4-21-2016

Use of Art Therapy in Treating Children with PTSD

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A Capstone Project submitted in partial fulfillment of the requirements for the Master of Science Degree in Counselor Education at Winona State University

Spring Semester, 2016

Winona State University

College of Education

Counselor Education Department

CERTIFICATE OF APPROVAL

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CAPSTONE PROJECT

_____

Use of Art Therapy in Treating Children With PTSD

This is to certify that the Capstone Project of

Kelly Puent

Has been approved by the faculty advisor and the CE 695-Capstone Project

Course Instructor in partial fulfillment of the requirements for the

Master of Science Degree in

Counselor Education

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Approval Date: 4/21/2016

Abstract

This article reviews the use of Art Therapy to treat children who suffer from Posttraumatic Stress Disorder. It explores the clinical need for addressing trauma, including PTSD, and then reviews the effects of trauma on the brain, and how Art Therapy affects the brain. It also identifies mental health characteristics and needs for children diagnosed with PTSD. A historical background on Art Therapy is given. Art Therapy techniques are defined and described, and in the final section of the review, the use of art therapy is discussed specifically as it pertains to the treatment of children suffering from PTSD. This paper concludes that there are multiple reasons to strongly consider the use of Art Therapy when working with children whom have experienced trauma, but also acknowledges that there are some limitations in using art therapy as a diagnostic framework. Art Therapy paired with other therapies such as family and play therapies suggests some promise and consideration for future research topics.

Table of Contents

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Introduction

A large number of children in the United States of America have experienced traumatic events leading to Posttraumatic stress disorder (PTSD), which merits research to identify successful therapy approaches for treating PTSD in children. In the United States of America an estimated 4 to 10% of children have experienced maltreatment, such as neglect, abuse, and sexual violence (Leenarts, Diehle, Doreleijers, Jansma, & Lindauer, 2012) and approximately 15 million children are affected by domestic violence each year (McDonald, Jouriles, Ramisetty-Mikler, Caetano, & Green, 2006). After being exposed to traumatic events, many children exhibit harmful behavior toward themselves or others. Because of this harmful behavior, 50,000 children end up in residential treatment, (Vaughn, 2005) and nearly 4 million children in the U.S. are diagnosed with mental health disorders (Thompson & Trice-Black, 2012). Not only is it concerning that many children are exposed to trauma, but also the likelihood exists for children diagnosed with PTSD to experience life-long negative consequences. Children who have endured physical, emotional and sexual abuse or emotional neglect are more likely than children who have not to suffer from PTSD, anxiety, depression, suicidal ideation and substance abuse (Leenarts et al., 2012). These children are also more likely to be re-traumatized because they may tolerate excuses for being abused, may not fully understand healthy boundaries and are more vulnerable to negative peer and adult influences (Leenarts et al., 2012). It is clear from this information, that finding a therapy that is effective for treating children suffering from PTSD is important. This paper seeks to explore the unique needs of children and how PTSD affects children. It also proposes that Art Therapy is an effective way to meet those needs, and is advantageous over traditional talk therapies when treating children with PTSD.

Art Therapy may be an effective treatment option for children suffering from PTSD for several reasons. Young children may not be developmentally capable of completing typical talk-therapy or written activities that are commonly used with adults, such as self-report questionnaires, activities that involve reading, or activities that require advanced thinking and advanced verbal skills (Yorgin et al., 2004). Before children are capable of putting their feelings and thoughts into words, they are capable of illustrating what they think, feel, and wish for through drawings. (Shiakou, 2012). This is one way that Art Therapy allows children to communicate their inner experiences with others.

The following review of literature will delve into seven major areas to explore this topic. It will begin by defining trauma and PTSD, it will then identify the effects of trauma on the brain, identify psychological characteristics of children diagnosed with PTSD, and then will address the mental health needs of children diagnosed with PTSD. Historical perspectives on the use of Art Therapy will be explored. Art Therapy will be defined, Art Therapy techniques will be discussed, and the review will conclude by looking at the use of Art Therapy to treat children with PTSD.

Review of Literature

Trauma and Posttraumatic Stress Disorder Defined

Because experiencing a traumatic event is a precursor to developing posttraumatic stress disorder, it is necessary to understand what trauma is, before defining PTSD. "Trauma is an event that is life-threatening or psychologically devastating to the point where a person's capacities to cope are overwhelmed" (Gilgun, 2010, p. 3). The physical response to trauma is an adrenaline rush creating a sense of alertness. This response can cause a person to disregard hunger, fatigue or pain, and results in intense feelings of fear. These are normal responses that

prepare a person for fight or flight. Being traumatized by an event happens when there is no escape or self-defense possible (Herman, 2015). Trauma can be put it into several categories such as first hand trauma, second hand trauma, and complex trauma. All types of trauma can affect individuals of any age, race, religion, or culture. First hand or direct trauma happens when an individual experiences an event that causes him or her to perceive there is a threat to one's physical safety and causes extreme stress that overwhelms both the body and the brain, making it difficult to function. This is then followed by intense feelings, such as fear, terror, or helplessness (Dods, 2015). Some examples of traumatic events are physical abuse, sexual abuse, neglect, natural disasters, and exposure to violent or criminal acts (Fusco & Cahalane, 2013). Second hand trauma or indirect trauma is experienced when the traumatic event does not directly happen to the individual, but they are exposed to the event by learning details about the event. Some examples of second hand trauma are repeated exposure to other people's traumatic events because of an individual's profession. A counselor or emergency medical technician may be prone to this type of exposure. Another way that someone may be exposed to second hand trauma is if they are experiencing the death or injury of a loved one, and the death or injury was caused by something unexpected or violent (May & Wisco, 2015). Complex trauma can be first or second hand. The traumatic event occurs multiple times, and is somehow chronic, or is prolonged. Because child neglect or abuse can happen frequently over time, various forms of child neglect or abuse can be examples of complex trauma (Fusco & Cahalane, 2013).

After a traumatic event trauma survivors may experience fragmented memories at unexpected times. The trauma survivor may also have trouble regulating thoughts, emotions and behaviors. This may lead to preoccupation with the traumatic event (Gilgun, 2010). According to the Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition, individuals who have

experienced a traumatic event or have been a witness to a traumatic event and that experience intrusive symptoms such as distressing memories, upsetting dreams, dissociative reactions, avoidance of things related to the traumatic event, negative moods and thoughts related to the event, and strong reactivity to things associated with the event, are displaying symptoms of PTSD (American Psychiatric Association, 2013). The DSM-5 also explains what trauma is within criterion A of PTSD. It defines trauma in the following terms.

> Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways: 1) directly experiencing the traumatic event(s), 2) witnessing, in person, the event(s) as it occurred to others, 3) learning that the traumatic event(s) occurred to a close family member or close friend (in cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental), or 4) experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse). Note: Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work-related (American Psychiatric Association, 2013, p. 271).

Now that it is understood what trauma and PTSD are, it is time to look more closely at the effects of PTSD and trauma on individuals, specifically children. The following section addresses the effects of trauma on the brain itself, and how this damage has the potential to affect behavior, and the ability to successfully function in everyday life.

The Effects of Trauma On The Brain

Brain development is affected by early life stress, with the potential to cause neurobiological changes that affect the individual for the rest of his or her life (Coates, 2010). Severe stress can affect the production of neurotransmitters in the brain. One neurotransmitter that is affected by stress is serotonin. Serotonin affects mood and behavior. Dysfunction in the production of serotonin can make a person more susceptible to severe depression, impulsive violence, and aggression (Hosier, 2014). Trauma is also experienced in the mid-brain and lower brain making reason and logic not easily accessible through talk therapy or cognitive therapies (Kuban, 2015). There is an impact on the neuro-endocrine system when children do not have a secure relationship with their primary caregivers due to neglect or abuse. A disruption to the neuro-endocrine system can have a negative impact on both psychological and physiological functioning (Coates, 2010). Child abuse or neglect impacts the developing brain through the limbic system, which includes the amygdala, the hippocampus, the cerebral cortex and the corpus callosum. The limbic system controls emotions and survival drives such as fight, flight, or freeze responses. Damage to the limbic system may cause children who feel threatened to make hasty decisions without thinking through a situation before acting (Coates, 2010). Harm to the hippocampus causes difficulty in understanding special contexts and recalling memories or events, and is related to dissociative states, anxiety and panic disorders (Coates, 2010). In the brain, traumatic events are not only experienced as visual memories but are also recorded as disruptive physical sensations (Kuban, 2015). Once children's brains have been affected by trauma, the children develop specific behaviors that have the potential to be harmful to the children and others who are around them. The good news is that damage to the brain is not always permanent. There is plasticity in the brain, especially in the developing brain of a child.

Therefore therapeutic interventions can be done to reverse most or some of the damage done to the brain by trauma (Hosier, 2014).

Psychological Characteristics of Children Diagnosed with PTSD

Experiencing a traumatic event makes an individual feel as though they no longer have a safe place within or outside of oneself where difficult emotions or experiences can be dealt with (Stronach-Buschel, 1990). A trauma victim may find him or herself in a constant state of vigilance, but not understand why he or she feels that way (Herman, 2015). As a result individuals who have been exposed to a traumatic event may resort to behaviors that they perceive will help them to avoid being re-traumatized. Some examples are compulsively repeating behaviors, denying the traumatic event happened, reenacting the traumatic event, and developing new fears about future harm (Stronach-Buschel, 1990). Repeating behaviors and reenacting the traumatic event happen because the trauma survivor feels compelled to re-create the moment of terror in order to conquer the feelings that resulted from the traumatic event. The individual may not understand why he or she is behaving this way. Some of his or her behaviors may be dangerous, and some of the behaviors may be a healthy way to integrate the feelings from the trauma into their own understanding of the event (Herman, 2015). Traumatized individuals are also not as able to ignore repetitive stimuli that others would disregard. Instead traumatized individuals may view any new stimuli as potentially dangerous (Herman, 2015).

Individuals with PTSD tend to lose the capacity to symbolize ideas and lose the ability to anticipate how they need to modify their own emotional responses, which leaves them unable to develop coping mechanisms to deal with everyday life stresses (Stronach-Buschel, 1990). Children in particular lose the ability to use mental images to solve problems and may struggle with self-harm or anger towards others (Stronach-Buschel, 1990). Child survivors of trauma tend

to blame themselves for any abuse or neglect they have experienced, and also expect abuse and neglect to continue, even when they are removed from the trauma inducing environment (Coholic, Eys, & Lougheed, 2011). Children suffering from PTSD and trauma are likely to experience emotional issues involving depression and anxiety (Thompson & Trice-Black, 2012). Specific symptoms that they may exhibit are sleep disturbances, separation anxiety, feelings of self blame, lowered self esteem, an increase in hyperactivity, tantrums and aggression, along with a decrease in impulse control, sensitivity, empathy, and problem solving abilities (Thompson & Trice-Black, 2012). Violations by a caregiver in the form of abuse or neglect can lead children to feel like the world around them and relationships cannot be trusted, are unpredictable, and are unsafe (Knoverek, Briggs, Underwood, & Hartman, 2013). Due to this belief, the symptoms, and behaviors, that were just mentioned, children may also experience a breakdown of relationships around them (Kagan & Spinazzola, 2013). Negative experiences when a child is forming his or her first attachments in relationships also affect a child's ability to form significant attachments throughout life (Coates, 2010). Based on these psychological characteristics, mental health needs of children with these struggles can now be examined.

Mental Health Needs of Children Diagnosed with PTSD

The traumatic event and the resulting PTSD symptoms that children experience tend to disrupt their psychological and emotional development. Therefore, a child's developmental age may be lower than his or her chronological age, suggesting that the therapist must use techniques that are appropriate for his or her developmental age (Knoverek et al., 2013). Children with this diagnosis need therapies that will also help to build or rebuild child and caregiver relationships and self –regulation. Not only is there a need to recreate secure attachments, but care must also be given towards using therapy techniques that will not re-traumatize the child (Kagan &

Spinazzola, 2013). To avoid re-traumatization, it's important to find positive ways to integrate trauma memories into the trauma survivor's life (Herman, 2015). Art Therapy is one researched approach that meets these needs. The next section will provide some historical information about the development of Art Therapy as a whole.

Historical Perspectives on the Use of Art as Therapy

The concept of using art creation to enhance overall health is not a new perspective. There is evidence that art creation has been linked to healing as far back as Ancient Greek culture. In this culture, Apollo was the god of medicine, music, poetry and fine arts. Medicine and art were considered to be indivisible during this time period; therefore suggesting that art creation was treated as form of healing (Darley & Heath, 2008). In more recent centuries French Psychiatrist Paul-Max Simon, a man sometimes referred to as the father of art psychiatry, published several studies between 1876 and 1888 that focused on the drawings created by individuals whom suffered from mental illness. He believed that a person's mental health symptoms could be related to the content of the artwork the person created (Malchiodi, 2007). In 1901 French psychiatrist Marcel Reja found similarities between the artwork of mental illness patients and the artwork of children and primitive artists, creating a connection between mental illness and the effects of mental illness on development (Malchiodi, 2007). In 1912 European psychiatrists Emil Kraeplin and Karl Jaspers also found that referring to the drawings done by their patients was helpful in treating those same patients (Malchiodi, 2007). Psychologist Sigmund Freud believed that drawings could unlock the unconscious because he found that when patients could not verbally describe their dreams, they could draw them, and then the dream could be analyzed (Malchiodi, 2007). Swiss psychiatrist Carl Jung also believed that the creation

of artwork has an affect on the unconscious (Darley & Heath, 2008). Jung proposed that all arts help to access feelings, the unconscious mind, and are a source of wellbeing (Malchiodi, 2007).

Margaret Naumberg pioneered the introduction of art therapy in the United States, in the 1940s. Naumberg viewed art expressionism as a way to observe unconscious imagery. She believed that artworks were a form of symbolic speech (Malchiodi, 2007). She also regarded creativity as something that is basic and primary to human beings and can be related to every stage of human growth and development (Feen-Calligan & Sands-Goldstein, 1996). Another American pioneer in Art Therapy was Edith Kramer, in the 1950s. Kramer proposed that art was healing because making art involves a psychological process. She also felt that the process of art making was more important to healing than the completed art product (Malchiodi, 2007). In more recent decades there has been a trend emerging to bring artists, art therapists and counselors, whom specialize in Art Therapy, into different healthcare settings, such as hospitals and rehabilitation centers (Malchiodi, 2007). With historical influences in mind, exploring specific information that describes practical applications of Art Therapy is necessary to connect the usefulness of Art Therapy to treating children suffering from PTSD.

Defining and Applying Art Therapy

Pinning down an exact definition for Art Therapy is a difficult task. Despite many different techniques and approaches, there is some agreement that Art Therapy includes art-based activities, where any preoccupation of artist goals are minimized in order to emphasize the use of art activities in psychotherapy. In Art Therapy, pictures and drawings are also used as a form of communication between the client(s) and the therapist; therapists offer acceptance of all artwork created by the client, and art activities are intended to bring unconscious or emotionally difficult material to the surface (Ulman, 2001). Pictures and drawings can serve as a metaphor

for an individual's feelings or experiences and can also be used to visualize future goals (Manicom & Boronska, 2003). Art Therapy not only can be viewed as a means to communicate through visual media, but the process of creating artwork in itself is useful in healing the effects of trauma and other mental health concerns (Malchiodi, 2007). The American Art Therapy Association defines Art Therapy in the following quotation.

> Art Therapy is a mental health profession in which clients, facilitated by the art therapist, use art media, the creative process, and the resulting artwork to explore their feelings, reconcile emotional conflicts, foster self- awareness, manage behavior and addictions, develop social skills, improve reality orientation, reduce anxiety, and increase self-esteem. A goal in Art Therapy is to improve or restore a client's functioning and his or her sense of personal wellbeing. Art Therapy practice requires knowledge of visual art (drawing, painting, sculpture, and other art forms) and the creative process, as well as of human development, psychological, and counseling theories and techniques ("American Art Therapy Association," 2013, para. 3).

The following five types of Art Therapy techniques have been shown by the literature to be successful in either diagnosing or treating children suffering from PTSD. The first technique involves creating drawings. The use of drawings in art therapy is often referred to as using projective drawings. Projective drawings are drawings that are used to assess a person's internal reality. Projective drawings are thought to provide information about a person's personality, fears, wishes, strengths and motivations (Kaufman & Wohl, 1992). A child's drawing is a form of a statement, just as the spoken word and writing are forms of making a statement. Children's drawings also provide a way to see how a child relates to the world around them, and how the

child approaches other things in his or her environment (Kaufman & Wohl, 1992). There are a number of different drawing types that can be done with children for Art Therapy. One example of a drawing technique is creating birds' nest drawings. This involves a child drawing a bird's nest on paper, to be analyzed by the therapist. The absence of a mother bird can suggest insecure attachments. The distortion of a father bird or thin branches within the nest can suggest the child does not feel secure in his or her home setting (Shiakou, 2012). Other types of drawings, such as drawings of the family can also be analyzed for secure or insecure attachments. Family members embracing, being open-armed and smiling suggest secure attachments. Unfinished objects and omitting parents in the drawing can suggest insecure attachment (Shiakou, 2012).

Other types of techniques combine the creation of artwork with mindfulness activities. These activities encourage the child to learn about him or herself, try to approach art in a fun way, encourage social interaction with other children, and work on self-regulation. Children also explain their work in groups, by verbalizing how their artistic choices symbolize their feelings (Coholic, Eys, & Lougheed, 2011).

Some techniques focus specifically on family therapy or dyads between a caregiver and a child. In family therapy, each person may be asked to create a non-directive drawing, explain what it means to him or her, and then look at the work from a distance inviting other family members to comment on the perceived meaning of the drawing (Sutherland, 2011). Parent and child dyads can use the creation of images as the main form of communication. Another goal of the therapist is to also observe how parent and child behave toward each other during the artistic process. There are four stages to this process; engagement, two-way communication, sharing the meaning of the artwork, and thinking about the emotions tied to the work. Materials that are

used, need to be age appropriate to the child, and allow the child to scribble, smear, spill, splash, pound, and trace (Proulx, 2002).

Art Therapy techniques can also be utilized from a Gestalt point of view. With this technique a client creates a drawing or painting of their choice. Then the therapist and client look at it to decide what parts of the image project as a figure and what parts recede as a ground. Parts that project as figure are seen as the parts that are either most important or in need of the most attention. The therapist and the client can then discuss what meaning, emotions, or events are represented in the figure and the ground. Structure or lack of structure within the artwork may also be related to structure or lack of structure in the behaviors or environment of the client (Rhyne, 2001).

Art Therapy can also serve as a narrative. Narrating or sharing one's own story about a traumatic event, in drawings, can be one of the most effective ways to treat trauma (Knoverek et al., 2013). It is possible to re-integrate or share these traumatic experiences in visual chapters. Each story has a beginning, middle and end. The story can help children move through difficult memories to their present situation. As the child processes the story he or she can feel safe to learn and develop new skills to overcome distressing reminders of the trauma that has been experienced (Kagan & Spinazzola, 2013). The use of art therapy can also create a narrative because of the lasting nature of the client's artwork. The artwork can serve as a record of events or memories that allow the client and the therapist to re-visit an experience at a later time (Hanes, 2001). Viewing the client's artwork chronologically can also allow the client and therapist to identify mental health patterns and progress (Hanes, 2001). Now with Art Therapy being defined, it is time to look at how this therapy and its techniques can be specifically applied to treating children suffering from PTSD.

Using Art Therapy to Treat Children With PTSD

Along with creating an atmosphere where clients can share and process their own story, there are other advantages of art therapy, such as allowing individuals to express feelings in a safe and socially acceptable way (Hanes, 2001). Art Therapy can be used with children, adults, and families. Structured therapy interventions such as working on art projects can be effective ways for children to process exposure to domestic violence (Thompson & Trice-Black, 2012). In families where there has been violence or abuse, art can help to alter worldviews of the family and provide a way for family members to cope with the loss and grief that is associated with that violence (Sutherland, 2011).

Not only are there benefits in using Art Therapy in treating PTSD, but there are also benefits to using Art Therapy specifically with children whom are diagnosed with PTSD. Practitioners in developmental psychology and Art Therapy view drawings by children as an avenue that allows the child to express his or her own feelings. These drawings can also show a child's internal identity, and how the child fits into the family dynamic (Shiakou, 2012). "Accessing creativity through art invites the child to give form to unconscious or unknown stories, thus enabling access to these stories in a way that is heard by their family and professionals," (Manicom & Boronska, 2003, p. 223). There are characteristics in children's drawings that identify if a child has been mistreated or not. Maltreated children have a tendency to omit details or omit the primary caregiver. They are also more likely to make drawings of themselves that show they are isolated. Children whom have suffered trauma or abuse are very likely to show the traumatic event in their drawings. Children that have not been mistreated generally do not show any of these characteristics (Shiakou, 2012).

Not only do the drawings of maltreated children show valuable therapeutic information, but creative arts and shared life storybook activities help children and caregivers develop a sense of safety and emotional support, helping parents and children to tolerate the integration of traumatic memories, restore hope and help develop the ability to trust in positive emotional relationships (Kagan & Spinazzola, 2013). Because Art Therapy can be a playful process, it also has the potential to give both the child and the child's family the opportunity to be curious about their feelings, letting the child and the family members have control over the emotional direction they want to take (Manicom & Boronska, 2003). These types of activities allow the therapist and the child to approach the traumatic event in a way that is less likely to re-traumatize the child, because the traumatic event is approached in smaller, more manageable parts to be processed slowly (Stronach-Buschel, 1990). Art Therapy can also be used to reprocess the trauma in symbolic ways that are non-threatening, giving the child a sense of control over the event, and alleviating feelings of being overwhelmed or helpless (Stronach-Buschel, 1990).

Other reported advantages of using Art Therapy with children diagnosed with PTSD are that it provides an uncensored view into a child's thoughts, it's a non-verbal method for children that are still developing language skills, and it is a useful diagnostic tool for victims of trauma and sexual abuse (Yorgin et al., 2004). Making art not only has the potential to be used to reflect emotions, but also to be used as a mindfulness activity creating more self-awareness (Liefeld, 2015).

There are also physiological benefits to using Art Therapy as a mindfulness activity. In the process of using visual art to reduce stress and to increase self-reflection, the self-awareness that is practiced, has the potential to normalize heart rate, blood pressure and cortisol levels (Bolwerk, Mack-Andrick, Lang, Dorfler, & Malhofner, 2014). Individuals that have received Art

Therapy interventions following traumatic events have also been found to have more resiliencies in the brain to repair damage due to trauma (Bolwerk et al., 2014). Art activities can also have a positive effect on the immune system, and help children developmentally to understand multiple perspectives or alternative ways of thinking (Jensen, 2001).

While trauma can have a very destructive affect on behavior and the brain, arts based activities have the potential to counteract some of this damage. For a creative activity to be helpful to a client, the client must find some sense of value, purpose or meaning in the activity (Caddy, Crawford, & Page, 2012). The purpose of art making in cultures as early as 1.5 million years ago are believed to have served several crucial functions such as forming parent and child bonds, community building, honoring the dead and the formation of identity (Jensen, 2001). Art making is also thought to have advanced brain function in these early cultures as a form of communication and expression that was complementary to writing, along with being a visual way to record history (Jensen, 2001). In modern day humans, it is thought that once a client is engaged in creative activities, those activities can stimulate the growth of new neuron networks in the brain, and both sides of the brain are stimulated (Caddy et al., 2012). Brain development has the potential to affect both mental and physical health, and can not only be stimulated in a positive way, but can also be over or under-stimulated by some activities (Knoverek et al., 2013). Making and looking at art helps humans to moderate emotional responses. Making art is also a very cognitive process that involves problem-solving, critical thinking and creative thinking (Jensen, 2001).

While creative activities have the potential to create positive changes in the brain, the human brain does not distinguish between creative and scientific processes. The brain goes through the same activities for both, as both a scientist and artist often start with novel ideas;

choose tools related to the idea, and then experiment to eventually create a product (Konopka, 2014). Based on this connection, the literature suggests that if scientists, therapists and artists come together to share ideas and experiences, this collaboration could lead to new and useful forms of communication (Konopka, 2014).

Not only can the integration of art, science and therapy have great potential on communication, but also when Art Therapy is integrated with other forms of expressive therapies it has the potential to have an impact on child behavior and self-confidence. It helps children to learn to respect themselves, understand that their feelings are acceptable and how to express those feelings in a responsible way. They begin to learn to accept responsibility for themselves, become more creative when solving problems, learn self-regulation, and make better choices (Perryman, Moss, & Cochran, 2015). Research into neuroscience has also shown that trauma is a sensory experience, not a cognitive experience. Because of this, therapy interventions must include sensory activities such as drawing (Steele, 2009). There is also evidence that trauma is experienced in the mid or lower brain. These parts of the brain are responsible for emotions and survival instincts. Because traditional types of talk therapy require reason and logic, talk therapy and cognitive interventions are limited in processing the experience of trauma. (Kuban, 2015). Art Therapy allows children to externalize the sensations that they experienced from a traumatic event, making them not only aware of their feelings, but also enabling them to safely communicate their experiences (Kuban, 2015).

Discussion

Art Therapy was researched in this review as not just another type of therapy that is available, but also to help address the complex needs of children suffering from PTSD. As explained by the AATA, Art Therapy in itself is a type of counseling profession that can be used

as a stand-alone type of therapy, and Art Therapy techniques can be used in conjunction with other types of therapy to enrich a counseling experience (American Art Therapy Association Website, 2013). After reviewing this body of research I believe that Art Therapy is an effective counseling approach to use when treating children whom suffer from PTSD for several reasons. It meets children's developmental needs; specifically giving young children a voice to explain their story, when writing and talk therapy are not appropriate. It is a non-threatening way for children of all ages to express their emotions. When combined with family therapy, it has the potential to highlight communication patterns and family dynamics. Art Therapy gives a child a sense of control over a situation where they once felt helpless. Art Therapy also has the potential to repair developmental damage done to the brain as a result of a psychologically traumatizing event.

With the research in mind, I also believe there are some limitations to the use of Art Therapy in treating children with PTSD. One limitation to using art therapy with children and their families is that the research suggests a child's drawings should not be used as the main diagnostic criteria for uncovering trauma or abuse. A child's drawings should be viewed as one of several methods for the child to communicate and freely express emotions. Another limitation that is present is that inter-rater reliability between therapists, whom are interpreting projective drawings, without additional information, is limited. This also emphasizes the need to gather diagnostic information from several sources. A third limitation of using Art Therapy to treat PTSD in children is that efficacy could vary according to age groups of children, and due to a wide variety of Art Therapy techniques that are available. The level of training received by art therapists could also affect the effective use of Art Therapy.

The potential for future research concerning art therapy and treating children with PTSD, could look at the use of combination therapies. Both family therapy and play therapy were mentioned in connection to art therapy work with children, in several sources. Future research needs to expand the number of therapy types that integrate art therapy into their process, and then measure art therapy's ability to advance or detract from those types of therapies, to evaluate which ones are most likely to connect well to art therapy.

Conclusion

Many children in this country are exposed to a variety of traumatic events. It is also clear that there are life-long consequences for these traumatic events that are thrust upon these children in the form of developmental delays, physical ailments, social impairments and psychological disorders. A psychological disorder that some children suffer from, as a result of trauma, is post-traumatic distress disorder. Effectively treating children with PTSD requires a sensitive approach to their needs, due to the developmental, physical and social impairments that accompany this disorder. Treating PTSD in children is also sensitive due to the extreme nature of the original traumatizing events. The creation of art and the use of Art Therapy has been a method of healing throughout history in a variety of cultures, and has been increasingly studied and refined to help individuals process their mental health needs. Art Therapy has the potential to safely address the needs of children suffering from PTSD and trauma through its flexibility, its ability to positively affect change in the brain, and through a diversity of techniques that can be used to meet a child's individual needs.

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