotional trauma, and that through the process of creating art in a group, children and youth receive social support that helps them cope with their feelings of stress. Although this particular project was a response to a specific event, we believe that the benefits of art projects and social support can apply to any traumatic event. [Text, p. 100]


In this thesis, the writer presents qualitative heuristic research to discuss the effects of art therapy with survivors of sexual abuse. This research will present the statistics surrounding sexual abuse in the United States. There is then a literature review of current books and articles on art therapy, sexual abuse in children and youth, art therapy with survivors of sexual abuse, and art therapy with children and youth survivors of sexual abuse. The methodology of qualitative heuristic research is then reviewed. The writer then gives a brief history of her personal experience with sexual abuse and how art therapy was beneficial to her. She then presents research with 9- to 11-year-old girls that are survivors of sexual abuse. The writer works in a group setting with these young ladies for eight weeks. She presents three case studies and a few of the art therapy activities used in the group including images made by the participants. In the summary, conclusions, and questions for further study the writer presents her results. Each of the participants completed the Million Pre-Adolescent Clinical Inventory (M-PACI) and the Trauma Symptom Checklist for Children (TSCC) prior to the groups and eight weeks later at the completion of the groups. Overall, the girls responded well to the group and enjoyed the art therapy. The assessment reported that two of the case studies improved across the board. In the third case study there was both improvement and some worsening. [Author Abstract]


Traumatic stress and PTSD are rampant in American culture, even within nuclear families.
This may cause disorganization of attachment bonds and increase the likelihood of PTSD when exposed to future traumatic events. The objective of this study is to assess the similarities and differences among psychotherapeutic treatment modalities employed in the United States, Cognitive Behavioral Therapy (CBT); Eye Movement Desensitization and Reprocessing (EMDR); Structured Intervention for Trauma for Children, Adolescents and Parents (SITCAP); Hypnosis; and finally Curanderismo, a Mesoamerican traditional treatment modality with similar practices to those found in Transpersonal Psychology for the treatment of PTSD. This heuristic study consists of interviews with co-researchers gathered in urban settings in the United States; urban, rural, and jungle settings in Mexico; and the personal and professional experiences of the researcher with both modalities. This study includes description of the therapeutic use of the temazcal (a Mesoamerican sweat lodge); limpias (a ritualized clearing of the subtle energy field); the medicinal and spiritual applications of herbalism; shamanic ritual; and the plática (a specific and highly interpersonal counseling style employed by curanderos), and the significance of holism and equilibrium in the Mesoamerican healing paradigm. In addition to these, this discussion also presents the role of prayer and interpersonal touch related to healing traumatic stress, and PTSD. An analysis of the results produced the development of an integrated healing model to reflect the positive aspects of all researched modalities toward efficacious treatments for traumatic stress and PTSD. Finally, this research examines and discusses the implications, limitations, and future research of this model for trauma treatment and research. [Author Abstract]


Very little has been written about the use of art materials in the debriefing process with young children apart from the familiar assumptions of increasing comfort in the situation and providing a more concrete way for young children to communicate. In this study, art-making was introduced as an integral, although optional, component of the debriefing process in order to examine more fully the functions of art-making in this context. This paper describes a research process and findings from a series of debriefings with four different groups of children and adolescents who had experienced either primary traumatic effects (i.e., were present during a traumatic event) or secondary traumatic effects (i.e., were impacted by a trauma that happened to someone else). The analysis of the artwork and of the comments of the participants is integrated within a theoretical framework combining ideas from the fields of art therapy and the treatment of trauma. From this analysis, there is a description of four functions of art-making in CISD with this population: (a) to increase comfort and emotional safety, (b) to promote expression of thoughts and feelings, (c) to enhance appropriate containment of emotion, and (d) to support ego-strengths. The primary contribution of this research is to offer a clear articulation of the rationale for the consistent use of art making in CISD with children and youth, and to do so in a way that makes this option available for all debriefers, not just those who are trained as art therapists. [Author Abstract]

We reviewed the use of children's artwork as a method of communicating individual and family functioning. A quantitative method of analyzing children's artwork provides more reliability and validity than some methods used previously. A new scoring system was developed that uses individual human figure drawings and kinetic family drawings. This scoring system was based on research with 842 children (341 positively identified as sexually molested, 252 positively not sexually molested but having emotional or behavioral problems, and 249 "normal" public school children). This system is more comprehensive than previous systems of assessment of potential abuse. [Author Abstract]

Treatment groups for both mothers and children together who have experienced mother assault are a unique therapeutic milieu which has been underutilized in the treatment field. This article presents a 10-week feminist-informed family systems group model as part of a treatment approach for children exposed to family violence and can be used with families of children from pre-school to adolescence. This model provides a context in which the experience of family violence can be debriefed, and issues related to trauma, safety, secrecy, and post-abuse family restructuring can be addressed by family members together. In addition, play and art therapy based interventions are tailored for the beginning, middle, and end of the group process. [Author Abstract]KEY WORDS: trauma; family therapy; mother assault; art/play techniques

This chapter presents the treatment of Charlie, a 10-year-old boy in play therapy, whose crisis emerged years after witnessing marital violence, living in a shelter for battered women, and experiencing the hostile separation and divorce of his parents. Charlie's symptoms rekindled unresolved family conflicts, demonstrating how trauma can be expressed years later as a disorder in behavior, emotion, and family interaction. As we will see in this chapter, Charlie's treatment posed numerous therapeutic challenges: engaging a parent who was also a trauma survivor; using nondirective play techniques with a child and family in crisis; and determining what treatment modalities to combine for comprehensive treatment planning. The case of Charlie -- like that of millions of other children each year who survive family violence and divorce -- reminds us that "children bear the burden of being least able to voice their feelings and fears", and that symptoms of trauma may emerge long after traumatic events have taken place. [Text, p. 272]

This paper discusses art therapy interventions with latency age children who were victims of the Los Angeles earthquake in 1994. The author worked with 25 children at the site of an elementary school in the area hardest hit by the earthquake and offers clinical observations about issues most relevant to the trauma, symptomatology, and defenses exhibited by children during treatment. In the course of therapy children were encouraged to tell their
earthquake story in words and in pictures, to explore their current and repetitive thoughts, and to work through their feelings toward the resolution of the trauma. The use of art was instrumental in accessing children's internal processes and helping them return to normal functioning. [Author Abstract]

This chapter proposes two models of adjunctive art therapy to be used in working with children who dissociate. Both models strongly rely on the use of art as therapy and a full engagement in the art process. One model parallels the work of the primary trauma therapist, following closely the sequential pacing of the work with deepening and enriching use of the art process; the second provides a support structure through a group involvement in the art process, but with less emphasis on closely following the trauma model. Illustrations are given of how each model may work. The building of "environments" -- a specific technique that can be used successfully in either model -- is described and illustrated. [Text, p. 191]

This chapter presents a structured trauma intervention that relies on re-exposure to traumatic memories through drawing, developing a trauma narrative, and cognitive reframing. The intervention discussed is based on a program field tested and researched as part of a 2-year grant project developed by the National Institute for Trauma and Loss in Children (TLC). Research demonstrated a significant reduction of trauma-specific reactions across all three subcategories of DSM-IV: re-experiencing, avoidance, and arousal. Reduction was seen in the most severe cases (Type II traumas) as well as the least severe (Type I). These results were not only substantiated by the participating children but also by the independent pre-, post-, and 3-month follow-up evaluations from parents. Field testing took place in both school and agency settings with the intent of developing a program which could be implemented by school counselors and mental health professionals. Structured drawing activities, along with cognitive reframing, were the primary media used for re-exposure and initiating the trauma narrative. [Text, p. 139]

The Structured Sensory Interventions for Traumatized Children, Adolescents, and Parents (SITCAP) model is a comprehensive treatment approach designed to diminish the terror that exposed individuals experience and facilitate feelings of safety. Trauma reactions are normalized and the distinction between trauma and grief is emphasized. This structured protocol provides a session-by-session, situation specific (e.g., school vs. agency) guide to intervention. It is appropriate for individuals who have experienced violent or non-violent trauma and is age-specific (preschoolers, 6-12 year olds, adolescents, adults). Focusing on themes such as 'hurt' and 'worry' that accompany both violent and non-assaultive types of trauma enhances the generalizability of the model. The parent component encourages a supportive caretaker response and addresses past and present traumas in the parent's life. The SITCAP model utilizes a series of drawing tasks and treatment specific questions that
focus on the ten major sensations that follow trauma (e.g., terror, fear, worry, powerlessness). The premise is that traumatic memories are experienced at a sensory level and must be reactivated in order to be moderated and tolerated with a renewed sense of power and feeling of safety. The nonverbal act of drawing coupled with the repeated exposure of telling the narrative helps transform these symbolic memories into a conscious form that can then be addressed therapeutically. Traditional psychotherapy often encourages the discussion of feelings that has the undesired effect of overwhelming the child. Through a structured drawing process, children are guided through the reliving of the experience and are assisted in telling their story. The trained facilitator then assists them in developing a new narrative that relegates the traumatic memory to the place and time it occurred instead of permeating every aspect of life. The emphasis is on cognitive reframing, taking traumatized children from the passive to an active role so that they feel greater control over the experience. Children, adolescents, and their parents are taught that they are survivors. Following a concise review of the trauma literature, the authors provide a detailed description of trauma interventions for children and adolescents. Chapters addressing field testing and research discuss the limitations of conducting trauma studies. The SITCAP model is outlined in a sequential manner and the basic drawing technique is explained in detail. Illustrative case studies provide material for clinicians and demonstrate the benefits from beginning at the sensory memory level. [Adapted from Preface]


This article reviews eleven years of field testing, focused feedback sessions, anecdotal information, and research of intervention programs designed to assist children, adolescents, and parents exposed to trauma-inducing incidents. These efforts were conducted by the National Institute for Trauma and Loss in Children in schools and agencies across the country and resulted in a series of intervention programs which made up the Institute's Structured Sensory Interventions for Traumatized Children, Adolescents, and Parents (SITCAP) Model. The use of drawing as a primary sensorimotor activity to facilitate the safe re-experiencing of the incident, the use of structured, trauma-focused questions addressing the major themes of trauma to facilitate the development of the trauma narrative (telling the story), and cognitive reframing statements designed to shift from victim thinking to survivor thinking were the primary intervention strategies used in each program. The SITCAP model has been instrumental in assisting victims seen in schools and agency settings find relief and resolutions of reactions to their trauma. [Author abstract]


The purpose of this chapter is to outline how non-threatening art therapy can be used in the diagnosis and treatment of sexually abused children and how the art therapist can use creative expression to foster growth and integrate the trauma of child victims. In part, it describes the art therapy component of the Sexual Trauma Treatment Pilot Program (STTPP), a demonstration project to identify effective ways of treating sexually abused children. STTPP's art therapy component is an exploratory clinical investigation, as well as
a more refined investigation of the mechanics of home service delivery and the integration of verbal and non-verbal disciplines. [Adapted from Text, p. 59]


Pediatric and young adult renal transplant recipients may experience feelings of depression and emotional trauma. A study was conducted to (1) determine the prevalence of depression and emotional trauma and (2) assess the utility of the Formal Elements of Art Therapy Scale (FEATS). 64 renal transplant recipients, 6-21 years of age, were evaluated using self-report measures (CDI and Davidson) and art-based assessments. Subject art was analyzed by art therapists using 7 of the 14 elements of the FEATS, to assess depression. Unlike CDI and Davidson self-report testing, all patients were able to complete the art-based directives. When self-report measures and art-based assessments were combined, 36% of the study population had testing results consistent with depression and/or post-traumatic stress. The FEATS assessments identified a subset of patients who were not identified using the self-report measures. There was a correlation between CDI and Davidson scores (p < 0.0001). Davidson scores correlated with hospital days (p = 0.05), and FEATS correlated with height Z score (p = 0.04) and donor type (p = 0.01). Patients who required psychological interventions including antidepressant therapy, psychological counseling, and psychiatric hospitalization during the year after the study were identified as depressed. Sensitivity for FEATS and CDI were 22 and 50% respectively. The results suggest that while art therapy may be of utility in the identification of pediatric and young adult transplant recipients who are suffering from depression, FEATS analysis appears to lack sufficient sensitivity to warrant its use in this population. Study of other quantitative art-based assessment techniques may be warranted. [Author Abstract]


This chapter describes specific fusion rituals and techniques that promote integration that the authors have found useful in treating over 50 dissociative children and adolescents. Techniques for working with DDNOS [dissociative disorder not otherwise specified] and DID [dissociative identity disorder] will not be distinguished, as the process is similar whether the parts are more differentiated and autonomous as in DID, or more passively experienced as in DDNOS. The authors' experience suggests that unification of the personality is often a natural development at the latter stages of treatment, but that some children may report spontaneous fusions throughout the course of treatment. Length of time to achieve full unification will vary depending on the severity of the initial trauma, the consistency and availability of appropriate parenting, and the child's cognitive and emotional strengths. The authors acknowledge the creative input of other authors but seek to expand the developing literature on childhood integration by describing some new techniques, by emphasizing a variety of modalities for promoting integration experiences, and by highlighting the use of the family to enhance the integration process. [Text, p. 168]

313. Doi:10.1016/j.amepre.2008.06.024
Children and adolescents in the U.S. and worldwide are commonly exposed to traumatic events, yet practitioners treating these young people to reduce subsequent psychological harm may not be aware of -- or use -- interventions based on the best available evidence. This systematic review evaluated interventions commonly used to reduce psychological harm among children and adolescents exposed to traumatic events. Guide to Community Preventive Services (Community Guide) criteria were used to assess study design and execution. Meta-analyses were conducted, stratifying by traumatic exposures. Evaluated interventions were conducted in high-income economies, published up to March 2007. Subjects in studies were £ 21 years of age, exposed to individual/mass, intentional/unintentional, or manmade/natural traumatic events. The 7 evaluated interventions were individual cognitive-behavioral therapy, group cognitive behavioral therapy, play therapy, art therapy, psychodynamic therapy, and pharmacologic therapy for symptomatic children and adolescents, and psychological debriefing, regardless of symptoms.

The main outcome measures were indices of depressive disorders, anxiety disorder and PTSD, internalizing and externalizing disorders, and suicidal behavior. Strong evidence (according to Community Guide rules) showed that individual and group cognitive-behavioral therapy can decrease psychological harm among symptomatic children and adolescents exposed to trauma. Evidence was insufficient to determine the effectiveness of play therapy, art therapy, pharmacologic therapy, psychodynamic therapy, or psychological debriefing in reducing psychological harm. Personnel treating children and adolescents exposed to traumatic events should use interventions for which evidence of effectiveness is available, such as individual and group cognitive-behavior therapy. Interventions should be adapted for use in diverse populations and settings. Research should be pursued on the effectiveness of interventions for which evidence is currently insufficient. [Author Abstract]

This article reviews the impact of direct and indirect exposure to war and terrorism on children's mental health. Although both direct and indirect exposure place children at risk of adjustment problems, the literature also provides evidence of children's remarkable resilience in the face of the life-threatening events. An examination of factors that influence children's responses to war and terrorism indicates an array of internal and external factors that protect or put children at risk of suffering from mental health problems. Such factors include the child's developmental stage, gender, the intensity and duration of exposure, the extent of life disruption, the availability of parental support, and the surrounding culture. An examination of interventions for children exposed to war and terrorism emphasizes the importance of providing children with safety and a sense of security, as well as addressing basic needs and establishing trust with the child. Once these aims have been achieved, mental health interventions can be implemented to address posttraumatic symptoms. A variety of interventions have been used to help children exposed to war and terrorism, including relaxation techniques, art therapy, cognitive-behavioral therapy, and supportive therapy. Although cognitive-behavioral therapy has received the most empirical support, other techniques are commonly used. [Author Abstract]
In this chapter we discuss adolescents who were exposed to terror and consequently suffered physical and/or psychological traumatic injury, in addition to the loss of a close person. We present a model for diagnosing this population, focusing on the main parameters cited in the literature and indicated by our own clinical experience in coping with trauma. The diagnosis includes evaluation of the magnitude of the event, the traumatic symptoms, the style of coping with the trauma, and the level of use of denial. We suggest therapeutic goals based on the diagnosis. The main tool in the diagnosis is an art therapy technique called the "bridge drawing". The diagnostic model proposed here is unique, in that it uses an artistic tool to diagnose parameters of adjustment to trauma. The use of art was chosen because of the difficulty adolescents have in accepting therapists; this stage of development is characterized by resistance to dependence on parents, and consequently fear of developing a relationship with a therapist, who is considered as an authoritative adult. [Text, pp. 283-284]

It is now well established that PTSD is a common reaction among children following road traffic accidents. Other, predominantly anxiety reactions may also develop. PTSD can last for many years. Currently, few children and their families get help and advice on the emotional reactions they may develop. There is some evidence that early intervention helps. Despite the current controversy surrounding the effects of early intervention with adults following disasters, the few studies with children are more promising. However, there is no evidence that non-directive counseling and art therapy work at all. [Adapted from Text, pp. 384-385]

**Rape, Sexual Abuse**


This article discusses the value of selected projective methods in the treatment process for child sexual abuse. A case study highlights critical treatment issues as outlined by James that have implications for the use of projective methods in clinical situations. Special attention will be given to the therapeutic value of poetry as a projective method. Implications for nursing practice will be discussed. [Text, p. 18]

Sexual abuse has created multiple short and long term problems for many individuals in society today. It often occurs in childhood and the scars that are left can be permanent. Statistically, it occurs with far greater frequency than should be tolerated. However, it is frequently unreported and can be difficult to detect in a child that experiences this form of trauma. There is a significant need to help these children that have been victims of this crime. Extra-familial sexual abuse in particular appears to occur with greater frequency than intrafamilial sexual abuse. Studies show that it has lasting effects on children. Two of the most common and consistent symptoms seen with these children are PTSD and sexualized behavior. Other symptoms that have been found with these children include: depression, anxiety, fear, and difficulty managing anger.

Although there have been many program designs implemented for child sexual abuse victims, most do not properly assess the level of improvement through objective measures that show that the treatment was responsible for the observed change and not some other variable. Many different forms of treatment have been used to treat sexual abuse victims, such as different forms of traditional individual therapies, family therapy, group therapy, drama therapy, and art therapy. One innovative psychotherapeutic technique that has been used recently with these types of clients and those who have experienced other types of traumatic events is Eye Movement Desensitization and Reprocessing (EMDR). EMDR is a relatively new form of treatment developed in 1987 by Francine Shapiro. There have been controlled research studies that have shown the efficacy of this technique. Although there are some researchers who are skeptical of the use of this technique and challenge its effectiveness, studies have nonetheless shown that it is an effective form of brief therapy with long-term effects.

This proposed treatment program would be developed for children, aged 6-12 years, who have been victims of extrafamilial sexual abuse. It is designed to be short term, lasting 4 months, and EMDR will be utilized as the primary psychotherapeutic tool to assist the children in reprocessing their traumatic experience. Mental health services that would be provided include individual therapy consisting primarily of EMDR, group therapy for the child and the parents or caretakers provided separately, and family therapy that would include the parents, child, and siblings if deemed necessary.

The children admitted to the program would meet criteria for a diagnosis of PTSD. They would also be given psychological measures in order to establish a baseline in terms of current symptoms such as depression and anxiety. The same measures would be administered again at the completion of treatment allowing for the measurement of any improvements. It is expected that children who complete the program would show a significant reduction or elimination of PTSD symptoms. This can be done more effectively by treating the family as a unit in dealing with such a traumatic experience. It is believed that this form of treatment would provide a valuable service to the community and further our understanding regarding the efficacy of EMDR. [Author Abstract]

In gaining access to traumatic memories through art therapy, feelings can be recognized, and more memories often surface in response. Furthermore, the dreams and nightmares that seem to be so much a part of PTSD can be recreated visually, just as they are usually experienced. While memories are stimulated, the artwork allows the client more control over, and distance from, the memories. The artwork can be approached at whatever depth at which the client is comfortable; resistance is lowered; and gradually the memories become owned and integrated into the self. A case study is also presented. [ALW]


This chapter discusses creative techniques that are helpful in resolving disturbing responses to many situations of trauma. In addition to being a play therapist, I am a family therapist and have incorporated into my work some creative forms of therapy, along with more traditional verbal therapy in both individual and family treatments. My primary specialty is sandplay therapy, with art therapy as my secondary interest. Many cases throughout my years in practice have involved children traumatized by sexual abuse, loss/bereavement, adoption, and neurological impairment. These cases cover many of the standard diagnostic categories, such as anxiety, depression, attention-deficit/hyperactivity disorder, oppositional defiant disorder, developmental delay, and Tourette's syndrome. The case presented in this chapter is that of an anxious child whose symptom of migraine headaches was exacerbated by the events of 9/11. [Adapted from Text, pp. 216-217]


This chapter's purpose is primarily theoretical: to explore the relationships among visual art, traumatic experience, therapeutic art-making, and the internal worlds of people suffering from complex posttraumatic dissociation. Using clients diagnosed with dissociative identity disorder (DID) (formerly multiple personality disorder) as a focus, the author hopes to reveal the extraordinary kinship between the dissociative reality and the art reality, and to clarify the rationale for the well-informed use of art therapy in treating survivors of severe early trauma. [Text, p. 526]


This paper focuses on our clinic's utilization of the diversified team in the treatment of sexual abuse victims and their families. Our "diversified team approach" utilizes specialists in the fields of marriage and family, PTSD, childhood trauma, and art therapy. An example of a case treated by the team will be discussed along with issues such as treatment planning and community agency interfacing. During the past 2 to 3 years, approximately 20 to 30 families with intergenerational incest have been successfully treated utilizing a team treatment approach. [Author Abstract]
A variety of techniques to promote movement and exercise were used as an adjunct to therapy in an ongoing support group for women with severe and chronic mental health problems. Three women [one of whom was 39 years old and diagnosed with PTSD, major depressive disorder with psychotic features, and avoidant personality disorder] and a therapist had met weekly for 16 weeks at the time of this writing. A short case history of each of the women including a psychiatric assessment, notes on medication regimen, symptomatology, psychosocial history, and immediate challenges is presented. Life styles by self-report ranged from sedentary to moderately active. Techniques to "jump start" greater mobility and exercise included: (a) completion of partner interviews on sport, exercise, and movement, (b) construction of a genogram rating the activity level and sport/movement/exercise history of family members, (c) games involving throwing and general movement, and (d) individual walk-talk therapy sessions. As an adjunct to therapy, these techniques followed other expressive therapeutic techniques such as art therapy, sandtray, and dream work. Therapeutic board games and client-centered therapy were also part of the milieu. Most of the techniques to facilitate movement and exercise took place during the last six weeks of the support group. Attitudes toward these techniques and results varied among the participants. [Author Abstract]KEY WORDS: chronically mentally ill, exercise, women, support group

This case study details art therapy over a 7-month period with a woman who had been a childhood victim of severe sexual abuse by her father. Maria (pseudonym) exhibited self-mutilation behavior and bulimia; her diagnosis was PTSD due to recurrent flashbacks and intrusive symptoms. Art therapy was coordinated with a primary therapist in a different agency. Sessions seemed to alternately focus on distressful current incidents and painful abuse memories. The art therapy intern encouraged Maria to control the sessions. Maria used art primarily to disclose and gain distance from painful memories. By the end of treatment, she had learned to use art for self-soothing, an important skill for her to develop. [Author Abstract]

Sexually abused children are characteristically silent victims. Quelled by manipulative adults or situations beyond their comprehension, they often hesitate to voice their internal distress. Sometimes their "problematic" behaviors reveal underlying concerns and signal a need for protection. Other times, children endure years of suffering, unable or unwilling to compromise their safety or their belief that disclosure will bring feared consequences such as family disintegration, loss of familial love, or harm to self or loved others. Art therapy can offer children substantial opportunities for healing, initially by facilitating communication and later by providing options for working through of painful and complex emotional issues. [Text, p. 152]

Post-traumatic response (PTR) is a reaction to a distressful event or events. PTR can be immediate, delayed, or chronic. Delayed or chronic PTR is often observed in adults who experienced repeated episodes of childhood physical, emotional, and/or sexual abuse. After years of secrecy, fear, denial, repression, suppression, and/or maladaptive coping patterns, recovery for chronic survivors can be lengthy, painful, and arduous. Recovery work can be facilitated by a therapeutic approach combining cognitive and expressive techniques. A case study illustrates one client’s four-year recovery period. [Author Abstract]


TOPIC: The use of art therapy to treat post-traumatic response. PURPOSE: To demonstrate the use of a case presentation ways in which art therapy can be used to facilitate healing from post-traumatic response. SOURCE: The author’s own clinical work. CONCLUSIONS: The healing process for individuals experiencing post-traumatic response does not end with the formal termination of therapy. It may need to be supplemented with support and follow-up, short-term therapy episodes. Healing can be facilitated by art therapy, which provides a useful medium for identifying and exploring changes in self-concept, behaviors and feelings. [Author Abstract] KEY WORDS: art therapy; healing; post-traumatic response


Drawing as an expressive technique can facilitate the recovery work of survivors of chronic trauma in a variety of modalities and settings. It is useful in inpatient groups and in marital, family, and individual therapy. Outpatient groups for domestic violence, sexual abuse, codependency, substance abuse, and adult children of alcoholics or dysfunctional families can also benefit from this technique. It is not magic, and seeing something on paper does not necessarily make it easier to change. But the concrete image it provides facilitates the arduous process of change and makes awareness easier. [Text, pp. 15-16]


This chapter attempts to address two separate concerns of the art therapist: culture and trauma. It draws upon the author’s clinical work with child victims of rape and incest and survivors of war and combat, as well as her consultations involving both non-English-speaking patients from various countries and survivors of traumatic violence in Africa, the Middle East, Asia, and Latin America. Ideas also evolve from the author’s experience over 20 years of living and working in diverse communities: a remote Pacific island pineapple plantation, towns in the Andes and the Pampas, European cities, northeastern United States inner-city neighborhoods, Chicano farm worker communities in California, American Indian reservations and Yaqui villages, and university-sponsored cross-cultural training groups. Within the context of the eight areas of cross-cultural art therapy, one specific community with whom the author worked is highlighted -- Cambodian unaccompanied minors who survived the Pol Pot regime, Vietnamese invasion, refugee camps in Thailand, and resettlement in the United States. A brief review outlines contributions to the literature on cross-cultural applications of art therapy in general and art therapy with survivors of war in Southeast Asia in particular. Details of traumas experienced by Cambodian children
provide a historical context for understanding artwork, clinical issues, and modifications that were necessary such that art therapy effectively would address those clinical issues within a Cambodian Buddhist worldview. Case material provides concrete examples of theories presented. Finally, implications for art therapy research and training are outlined. [Text, pp. 8-9]


This chapter will demonstrate how special cognitive resources outside the verbal realm can be reawakened and utilized, first to uncover and recall traumatic events, and then to transform the meaning of the trauma with resulting psychological growth. Images, scenes, bodily sensations and emotions related to the trauma can be retrieved. This reversal of dissociation affords the patient an opportunity to recall significant autobiographical episodes and integrate the trauma into his or her personal history. In this process, the patient can transcend the trauma and cease the compulsion to repeat and reenact it. Most of the chapter is a case report describing a 30-year-old married woman referred for psychotherapy after she described crippling insecurities, compulsive behaviors, and unusual somatic symptoms to her endocrinologist. [Adapted from text]


[This article] is a description of an ongoing art therapy group consisting of women who were mothers of victims of sexual abuse. The group was attended on a weekly basis by between 5 to 12 clients within an agency that specialized in the treatment of sexually abused children and their families. The group had previously been primarily a verbal therapy group. Art therapy was initiated and integrated into the usual therapeutic issues and served as a catalyst for group interaction. The artwork frequently uncovered feelings and problems that had been previously withheld on a verbal level, and also served as a source of increasing self-awareness. [Text, p. 19]


In August 1996, Belgium was deeply shocked to learn of the rape and murder of several young girls by a group of pedophiles. In the wake of these events, the Belgian population displayed symptoms of collective emotional shock and bereavement. We endeavored to come to terms with these feelings as a community. We immediately sent an open letter to all children, which was published in the country's main newspapers. We then organized a group debriefing on national television on a very popular children's program. This article deals mainly with the process involved in this debriefing session. Further complications later developed involving, among others, abused children and their families. In order to help them, in addition to individual interventions, we again used the press and radio and TV programs. When the population eventually began to emerge from the shock and bereavement, we acted
to prevent excesses by, among other things, writing an 'open letter to child abusers'. [Author Abstract]KEY WORDS: (collective) bereavement; (collective) emotional shock; (collective) PTSD; debriefing session; mental health institutions

This thesis delves into the psyche of a survivor of sexual molestation, exploring defense mechanisms, PTSD, and elusive memory in an audio and visual context. Three photographic gazes appear in this work, the dissociative gaze, the experiential gaze, and the metaphorical gaze. These gazes are shown in the series "In Memory of Trauma" which consists of ten large Photographic prints on the gallery wall. "Disarticulation" is a book of images that discuss the dissociation between mind and body happening after a traumatic experience. There is also a confrontational sound installation, "Confessional", that speaks to denial and self-hatred. Work by artists including Tracy Emin, Sue Williams, Harriet Hosmer, Krzysztof Wodiczko, Alfredo Jaar, Joe Spence and Rosie Martin on the subject of sexual abuse and trauma in general are discussed along with the few examples in pop culture such as David Lynch's "Twin Peaks" and "Law and Order, SVU" showing the media's portrayal of victim hood. This thesis also addresses some early ideas of Freud and his contemporaries Jean-Martin Charcot and Pierre Janet on the psychology of trauma survivors. Other theories explored are Susan Sontag's and Ulrich Baer's ideas on re-witnessing and traumatic images and Dora Apel on validation and witness, as well as Janet Martine's views on feminism and art therapy. Finally this thesis will discuss the cycle of denial and complacency in our society and around the world. [Author Abstract]

Kids who are using the activities in this book have been emotionally, physically, and/or sexually abused. You, like the other kids who are working through this book, will be learning about yourself and your feelings. You will be able to better understand how your abuse makes you feel today and learn more helpful ways of taking care of yourself. [Text, p. 7]

Our purpose in creating this book is to provide children who have been abused or neglected with a tangible, activity-oriented means to work through the various phases of recovery from the abuse they have suffered, much like Bass and Davis have done in their book for adult survivors of child sexual abuse. Also included in each chapter are actual case examples and a "walk-through" of just how the activities can be applied. The end goal of this project is to assist the child in moving from being a victim of abuse to becoming a healthier survivor. [Adapted from Text, pp. xviii, xxix]

Ideally, treatment for a sexually abused child includes group, individual, and family therapy.
The goals of each of these treatment approaches will vary but together will help to address the needs of the child emotionally, cognitively, and behaviorally. The focus of this chapter is the group therapy component of treatment, which should be seen as one aspect of an overall treatment plan. Because sexual abuse is an issue children typically do not like to talk about, art and play therapy are often the methods of choice in group therapy. There are many advantages to using art, which this chapter highlights. There are also limitations, particularly in the area of assessment, which are mentioned here. [Adapted from Text, p. 339]

McClannahan, K. D. (2009). Art therapy with survivors of sexual abuse. (Thesis). Retrieved from [WWW.CSA.COM](http://www.csacom). In this thesis, the writer presents qualitative heuristic research to discuss the effects of art therapy with survivors of sexual abuse. This research will present the statistics surrounding sexual abuse in the United States. There is then a literature review of current books and articles on art therapy, sexual abuse in children and youth, art therapy with survivors of sexual abuse, and art therapy with children and youth survivors of sexual abuse. The methodology of qualitative heuristic research is then reviewed. The writer then gives a brief history of her personal experience with sexual abuse and how art therapy was beneficial to her. She then presents research with 9- to 11-year-old girls that are survivors of sexual abuse. The writer works in a group setting with these young ladies for eight weeks. She presents three case studies and a few of the art therapy activities used in the group including images made by the participants. In the summary, conclusions, and questions for further study the writer presents her results. Each of the participants completed the Million Pre-Adolescent Clinical Inventory (M-PACI) and the Trauma Symptom Checklist for Children (TSCC) prior to the groups and eight weeks later at the completion of the groups. Overall, the girls responded well to the group and enjoyed the art therapy. The assessment reported that two of the case studies improved across the board. In the third case study there was both improvement and some worsening. [Author Abstract]

This article will present a compilation of case studies that will document the art therapy process utilized to assist incarcerated women with histories of severe trauma in expressing their feelings in an appropriate manner. These case studies will show how art images produced within this therapeutic milieu enabled the women described to reconnect with disowned thoughts, feelings and fantasies in a safe way. [Author Summary]

Murphy, J. (2001). *Art therapy with young survivors of sexual abuse. England: Brunner-Routledge: Hove*. Retrieved from [WWW.CSA.COM](http://www.csacom). This book brings together the writings of experienced art therapy practitioners who have been working with sexually abused children and young people for some years and who want to convey the particular qualities of this work, not necessarily their successes, but some of the struggles through which learning for both the client and therapist takes place. Because the writing has grown out of practical experience, there is a great deal of illustrative case material which plays a vivid and central role; there is also a variety of writing styles. The book is divided into three parts: the first explores how the therapeutic relationship relates to the context of the family, the team and to outside agencies; the second part features aspects of individual case work, with reference to play as well as to image making; and the third
part describes three experiences of working with groups of children and adolescents. [Text, p. 8]

TOPICS TREATED: "Containing the bad object: observations and thoughts on the generation of bad feelings between people in an organization, a professional network, a therapist, and a child attending individual art therapy," by Louis Thomas; "Male therapist countertransference and the importance of the family context," by Mark Wheeler and Becky Smith; "Nobody hears: How assessment using art as well as play therapy can help children disclose past and present sexual abuse," by Lyn Douglass; "Using the reflective image within the mother-child relationship," by Maggie Ambridge; "Into the body: sand and water in art therapy with sexually abused children," by Ann Gillespie; "Why can't she control herself?: a case study," by Karen Lee Drucker; "Tell me your story so far: a developmental approach to art therapy," by Jo Bissonnet; "Jumping over it: group therapy with young girls," by Richard Buckland and Jenny Murphy; "Is it safe to keep a secret?: a sibling group in art therapy," by Felicity Aldridge and Simon Hastilow; "Between images and thoughts: an art psychotherapy group for sexually abused adolescent girls," by Ani M. Brown and Marianne Latimit.


In crisis intervention and short-term therapy, the arts therapies provide a quick, inexpensive, and dynamic access to vital information and rehabilitation. The skilled arts therapist brings the team vital techniques and training which have not been traditionally available, but which facilitate assessment and treatment as well as enabling team members to accomplish their goals more effectively. Clara Jo Stember was a pioneer committed to the use of a multiarts, multimedia approach to the problems of abused, neglected, and sexually traumatized children and youth. Only a brief sample of her work and views have been presented here; more will have to follow. The chapter attempts to demonstrate how verbal and nonverbal behaviors relate to each other and how they are expressive of the structuring of sensory input resulting in behavior. By avoiding dwelling on commonalities in symbols expressed by sexually abused and traumatized children (which, at best, should only serve to alert the therapist to the possibilities of distress), I have attempted to show that each of us has a unique symbolic repertoire of expressions, and the multiple or singular significance applied to that symbol is unique to that individual. [Author Summary]


This paper explores the personal violation of rape in terms of specific trauma usually experienced after a rape: PTSD, rape trauma syndrome, and permanent life changes. The purpose of this paper is to explore the ways in which art therapy can help a rape victim engage herself in the healing process. A study of one rape victim is reviewed along with the current literature as an example of the life-altering effects of rape and the importance of art expression in their treatment. [Author Abstract]

This chapter describes a short-term structured group psychotherapy intervention for a group of girls sexually abused by an employee of their school district. The presentation details an 18-session intervention for 6 girls, all of whom were abused by the same man. After a brief review of the literature on structured group treatment for sexual abuse, the content of the group sessions with the girls is presented, with an emphasis on techniques employed to help them deal with the cognitive, emotional, and behavioral effects of the abuse. [Text, p. 183]

Author provides examples of how art can be used to assess trauma in children or a group's experience of a disaster. In addition, the art activity allows re-enactment of the trauma, which, she says, is "healthy and positive, releases tension, redirects emotions, and allows the experience to be shared with other trauma victims." [ALW]

The history of therapy with creative media is bound up with the history of psychiatry during the 19th and 20th century. Meanwhile the therapy with creative media has become an essential part of inpatient psychotherapy in general. Recently published results give evidence of the appearance of a fragmented body image in paintings of eating disordered patients. The presented case report of a 24-year-old student with bulimic anorexia confirms these results. Moreover it shows how helpful creative media especially could be if the patients are incapable to verbalize for psychic reasons. [Author Abstract]

In this paper, I sought to determine the validity of the emotional indicators identified in the drawings of sexually abused children by distinguishing those emotional indicators with strong evidence to support them and others seemingly based on hypotheses and speculation. I carried out an extensive review of the literature, searching for commonalities in the drawings of sexually abused children, and found that certain emotional indicators were better supported in the literature than others. In addition, I conducted a study at a residential school where I worked with and collected drawings from sexually abused adolescents with from borderline to moderate retardation. I found that seven distinct emotional indicators discussed in the literature were drawn by the adolescents in my study: genitals, huge circular mouths, oversized or hidden hands, hearts, tiny self-portraits, circles, and inclement weather. Both the literature review and my study showed that commonalities in the drawings of sexually abused children are difficult to identify, but some do exist. [Author Abstract]

The author explains various stages of visual dialogue that evolve during art therapy,
including the posttraumatic stress stage. As illustration of the process, a case example is presented of a young woman who was raped both as a child and as an adult. [ALW]


This book addresses the treatment of a category of experience rather than the separation of rape and incest victims into defined categories. Patterns imply that incest victims commonly become rape victims, followed by spousal abuse or destructive relationships. The rape of a child may occur first, then incest which is followed by spousal abuse or destructive relationships. Sexual abuse, regardless of form or consequence, has specific conflicts and emotional after effects that are common to all victims of sexual abuse regardless of age, sex, personality, or economic strata. Commonality in treatment, for all victims, is the healing of memories and invisible wounds. The purpose of this book is to focus on common aspects. The treatment procedure is predicated on process therapy utilizing art as the primary modality in memory retrieval as it relates to the creativity of the victim. This book is designed to exercise and use the therapist's imagery through word pictures and descriptive language (poetry and art) which apply to the victim's creativity. This method is used to discuss the victim's imagery which is revealed in art productions that are shared during the therapeutic process which assists in the understanding of the importance of individualized creativity in trauma resolution. [Text, p. 1]


The purpose of this chapter is to outline how non-threatening art therapy can be used in the diagnosis and treatment of sexually abused children and how the art therapist can use creative expression to foster growth and integrate the trauma of child victims. In part, it describes the art therapy component of the Sexual Trauma Treatment Pilot Program (STTPP), a demonstration project to identify effective ways of treating sexually abused children. STTPP's art therapy component is an exploratory clinical investigation, as well as a more refined investigation of the mechanics of home service delivery and the integration of verbal and non-verbal disciplines. [Adapted from Text, p. 59]


A combination of medication, psychotherapy, and life changes may be necessary to resolve continuing difficulties resulting from severe traumatic events. The 42-year-old man was raped at knifepoint 20 years before, when he was in the military, by an acquaintance after they had spent a night out drinking. He did not report the crime because of shame but began having difficulties while still in the military. He was diagnosed with PTSD after a trip to the emergency department. He was prescribed venlafaxine and lorazepam initially. Risperidone was started for hallucinations. Eventually olanzapine was prescribed. He was also referred to a 12-week military trauma group which included skills training and psychoeducation. Eventually he attended a 4-week inpatient program which offered elements of wellness, art therapy, skills building, cognitive restructuring, and a heavy component of exposure. [Adapted from Text]
Vogel, J. (1994). *Creative arts therapies on a sanctuary voluntary inpatient unit for men and women who have experienced abuse and psychological trauma in childhood.* Connecticut: Greenwood Press: Westport. Retrieved from [WWW.CSA.COM](http://www.csa.com). The author explains the role of creative arts therapies in the treatment of voluntary inpatient victims of trauma. She highlights the tasks and goals of art therapy, music therapy, dance/movement therapy, and psychodrama, as well as their limitations. [Adapted from Introduction]

Volker, C. A. (1997). *Treatment of sexual assault survivors utilizing cognitive therapy and art therapy.* California Institute of Integral Studies). (Ph.D. Dissertation.) Retrieved from [http://www.lib.umd.com/dissertations/fullcit/9932279](http://www.lib.umd.com/dissertations/fullcit/9932279), (91020). The present study examined the relationship between self-esteem and symptoms of PTSD. A treatment-outcome study design examined the efficacy of utilizing cognitive and clinical art therapies within a solution-centered approach to victimization. The review of literature explores the effects of victimization with a focus on perceived coping and a solution-centered approach; examines the research pertaining to group therapy as it encompasses cognitive therapy and art therapy; and investigates theoretical views on imagery, cognition and affect, with particular attention to PTSD. 17 adolescent and young adult female subjects with a history of sexual assault were given a brief structured clinical interview, the Beck Depression Inventory (BDI), the Impact of Event Scale (IES), the Trauma Symptom Checklist-40 (TSC-40), and the Multi-Self-Esteem Inventory (MSEI). Subjects were then randomly assigned to a treatment group (n = 8) or control group (n = 9). Subjects in the treatment group participated in ten 90-minute sessions of weekly group psychotherapy. Multivariate analysis of variance between treatment and control groups on the IES (p < .0573) was marginally significant, with group means pointing to fewer symptoms of PTSD in the treatment group than in the control group. Examining the correlations between symptoms of PTSD as evidenced in the TSC-40 and self-esteem as evidenced in the MSEI revealed a strong trend which approached significance (p < .0596) that there would be an inverse relationship between symptoms of PTSD and self-esteem. Not related to any hypothesis in this study was the significant finding that the treatment group evidenced lower scores on the BDI than the control group (p < .0480). As exploratory research, these findings were encouraging and suggest several new areas of research to be explored. [Author Abstract]

Wiesel, R. (1998). *Use of drawing technique to encourage verbalization in adult survivor of sexual abuse.* *The Arts in Psychotherapy, 25*(4), 257-262. Doi:10.1016/S0197-4556(98)00025-2 The purpose of this paper is to demonstrate the effectiveness of drawings (art therapy) in encouraging verbalization in an adult survivor of sexual abuse. This is presented through a description of 4 therapeutic sessions (out of 24) with an adult female who was sexually abused by her father in childhood. [Text, p. 257]

Zaidi, L. Y., & Gutierrez-Kovner, V. M. (1995). *Group treatment of sexually abused latency-age girls.* *Journal of Interpersonal Violence, 10*(2), 215-227. Doi:10.1177/0886260595010002006 Little has been written regarding specific techniques useful with sexually abused girls between the ages of 8 and 12 despite reports that school-age children are particularly prone to post-abuse psychopathology. This paper describes a pilot group developed to address the
traumagenic stigmatization, powerlessness, betrayal and sexualization that characterize victims of sexual abuse. 6 treatment modules developed within this framework focused on the following: (a) group cohesiveness, (b) discussion of specific abuse experiences, (c) new coping strategies, (d) sexuality, (e) prevention of future victimization and (f) termination. The therapeutic approach incorporated art therapy techniques, psychodrama, therapeutic games, relaxation exercises, and novel treatment strategies developed by the authors.

[Author Abstract]


While family treatment intervention has been identified as a strategy in working with intrafamily sexual abuse cases, less attention has been paid to the use of art and group work with families in which multiple children have been sexually victimized by an extrafamilial offender. This paper will focus on the school bus driver case in which civil litigation was used (a) as a catalyst for implementing a modified model of group family intervention and (b) to assist the child to access self-assertive resources of her personality. The intervention plan resulted from the outcome of the children's evaluation regarding the impact of sexual abuse for the civil suit. The pilot program uses a research framework to identify the critical issues for both parents and their children in the post-trauma recovery process. [Author Abstract]