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Suitability of Expressive Therapy Methods with Preschool-Aged Flood Victims

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Abstract Presented to the Faculty of the Graduate School of Lindenwood College in Partial Fulfillment of the Requirements for the Degree of Master of Art

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This project presents an expressive therapy program with preschool-aged victims of a natural disaster. Primary process level communication is discussed as the underlying mechanism in the expressive therapy process. The suitability of expressive therapy methods is examined through informal interviews with parents and teachers, observations by the program facilitator, and the products the children created. The expressive therapy procedure was shown to be suitable for this age group. The results which showed expressive therapy methods to be suitable with preschool-aged victims of a flood were that the children reacted to the expressive therapy methods with enthusiasm, changes in behaviors, and increased creativity. Additionally, the results support the theory that expressive therapy allows the communication of potentially overwhelming psychic material encased in the primary process. The expressive therapy procedures allowed three children to communicate their experience of physical and sexual abuse. The conclusion reached in the project was that expressive therapy methods are suitable for

preschool-aged victims of a flood. Future research could be directed toward follow-up evaluation to assess the longevity of the observed responses.

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Culminating Project Presented to the Faculty of the Graduate School of Lindenwood College in Partial Fulfillment of the Requirements for the Degree of Master of Art

1988

To Becky and B. J. Beeson Gerhard,

my children, my best teachers.

Yes, Becky and B. J.,

one person can make a difference.

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I would like to recognize and thank those persons who have supported me through this academic achievement. Dean Dan Keck bore witness to the integrity required of each of us in our personal and professional lives. He is simply a man who does what he says he does. Harry Bradley, instructor and guide, modelled the patient tenacity necessary to achieve what one desires. His task may have been the most difficult one. And, Ed Harris, the therapist-teacher, whose lesson and challenge to live-in-process still urges me on to discover and experiment with the possibilities.

At the center of this project are the 36 little children who embraced me and allowed me to embrace them. I am grateful for the opportunities they offered me to travel on the backs of their magic creatures and share their discoveries, laughter and pain.

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Chapter One: Introduction

In October 1986, the northern penisula of St. Charles County, Missouri was severely flooded. In response, Four County Mental Health Services, the local community mental health center, received federal funding to provide disaster recovery services to flood victims. Deriving a strategy from the National Institute of Mental Health (NIMH) literature on disaster recovery Four County Mental Health Services established Project Recovery. Project Recovery, a short-term disaster recovery program, was designed to provide counseling and education programs to populations at risk for developing post-disaster psychological problems. The program developed under the auspices of Project Recovery to provide disaster recovery services to young children was named Unicorn.

Project Recovery staff identified young children as the target population for counseling and education services. This identification was based, in part, on an evaluation of children who had experienced the flood. The evaluation (Four County Mental Health Services, 1986) stated that many of the children lost homes and possessions. Most experienced evacuation and resettlement into emergency shelters. Some of the poorer children lived in make-shift

housing such as automobiles, tents, and abandoned house trailers. Poorer families tended to remain transient for several months following the flood. Most children were required to change school districts and also experienced increased stress and conflict within their families.

The decision to direct the delivery of counseling and education services to young children was also supported by NIMH field studies. Case studies of disaster recovery fieldwork conducted by NIMH identified young children as being at-risk for development of post-disaster traumata. One such study (NIMH, 1986a) identified common psychological effects of natural disasters upon children. The affects identified included an increase in irrational fears, fears specific to the type of disaster (e.g. fear of water following a flood), difficulties in concentrating and performing previously acquired skills, difficulty with peers, depression, somatic complaints, night terrors, withdrawal from friends, and a marked increase in aggressive behaviors.

NIMH field studies have identified expressive therapy as the intervention of choice for helping children work through these common effects (NIMH, 1978, 1986a, 1986b). Following the NIMH model, Unicorn was designed as an expressive therapy program

for preschool-aged victims of a flood. Expressive therapy refers to a creative arts approach to depth-oriented psychotherapy (Robbins, 1986). Reportedly, the effectiveness of this type of therapy lies in the process which occurs as a result of expressive play (Robbins, 1986). Therefore, it is important to examine the suitability of expressive therapy methods for preschool-aged victims of a flood.

Statement of Purpose

The purpose of this project was to examine the suitability of expressive therapy methods with preschool-aged victims of a flood. The examination of the suitability of expressive therapy methods with preschool-aged victims may help to further establish expressive therapy as an appropriate intervention with young children.

Chapter Two: Literature Review

Symptoms of Post-disaster Traumata in Children

NIMH field studies (1986a) identified the two most frequent symptoms of emotional distress that occur in children following a natural disaster. One symptom identified was a change in a child's typical behavior, as would be seen in a shift from normally passive behavior to predictably aggressive behavior. Regression was the other symptom identified. Regression refers to a return to behaviors associated with an earlier phase of development, e.g. thumb sucking or bed wetting. The NIMH studies (1986a) also state that these symptoms may appear immediately following the disaster or after several days or even weeks.

Another field study (NIMH, 1978) identified children as a high risk group for developing psychological difficulties after experiencing a natural disaster. The study makes clear that younger children and senior citizens, when compared to the general population in disaster situations, are subject to significantly higher rates of fatalities and to greater proportions of emotional and physical traumata.

This NIMH study (1978) regards regressive

behaviors as the most characteristic expression of post-disaster emotional traumata in young chidren of 18 months through 14 years of age. Regressive behavior in preschoolers, 18 months through four years of age, is commonly expressed in thumbsucking, bedwetting, old fears of the darkness and animals, night terrors, clinging to parents, and loss of bladder control. These behaviors are understood as expressions of anxiety surrounding the loss of the child's secure environment. Children, in the age range from five through 11 years, typically manifest post-disaster emotional conflict in regressive behaviors such as refusal to attend school, withdrawal from others, loss of interest in daily activities, inability to concentrate, and an increase in aggressive behaviors. According to this study (NIMH, 1978) emotional conflict in the preadolescent, 12 years through 14 years, is commonly manifested in sleep disturbances. Other symptoms in the preadolescent include rebellion in the home, misbehavior at school, fighting, withdrawal, loss of interest in daily activities, and a need for excessive attention. Preadolescents also exhibit somatic complaints such as headaches, vague aches and pains, skin eruptions, and bowel problems.

Two of the NIMH studies (NIMH, 1978; 1986a)

indicate that the emotional impacts of natural disasters upon children stem from the loss of a predictable and secure environment, fears and anxieties directly associated with the disaster experience, and subsequent experience of loss. Regressive behavior is a characteristic symptom of post-disaster emotional conflict in children from 18 months through 14 years of age.

Interventions in Disaster Recovery with Children

A NIMH study (1978) states that relief of emotional conflict, for children in each age group is to some extent dependent upon the attitudes and behaviors of parents and other adults. The study states that the most helpful adult attitudes and behaviors are those directed at reestablishing the child's sense of a secure environment. Specifically, it cites helpful adult attitudes as being those which are directed at decreasing tensions, anxieties, and possible guilt feelings. Adults, according to the study, can achieve this by providing a resumption of routine as soon as possible, by involving children in activities which enhance their diminished sense of mastery, and by a temporary relaxation of behavior expectations accompanied with a clear intent to return to established expectations as soon as possible.

The study (NIMH, 1978) supports expressive

therapy as the intervention of choice with children 18 months through 14 years of age. It states:

> Verbal expressions of thoughts and feelings about the disaster is necessary for every age group. This can occur individually, but is especially effective with groups of children. Children need to be provided opportunities and encouragment for the expression of emotions through play activity, e.g. finger painting, clay modelling, physical reenactment of the disaster. (p. 28)

The study (NIMH, 1978) emphasizes the importance of peer reactions to the preadolescent. The preadolescent requires friends' approval and acceptance. The child needs to feel that his fears and anxieties are appropriate and shared by his peers. The author states that group discussions and group activities which allow the preadolescent to experience acceptance in a peer group, whose members have similar fears and anxieties, are effective interventions.

According to this study (NIMH, 1978) the intervention of choice for preadolescents is expressive therapy combined with individual and group discussions led by adults. Optimally, such groups should be directed toward the expression of thoughts and feelings associated with the disaster experience.

According to another field study (NIMH, 1986a), play therapy and group sessions are effective in helping children work through their troubled feelings following a natural disaster. Describing play as

one of the natural modes of communication, the authors state that the fantasies verbalized in play often reveal information about the psychological processes at the root of a child's problems. Following a disaster, play often reflects a child's experience. Drawings and stories reflect a child's perception of the disaster and especially its emotional impacts upon him or her.

This NIMH study (1986a) suggests that children use play therapeutically, describing play as an "expressive avenue" (p. 29). The study states that play discharges feelings that have been bottled up following a natural disaster. This study suggests that group sessions constitute a familiar experience for children because of their daily classroom experience. It also states that children find it easier to relate to each other than to adults. Therefore, they more easily discuss their feelings within a peer group. Ideally, these peer groups are facilitated in a democratic manner by an adult. The study points to group intervention with children as especially useful for therapeutic expression because many are able to express their fears and anxieties to the degree they find reassurance that peers have similar experiences.

The NIMH publication Innovations in Mental Health

Services to Disaster Victims (1986b), edited by Mary Lystad, suggests age-specific interventions for children in disaster recovery. The expressive therapy interventions identified for preschoolers are: drawing, storytelling by children and by adults, coloring books on loss and disaster, dolls, toy play, group games, creating dramas, and talking about disaster safety and self-protection.

In summary, NIMH literature on disaster recovery with children identifies expressive therapy as the intervention of choice. Group therapy is viewed as the optimum vehicle for expressive therapy because of the children's familiarity with group settings in school. Group work is also viewed as an ideal vehicle for reassuring the children that their experiences and feelings are shared by peers.

Expressive Therapy

Robbins (1986) states "expressive therapy is psychoanalytic in perspective, in its use and understanding of mental structure, transference, and psychic development; it is field oriented in its approach to space and energy, and holistic and humanistic in philosophy" (p. 14).

According to Robbins (1986) expressive therapy naturally encourages the child to work through developmental issues at the non-verbal, primary

process level out of which the young child typically functions (1986). Robbins states that a shift from traditional psychoanalysis is inherent in expressive therapy. From the point of view of expressive therapy not everything can or should be converted into words. Internal conflict, unintegrated affective experience, and potentially overwhelming psychic material can be communicated and made accessible for diagnosis and intervention through the conscious productions of the mind and body (1986). The creative products to which Robbins refers are the observable results of endeavors such as playing, writing, singing, dancing, fantasizing, drawing, etc.

Primary Processing Related to Expressive Therapy

Horowitz (1983) states that fantasies, dreams, images, art, and play are the organizers of the primary process and contain the raw affects of our inner experience. He states that the function of expressive therapy is to form a link between primary and secondary processing, between discursive and nondiscursive language.

Developmentally, primary process precedes secondary process thought. According to Horowitz (1983) the principal feature of primary process thought is:

> ...its directness: the motives cannot be tolerated for long, they cannot be modulated, some kind of response is imperative, and the response need not be realistic...The principal influence of the primary process is immediate gratification by any means without detour or extended planning. These qualities lend it [primary processing] an orientation toward more pleasure, less pain, and neither too much or too little tension. The adherence of ideas and feeling to word labels, images and enaction is loose in primary process thought, more adherent in secondary process. (p. 98)

Horowitz (1983) points out that the secondary process forms of thought regulation are imposed gradually upon the primary process as the child develops. The central characteristics which differentiate secondary process from primary process are reality testing, ability to delay, and organizational ability.

According to Horowitz (1983), three features of primary process forms of thought are condensation, displacement, and symbolization. Horowitz defines condensation as the "compression of several latent meanings into a single manifest image" (p. 100). Condensation refers to allowing a part to stand for the whole. Usually condensation involves an active process in which meanings are combined into a composite. Displacement refers to a mechanism in which an unimportant idea or feeling is accentuated

and an important idea or feeling is minimized. The purpose of displacement is to disguise material in order to avoid censorship. Symbolization is defined by Horowitz as a process by which one object, feeling, or situation may be chosen to signify another. According to Horowitz symbolization may be used for reasons of relevance, disguise, or because the idea or feeling is easy to visualize.

Primary processing is viewed by Robbins (1986) as promoting self-continuity and identity and as available through the conscious productions of the mind and body. Robbins states that primary and secondary process communications are expressed through different cognitive modes. Prmary process thinking occurs essentially from a right hemisphere orientation which is more spatial and holistic, in contrast to the left hemisphere mode which is more linear and analytic. Robbins views expressive therapy as able to provide a link between primary process, nondiscursive communication and secondary process, discursive communication. Nondiscursive communication refers to the creative productions of the mind and body which originate, in part, in the unconscious. Utilizing visual and auditory images which are presented spatially, or simultaneously, these productions acquire inner meaning over time and

experience. Discursive communication is the product of the rational, linear mind presented in time according to the rules of spoken language, grammar, and syntax. The goal of expressive therapy is to provide a means through which material encased in the primary process, nondiscsursive communication level may be delivered to the secondary process, discursive communication level for the purpose of diagnosis and treatment.

Robbins (1986) states that the conscious productions of the mind and body created in expressive therapy function as the link between primary and secondary thought regulation. Robbins suggests that a child manifesting regression in service of the ego, for example, is functioning more readily out of the primary process level. Through expressive therapy such a child is provided the means to communicate directly from the primary process level from which she or he is functioning. The communication occurs through the expression and interpretation of the conscious productions created in the therapeutic environment.

Expressive Therapy Employed with Children

Expressive Therapy is viewed as a particularily effective intervention with young children (18 months through 5 years of age) because of its capacity for

raising awareness of affect while processing psychological material encased in the primary process, preverbal level (Rhyne, 1984; Zinker, 1977). Rhyne (1984), a Gestaltist specializing in the art modality of expressive therapy, asserts that this type of therapeutic intervention is ideally suited to children. She states that expressive therapy is a natural means for children to work through fear, to begin looking at what has been repressed and to integrate disowned parts of the personality. Rhyne states that the playfulness of the expressive therapy process is a gentle, affirming, yet revealing encounter with the self. She views expressive therapy to be theoretically and clinically suited to therapeutic work with children. In Rhyne's discussion of what makes expressive therapy so well suited to children, she describes the child functioning out of the primary process:

> Healthy children are natural gestalitsts--they live in the present; give full attention to what they are doing; do what they want to do; trust their own experiential data; and until they are trained out of it, they know what they know with direct simplicity and accuracy. (p.9)

Imagination and Creativity in Expressive Therapy

Robbins and Luongo (1986) view creativity and imagination in expressive therapy as:

> ...the ability to bring something new into existence. Because as human beings, we are not able to make something out of nothing, the human act of creation involves a reshaping of given

> materials, whether physical or mental. This something new is a form made by rearrangement, integration, or juxtaposition of continuous and discontinuous elements hidden in mind and matter. The creative act is the constitution, regeneration, and transformation of what already exists. The creative analyst views imagination as an affirmation of positive self-esteem. The expression of imagery in one's life facilitates an integration of inner and outer reality that makes the creative act synonymous with the experience of self-affirmation. (p. 96)

Robbins and Luango (1986) state that imagery is a primary process activity, like play, which forms a gestalt through the "playful disguises of symbolization, displacement, and condensation" (p. 98). The authors state that imagery allows a protective distance from painful emotions surrounding unassimilated material. The authors state, "In the free, structured environment of the therapeutic relationship, the use of imagery functions as a safety valve through which reality can be assimilated" (p. 102). The authors describe how imagery functions in the healing process:

> The image joins and transforms the conflict toward assimilation and primary/secondary process integrations. The metaphorical image, as symbol, formulates an expression of the wordless. It functions as a vehicle for reality testing and focuses on differentiating between fantasy and imagination. (p.103)

Robbins and Luango (1986) present imagery as a primary process activity and form of play, which

can be used to create a gestalt of inner experience and transform the inner experience into material available for secondary processing. As such they suggest that imagery has the potential to function as a catalyst for integration between primary and secondary processing. They also state that there is a link between creative imagination and positive self-esteem. According to Robbins and Luango the creative process encourages the tranformation of existing emotional conflict into an integrated experience.

Horowitz (1983) states that image formation is closely linked to emotions. In the person for whom this linkage has been dissolved, images are produced without associated feeling. Horowitz suggests that image formation moves a person toward expression of repressed or restrained emotions. He states that once the conflicted feelings are expressed and labeled, the material can be processed rationally. Within the security of labels, powerful feelings and ideas can be conceptually reworked.

Horowitz (1983) also discusses art and visualization in in the therapeutic process. He states that drawing or painting pictures furthers the expression of emotional ideas. He asserts that the construction of pictures can stimulate internal image

formation which in turn builds dimensions in the external images. The resulting external image can be utilized for therapeutic assessment and intervention. Horowitz presents a survey of directed imagery techniques. He states that in the directed daydream technique the therapist encourages a flow of images and then suggests content material. As a storyline emerges the therapist suggests various maneuvers that the patient may use to change the image contents.

Image evocation according to Horowitz (1983) may be used as a "diagnostic exploratoary procedure" (p. 293). A theme is suggested to the client in a manner similar to the visual stimuli used in projective psychological testing. He states that themes to be visualized by the client may include important persons, the self in various situations, or associations to certain emotional states.

Further Horowitz (1983) suggests:

> Image instruction techniques...may have the unspoken effect of encouraging the patient to gain control over image formation. They may motivate the patient to a maximum regulatory effort so that his thinking is less dominated by unbidden images and more occupied by the images suggested by the therapist. By telling the patient what to image, the therapist is also communicating that the patient can gain control of his own image formation and thus be free either to image or not image certain contents. (p. 274)

Horowitz (1983) offers a brief comparison betwen Gestalt intentional imagining and the psychodynamic therapist's use of imagery:

> Gestalt therapists usually do not interpret: instead they act in such a way as to propel the patient toward clear expression of emotions and thoughts. When defensive maneuvers obstruct this goal, they push through or go around them. In contrast, the major activity of a dynamic therapist is interetation of the defense, the threat, the warded off contents, and their transactional significance. (p. 295)

Horowitz (1983) does not think that image techniques have intrinsic curative properties, but views them as tools to be selected for specific goals. According to Horowitz these goals may include: (a) to complete a train of thought which has been intrusively repetitive; (b) to reach closure on an interpersonal transaction; (c) to resume a developmental line that has been arrested or distorted; (d) to change lines of self-regulation, e.g. modifying habitual defensive distortions or deficits of information processing; (e) to change habitual styles of expression and defense; and (f) to modify or expand specific behaviors.

In summary, expressive therapy is viewed as being theoretically and clinically suited to work with children. Expressive therapy is effective as

an intervention with children because (a) psychic material encased in the primary process is able to find expression through the conscious productions of the mind and body, (b) these products are then available for diagnosis and intervention, (c) a protective distancing from potentially overwhelming psychic material is provided by the playful, creative arts approach used, and (d) the use of imagination and creative acts are inherently empowering.

Chapter Three: An Expressive Therapy Program In Disaster Recovery With Children

Unicorn, a disaster recovery program for children, was implemented with preschool-aged victims of a major flood which occurred in St. Charles County, Missouri. The program was designed to provide short-term intervention to children in processing the emotional traumata associated with a natural disaster. The program was also designed to identify participants in need of on-going counseling and to function as a referral source for those individuals. Expressive therapy was employed as the intervention of choice for processing emotional traumata and identifying children requiring on-going counseling. Unicorn was implemented with 36 students in a Headstart program.

Procedures

Interviews with Parents and Teaching Staff

In order to reduce the negative emotional affects following a natural disaster, a very fast response by mental health providers is necessary. This response includes quickly assessing at-risk populations, and providing them short-term counseling, assessment, and referral services. Because of the need for a quick response imposed by the nature of disaster recovery programs, the informal interview and educational meeting are heavily relied upon for needs assessment and program evaluation.

Informal interviews with parents were conducted by the program facilitator and occurred before, during, and after the program. These informal interviews with parents were used to introduce

the facilitator and the program. All interviews were informal and conversational. In addition, parents of participants were contacted at least once during the program by phone.

The Headstart teaching staff initially included a director with a master's degree in early child development, three certified preschool teachers, and three nondegreed teacher aides. The teaching staff was interviewed as a group two times prior to the program. These interviews were held to assess staff observation of behavior change in students following the flood and staff understanding of the potential effects of the flood upon the students.

Parent and Teaching Staff Education Meetings

A two-hour education meeting with parents of participants was held two weeks prior to programming. The meeting was held to inform parents about the Unicorn program, to teach post-disaster symptomology in children, and to assess the emotional impact of the flood upon the participants' families. An open discussion followed in which parents shared their experiences and concerns regarding the flood's impacts upon their lives.

Three in-service sessions were held before the program began, and one was held during the third

week of the five week program. The first sessions focussed on training staff in post-disaster symptomology in preschoolers, and on reviewing coping strategies helpful to children after a disaster. The Unicorn program was described and implementation procedures discussed. The third session with staff involved reviewing the program sessions and discussing the observable changes in students' behavior.

Subjects

The subjects who participated in the Unicorn program were 36 4- and 5- year-old Headstart students. Of the 36 participants there were 19 males and 17 females. Children qualify for Headstart, a federally funded program, on the basis of family income. The flood directly affected 32 of the 36 participants. Most of the children came from single-parent or blended family systems.

Unicorn Staff

The Unicorn staff consisted of the program facilitator who was assisted during most program sessions by one of the Headstart teacher aides. The teacher aide assisted with tasks such as distributing materials, clean-up, etc. The program facilitator was a second-year graduate student in counseling psychology, hired to design and implement the disaster recovery program based upon previous work experience. A certified teacher, the facilitator's work experience included five years of classroom teaching in grades 6-12. In addition, she had worked for eight years in community mental health programs, designing

and implementing psycho-educational programs for children and adults.

Program Structure

The Unicorn program occurred over a five week-period. Four groups of nine children met for 45-minute sessions. Each group had a total of 10 sessions each week. Groups met in the Headstart classrooms. All the methods used in this project and described below were developed by the program facilitator who drew from her experience with educational methods for children. The program theme, "Becoming a Magic Clown" was introduced to each group during the initial sessions, and it functioned as a unifying construct around which the children could integrate their experience in the program. Positive reinforcement continued this same magic clown theme. At the end of the second session of each week every participant's face was painted with part of a clown's face, e.g. smile, eyes, nose. The cumulative result achieved by the end of program was a complete, painted clown's face. Most of the expressive therapy methods used were also introduced either as part of learning to become a clown or learning one's own magic.

Each session was divided into three segments of fifteen minutes. The first segment was used to learn and practice differentiation of affect through the use of the feeling clock (see Figure 1). The second segment of each session was used to assist the children in knowing and feeling how the flood experience affected them. Expressive therapy methods used in

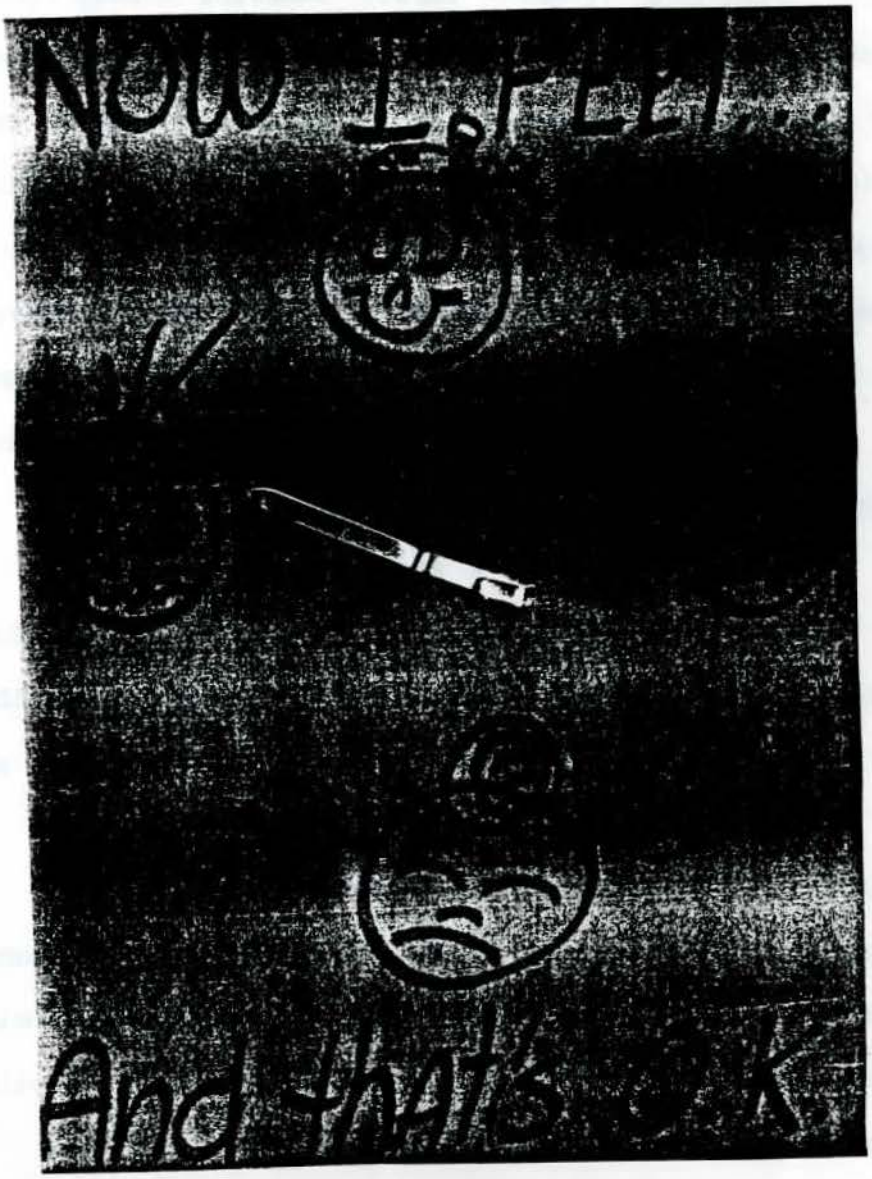

Figure 1,
Feeling Clock,
used to practice
identification and
differentiation
of affect.

these segments included guided imagery, puppetry, intentional imagining, and relaxation techniques. The third segment of each session was designed to encourage participants to produce external expressions of internal conflict, and the resolution or change in the internal conflict as it occurred. Expressive therapy methods used in the third segments included completion dramas with puppets or storytelling, self-portraits, magic creature drawings, and magic coloring books.

Referral of Program Participants to Community Counselors

During the last two weeks of the Unicorn program, 7 children were referred to community counselors for family and/or individual counseling. Permission to release information was received from parents of each child referred.

Program Evaluation

The National Institute of Mental Health (NIMH) representative responsible for overseeing Project Recovery's Unicorn program made a site visit several weeks following program delivery. He viewed a 45-minute video taping of program sessions.

Four County Mental Health Services produced an evaluation form for Headstart staff. Evaluation forms were given to Headstart staff during the last week of programming.

Expressive Therapy as Implemented in Unicorn

Guided Imagery/Intentional Imagining

The subjects were introduced to guided imagery in the second session. The facilitator asked the children if they would like

to go on a magical adventure. They were instructed to stretch out on their backs, close their eyes, and begin deep breathing exercises as modelled by the facilitator. As the children's breathing slowed into a regular pattern, they were asked to tense and relax the major muscle groups. In the early sessions, the relaxation exercises were emphasized until the children could move into a relaxed state with minimal instruction.

The next phase of the guided imagery involved the facilitator's creation of a framework in which each child could actively imagine himself or herself accomplishing feats, solving problems, and so on. The framework for the guided imagery was created by deep relaxation and introduction of images which described a journey, encounter, or event. As the children learned the skills of relaxation and intentional use of imagination (Zinker, 1977), they were required to create larger portions of the exercise themselves.

The subjects were led out of the guided imagery through a reversal of the same images. As the progression of images occurred, the children were asked to stretch their muscles until they arrived back in the schoolroom. They were then directed to draw magic creatures or draw in their magic coloring books.

In order to be able to intentionally imagine, the children had to achieve a certain level of relaxation (Arieti, 1976; Horowitz, 1983). Guided imagery functioned as an incentive to achieve relaxation to the extent the children were motivated

to experience what was being suggested. It also was the method used to teach relaxation skills and synthesize the subjects' creative imagining into language or pictures. Self-esteem appeared to be encouraged by the discovery and group affirmation of inner resources of the self the children demonstrated. Self-esteem would also appear to be enhanced as a natural result of the success experienced in learning to use relaxation skills and in sharing and being accepted within a peer group.

The Gestalt technique of intentional imagining (Perls, Hefferline, & Goodman, 1980) is also considered to have the potential to rebuild a child's sense of mastery, or competence, which is seen to be typically undermined after a disaster experience. Intentional imagining was employed in the puppet dramas to encourage a renewed sense of mastery in the participants. The action of the puppet play was directed just up to the point of the climax. With the problem of the story clearly posed, the children were directed into active imagining in order to arrive at a possible solution. Each child then shared his or her solution and it was "tested" by being acted out in the puppet play.

Further, research suggests that employing imagination and relaxation techniques independently may increase a child's sense of power, control, and competency (Robbins, 1986). The subjects were asked to practice the relaxation and active imagining at home. Parents had been informed during the information meeting that their child would be practicing relaxation and intentional imagining at home. Parents were encouraged to support their

child's efforts in these areas. To the extent that the children chose to use intentional imagination and relaxation techniques, it would appear that they were involved in autonomously increasing their sense of power, control, and competency. All of the above (power, control, competency) have been shown to be affected following a natural disaster (NIMH, 1986a).

Puppet Dramas

Puppet dramas were used in 8 of 10 sessions, almost exclusively for the purpose of working through the polarity of aggression/ passivity. The increase in aggressive behaviors identified by Headstart staff and parents in pre-program interviews was expected based on field research in disaster recovery (NIMH, 1986a). The increase in aggressive behaviors was attributed largely to the emotional impacts of the flood. The underlying issues determining this behavior change were understood as a sense of powerlessness unresolved grief, and maladjustment to change (NIMH, 1986a).

Puppetry was selected as the method of choice to work on these issues because of its ability to allow movement of unconscious material into the conscious level through experiential means (Robbins, 1986). Once preconscious material was literally acted out, it could be further manifested in concrete art form. In Gestalt therapy, assertive skill training is viewed as developing a middle ground between aggression and passivity, or increasing the behavior choices available to the individual (Perls, Hefferline, & Goodman, 1980). The Gestaltist directs the client

to experience the adopted polarity in order to increase direct awareness of the behavior. Increased awareness is thought to lead to a greater possibility of behavior change (Perls, Hefferline, & Goodman, 1980). Based on this theory, a mouse and monster puppet (see Figures 2 and 3) were created to express the polarities of aggression/passivity and power/powerlessness. The mouse and the monster puppets were also used to demonstrate the connection between anger, fear, and powerlessness (Jakubowski & Lange, 1978).

Puppet dramas were used in the following ways: (a) storytelling, (b) character completion stories, and (c) group completion stories. Storytelling puppetry refers to the facilitator directing the content and action of a story. The participants direct their puppet character's dramatic action according to the storyline. In the character completion method, the facilitator introduced the story's conflicts and setting and each participant chose how to direct his or her puppet's action to complete the story. Group completion dramas worked similarly. The primary difference between the group and individual completion stories was the need for group consensus to direct the completion of the story.

Self-Portraits

Participants were asked to draw self-portraits during the first and eighth program sessions. They were given crayons and paper and asked to draw themselves. When the task had been completed, participants were asked to describe their drawings to the group. The self-portraits were used to assess self-concept

Figure 2, Mouse Puppet,
used as the passive polarity
in the puppet dramas.

Figure 3, Monster Puppet,
used as the aggressive polarity
in the puppet dramas.

at the beginning and end of the program.

Magic Creature Drawings

The magic creature drawings were completed immediately following two of the guided imagery exercises. The magic creature acquired the characteristics of the children's ideal friend and the magic qualities the children would have liked to possess. After sharing verbal descriptions of the magic creatures, the children were asked to draw their creatures.

Magic Coloring Book

The children were given blank books of drawing paper referred to as magic coloring books. The facilitator introduced the book by asking the children if they liked her magic pictures, which were invisible. When the children claimed they saw only blank pages, the facilitator demonstrated how to color the pictures in so that they could be seen. So motivated, the children made their own magic pictures (internal images) visible by coloring them. The book was used at the end of each session as a summary of the day's work. The collection of pictures was used to assess internal conflict and to process existing emotional traumata associated with the flood.

Chapter Four: Results

The purpose of this project was to examine the suitability of expressive therapy methods with preschool-aged victims of a flood. The program, Unicorn, was implemented to provide disaster recovery services to young victims of a major flood. Natural disasters strike without warning creating havoc within the communities affected. Victims are subject to evacuation, loss of property, and loss of jobs. Typically, the poor are most severely affected by natural disasters and may require several months to years to recover from material losses (NIMH, 1986).

Because of the nature of the effects of disaster recovery, providing mental health services to natural disaster victims necessitates speedy assessment and intervention. To respond to the need to implement services quickly, community organizations and informal interviews are heavily relied upon in the planning and evaluation of services. Disaster recovery programs are usually established within existing community organizations already familiar with the populations affected. The potential for quantitative program evaluation is minimal especially due to the transience typically occurring among natural disaster victims

(NIMH, 1986). In short, the physical and material needs of disaster victims take precedence over psychological needs. This fact imposes limits upon mental health programs in disaster recovery. Essentially, it requires the mental health provider adapt program planning, procedures and evaluation to the victims' existing environment.

The analysis of the suitability of expressive therapy methods with preschool-aged victims of a flood was based upon (a) informal interviews with parents and teachers, (b) observation of participants by Unicorn staff, and (c) the products which the participants created. Special attention was given to the potential of expressive therapy for assessment of psychological conflict suggesting the need for long-term treatment, such as physical and sexual abuse. This analysis also involved an attempt to understand environmental influences acting upon participants, particularly from the home and school.

Findings

Initial Interviews with Parents and Headstart Staff

Interviews with parents and Headstart staff prior to programming supported the agency's initial assessment that young children were experiencing

emotional difficulties due to their flood experience, (Four County Mental Health Services, 1987). Parents and teachers identified a marked increase in the children's aggressive behaviors, somatic complaints, regressive behaviors, and difficulty concentrating and completing tasks following the flood. Parents witnessed their children experiencing night terrors, fear of water, and anxiety about weather conditions. Some parents noted their children being concerned about the safety of buildings. Most of the children experienced fear of abandonment. This fear exhibited itself in an unwillingness to be separated from parents to participate in regular activities such as school attendance, sleeping alone, and visiting relatives. Four of the parents described intense conflict occurring in their families following the flood.

Additionally, Headstart staff noted increased interpersonal difficulties among the children after the flood. Teachers also identified children whose behavior changed from withdrawn to aggressive and vice versa. The Headstart director noted that teachers were having difficulty coping with the increase in aggressive behaviors among the children. These behaviors were described by

Headstart staff as including biting, hitting, hair pulling, spitting, cursing, physical fights with other children, and physical aggressiveness with teachers.

Interviews with Parents and Headstart Staff During Unicorn

Parents of participants with phones were contacted at least once during the Unicorn program. Several parents met informally with Unicorn staff when they dropped off or picked up their child from Headstart. The Unicorn facilitator met with three parents for 30-minute sessions for the purpose of referring participants for long-term therapy.

Phone contacts occurred with approximately two-thirds of participants' parents. Most parents showed little interest in their child's participation in the program. Many parents remarked about the difficulty which they experienced in disciplining their child. Each parent contacted discussed the impact of the flood upon his or her family. A minority of the parents discussed their child's reaction to the Unicorn program. These parents were aware of and interested in the feeling clock and stated how they were using the clock at home with their child. These same

parents expressed curiosity about active imagining which their children had discussed with them. There were five parents who could not be contacted during or after the Unicorn program.

Informal interviews and working staff sessions with Headstart teachers provided ongoing evaluation of the effects of the Unicorn program upon the children. During the first three weeks of the program, Headstart staff identified a decrease in aggressive behaviors in the children they initially identified as being overly aggressive. They also stated that they observed the children who had become very withdrawn after the flood as initiating more contact with other children and their teachers. The teachers requested that Unicorn be extended for longer periods of the half-day school schedule and occur more frequently than two days a week. Due to the Headstart schedule Unicorn could not be extended. The teachers requested and received additional training in using some of the Unicorn methods, particularily the feeling clock, active imagining, and drawing. As a group the teachers decided to use the theme of "Becoming A Magic Clown" in the regular classroom program. They stated that they were able to retain a more positive attitude toward

the children's behavior when applying these methods. The teachers focussed almost exclusively upon the aggression they witnessed with the children. However, they did state that they used these same methods with the children who had become withdrawn and stated that they felt more comfortable working with the children using these methods.

Environmental Influences, School and Home

The Unicorn program was implemented within the existing Headstart schedule. The Headstart director stated that several staff members resigned from their positions immediately following the flood. Two resignations occurred because the teachers had themselves experienced loss of property and moved out of the St. Charles area. According to the director two more staff members resigned six weeks after the flood citing the children's unmanageable behavior as the reason. Staff resignations continued, resulting in an entirely new staff being hired before the end of the Unicorn program. Of the 7 Headstart staff employed during the spring term following the flood, only the director and one teacher's aide remained for the length of the school year.

The director and the aide resigned from the program at the end of the school year.

Unicorn participants came from poor families residing in low-income housing available on the floodplain. Parents described the effects of the flood upon their lives as exacerbating existing financial and emotional difficulties. The director of the St. Charles Salavation Army provided temporary living quarters, clothing, and food to flood victims. She stated that the majority of persons provided services by her agency throughout the year were residents of the floodplain. She also stated that she saw the major result of the flood upon these individuals as increasing their sense of powerlessness and intensifying family conflicts.

Results of Expressive Therapy Process

The results of the examination of the suitability of expressive therapy for preschool-aged victims of a flood are based on the observations of the Unicorn staff. These observations are supported in some instances by parent and staff observations and the participants' creative products. The observations were consistent with the findings of research on children who have experienced natural disasters.

Guided Imagery/Intentional Imagining

Approximately 30 of the 36 children appeared to achieve relaxation through guided imagery and intentional imagining exercises. Eight parents reported their child using guided imagery and intentional imagining exercises at home. Robbins (1986) suggests that children who are able to intentionally imagine are autonomously increasing their sense of power, control, and competency. Initially, the children expressed disbelief and varying degrees of resistance when asked to join the facilitator in the guided imagery exercises.

Children became more receptive to the guided imagery and intentional imagining when they were emphasized as being magic journeys through which they might learn to exercise some of their own magic. This also exemplifies the benefit of having established the theme of "Becoming A Magic Clown". The theme allowed expressive therapy methods to be communicated to the children at their own level of comprehension. Further, the theme created a unifying context for each of the expressive therapy methods employed. By the fourth week of the Unicorn program children were requesting that guided imagery and intentional imagining be included in each session.

Children expressed wonder at their ability to journey inward and pride in their competence in

reaching alternative solutions to problems. The most popular guided imagery exercise became meeting their magic creature. Children verbalized feeling as if they had a constant companion with them. Unicorn staff viewed the children's positive response as suggesting the children's self-esteem, sense of competency and powerfulness were being positively effected. This view is supported by Robbins (1986).

Intentional imagining exercises were used primarily to help the children arrive at solutions to conflicts posed in the puppet dramas. After this method was introduced and used once, children independently requested it be used to help solve problems. These independent requests were viewed as suggesting that the children experienced intentional imagining as assisting them with problem solving. Their expressed belief in their ability to arrive at solutions themselves was not apparent in the initial sessions. The intentional imagining exercises appeared to enhance many of the children's sense of competency, self-esteem, and powerfulness.

Puppet Dramas

The increase in aggressive behaviors observed in the children prior to the Unicorn program was observed as diminishing noticeably by the third week of programming. These observations were made by

Headstart teachers, parents, and Unicorn staff. It appeared that the puppet dramas which worked almost exclusively on aggression were to some degree helpful in achieving this decrease. During the first two sessions of the Unicorn program the most aggressive children bit, hit, spit at, and pulled the hair of both the other children and the facilitator. The puppets used in the dramas were a mouse and a monster, symbolizing passivity and aggression. By the third session each child was able to demonstrate the difference between aggressive and passive behavior using the mouse and monster puppets. By the sixth session most children were successfully demonstrating assertive behavior options within the puppet dramas.

During the first sessions children were observed repeatedly dramatizing a pattern in which the physically and verbally aggressive monster puppet always won. Children appeared to identify with the mouse puppet in these first dramatizations. When asked to show how each felt about the mouse following such a demonstration the children responded, using their feeling clocks. The emotion they expressed was sadness. It was noted that one girl became tearful during each puppet drama and withdrew from the group. One boy refused to call the puppets mouse and monster after the first few dramas, and he began

calling the monster his father and the mouse his mother.

During the fourth session children were led in a completion drama during which the conflict within the mouse was posed, (e.g. if the mouse physically attacked the monster, he would lose; if the mouse ran to hide in his hole he would not be able to eat). The children were led into an active imagining exercise to arrive at another solution for the mouse in which mouse would be able to eat without being beaten. The result was that for the next couple of sessions the mouse won each conflict. The solutions tested out in the puppet drama included the mouse using his magic to become stronger or otherwise more powerful than the monster, and the mouse outwitting the monster by being smaller but smarter. The children showed much enthusiasm when they dramatized the mouse winning. The girl who had withdrawn from the group in earlier session was prolific in her creation of ways for the mouse to win. The boy who had apparently dramatized his relationship with his father in earlier sessions withdrew and grew quiet when the mouse began to win.

In the last two sessions in which puppet dramas were used, the children discovered age-appropriate assertive solutions to the mouse puppet's continuing

struggle. Those age-appropriate solutions included (a) asking an adult to help the mouse, (b) asking an adult to punish the monster, (c) having the mouse talk clearly to the monster, (d) telling the monster that they could be friends if the monster treated the mouse nicely. Both Headstart teachers and the Unicorn program facilitator observed the children using these alternative behaviors with other children during the school program and Unicorn sessions. Teachers observed a noticeable decline in the children's aggressive behaviors during the second half of the Unicorn program.

Part of this decrease in aggression is considered to have resulted from a change in the teachers' response to the children's behavior due to training by and observation of the Unicorn facilitator. This view is taken based upon the teachers' and Headstart director's remarks. However, the puppet dramas are considered to have been instrumental in teaching the children assertive options to aggressive behaviors. Also, the children were encouraged to experience the results of both aggression and passivity, and to rely upon themselves to create assertive options. The children were able to (a) differentiate between the two polarities, (b) make an effective connection between behavior and feeling,

and (c) independently discover and test alternative behaviors. The expressive therapy process observed in the experience of the puppet dramas resulted in many children changing their behavior within the program sessions and in the school environment. Further, much material was made available for diagnosis and intervention.

Expressive Art Therapy

The products created in the expressive art therapy methods to be examined include (a) the magic creature drawings and (b) self-portraits. These creative products are viewed as offering material for interpretation within the therapeutic context in which they were produced.

Magic Creature Drawings

The children produced magic creature drawings following two guided imagery exercises in which they were led to encounter a creature that would be their ideal friend. After drawing the magic creature each child described his or her creature to the group. Of the 36 participants 31 completed both drawings. Verbal descriptions of the characteristics attributed to the creature revealed a marked commonality. Those characteristics attributed to the magic creature and common to most verbal descriptions included (a) powerful protector (b) unconditional love for the

child, (c) a life long relationship with the child, (d) superhuman abilities such as the ability to control the weather and extraordinary mobility, e.g. flying, and (e) affectionate nurturer.

Figures 4-7 are magic creature drawings. Figure 4 was described as a giant fuzzy creature who could hold the child in its belly while flying away. This creature was able to tear through storms with its long claws. Similarly, Figure 5 reveals a large round creature with claws and long teeth. This creature was described as being so large that it could crush a city with its foot, while its creator rode safely on its back. Figure 6 reveals a magic creature described as being taller than a hundred skyscrapers and bigger than a hundred mack trucks. The creator could climb inside and be carried away. The heart shaped mouth in Figure 6 symbolized the affectionate nurturing qualities the child attributed to his creature. Figure 7 reveals a few noteworthy departures. The drawing was at least one third smaller than the majority of drawings. It was drawn in the center of the paper, not connected to any of the edges. The upper portion of the figure is clearer than the bottom. The two dark circles were verbally described as being breasts. The vertical marks between the head and breasts were

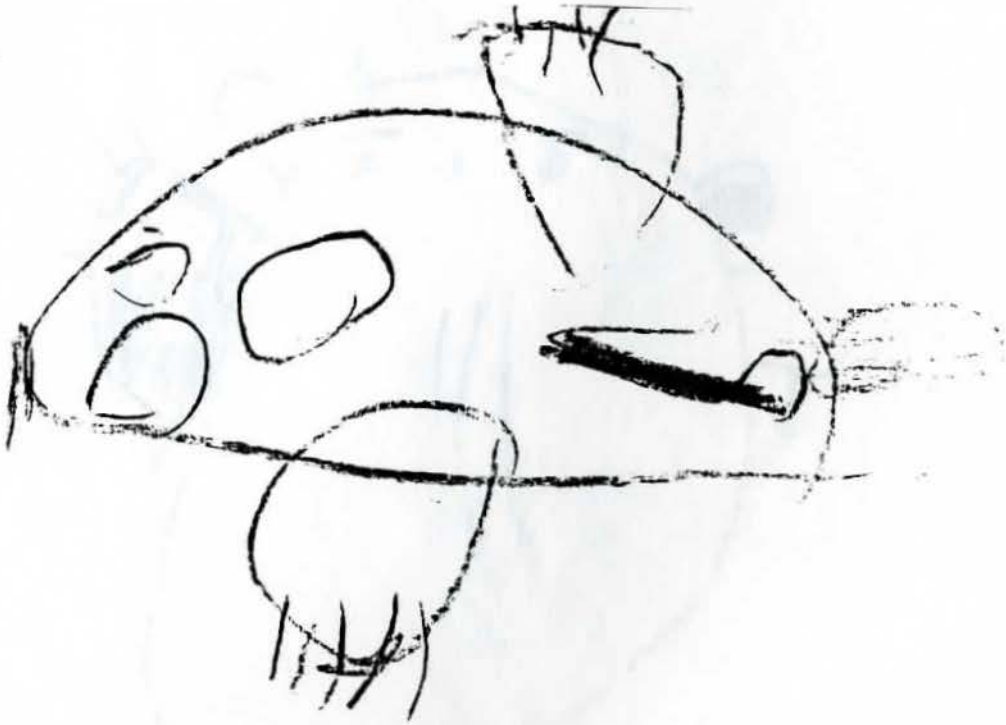

Figure 4,
Magic Creature A.
4-year-old.

Figure 5,
Magic Creature B,
5-year-old.

Figure 6,
Magic Creature C,
5-year-old.

Figure 7,
Magic Creature D,
5-year-old.

described as long sharp teeth that could protect the girl. The dark sphere on the bottom of the creature was described as the creature's "thing". This was the only magic creature drawing in which sexual organs were clearly drawn or described verbally. The child stated that her creature was able to carry her in its long arms and take her far away from home.

Self-Portraits

The self-portraits were completed during the first and eighth program sessions. The children were asked to show and verbally describe their drawings to the group. The drawings and descriptions were used to formulate a sense of each child's self-concept.

A few of the children drew self-portraits with features that strongly suggested that the children had been sexually abused. When the final drawings of these children were compared with their first drawings, there were noticeable differences between the drawings that were consistent among the children. The final drawings included more body parts and more colors. They also were clearer and easier to understand. The children's verbal descriptions of their final self-portraits also were markedly different than their verbal descriptions of their first self-portraits. Their verbal descriptions of their first drawings were brief In contrast, their

descriptions of their final drawings contained more adjectives and references to positive attributes.

Figures 8-11 are examples of the self-portraits completed by the children. Figures 8 and 9 are representative of the typical portrait produced by most of the children. The whole paper is used to contain the drawing. Eyes and heads are the prominent features. Bodies are small in proportion to heads. Male drawings (Figure 8) tended to reveal square bodies, whereas female drawings (Figure 9) of bodies are rounded. Sexual organs and small body parts such as fingers and ears were not part of the majority of either the first or final self-portraits. These observations are supported by research which identifies the norm for healthy preschool self-concept, (Robbins, 1986). The differences between the initial and final drawings are understood to be the result of several factors, including (a) familiarity with the method and facilitator, (b) increased awareness of positive self-attributes, and (c) an increase in trust level within the group.

Figures 10 and 11 were drawn by a five-year-old female who had been identified by Headstart staff as having become very withdrawn following the flood. Her initial self-portrait, Figure 10, shows some of the same qualities common to most of the drawings by

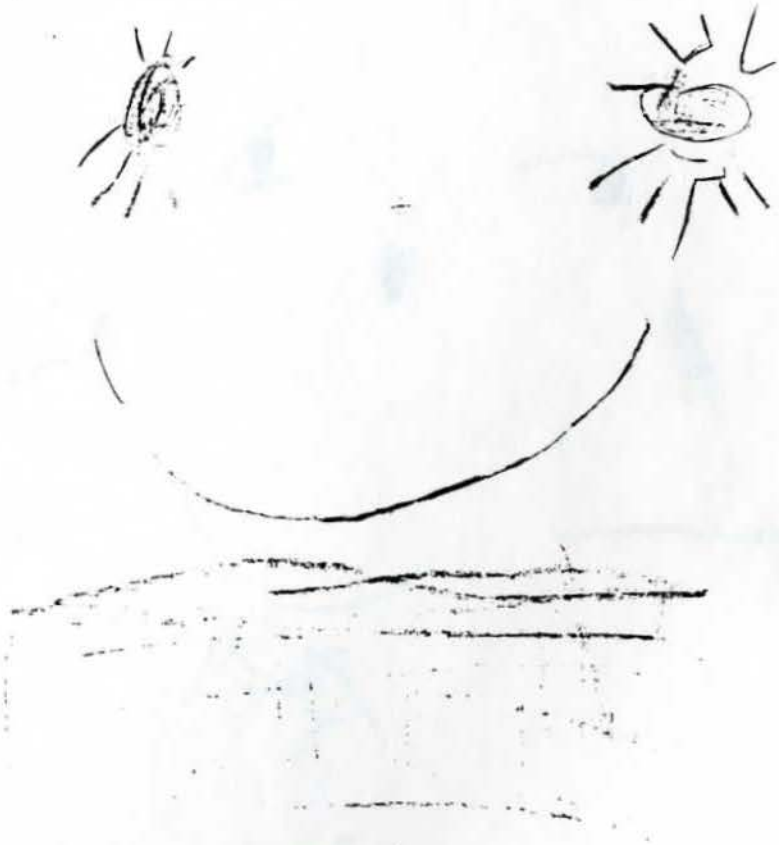

Figure 8,
Self-Portrait A.

Figure 9,
Self-Portrait B.

Figure 10,
Self-Portrait C.

Figure 11,
Self-Portrait D

other children in the program. The eyes are figural, and the drawing encompasses a large portion of the paper. However, the body mass is more square than round and the head is not clearly delineated from the body mass. Two small dark projections on either side of the body mass can be readily understood as arms. The third projection at the bottom of the drawing could be viewed as the space between two legs. However, in the girl's verbal description she described this body part as a "thing". Further she described the two semi-circles under the eyes as big tears. Comparison of the initial drawing (Figure 10) with the final drawing (Figure 11) shows some of the general tendencies displayed in the majority of final portraits, e.g. clearer lines. However, the three projections seen in Figure 10 appear once again in somewhat different positions in Figure 11. Also, the head and body are more delineated and many dark lines have been used to fill in the body. The stark contrast between this child's self-portraits led the facilitator to compare the child's magic creature drawing alongside her portraits. The child's magic creature drawing (Figure 6) was the only one in which breasts were drawn and described. Her magic creature drawing is noticeably smaller than her self-portraits. In verbal descriptions of both the

self-portraits and the magic creature the child used the word "thing" to describe the feature drawn at the center of the bottom of Figure 7 and Figure 10 and the projection drawn at the mid-section of Figure 11.

Referral of Program Participants to Community Counselors

Seven children were referred to community counselors for individual and family therapy. Parents of three of these children contacted the Unicorn facilitator during the three months immediately after the program. Two of the parents stated that through the course of family therapy their spouses had entered treatment programs for alcoholism and chemical dependency. Both parents also stated that their child had been physically abused by their spouse. Each of these parents stated that the referral to counseling made by Unicorn staff had assisted them in acknowledging the family violence and alcoholism/chemical dependency.

The child who produced Figures 7,10, and 11 was also referred to individual counseling. The mother reported to the Unicorn facilitator that during the first month of therapy sexual molestation by the father had been uncovered. The mother reported that she and her daughter were continuing in individual and family therapy, and that she was pursuing legal

separation and protection with the help of the social service agency and counselor involved.

Program Evaluation

Evaluation forms were given to the Headstart director for completion by Headstart staff during the last week of programming. Because only one of the original staff was still employed at the time Unicorn ended, only one evaluation form was completed.

Chapter Five

Discussion

The purpose of this project was to examine the suitability of expressive therapy methods with preschool-aged victims of a flood. The expressive therapy procedure was shown to be suitable for this age group. Suitability was examined through informal interviews with parents and teachers, observations by the program facilitator, and the products the children created. The results which showed expressive therapy methods to be suitable with preschool-aged victims of a flood were that the children reacted to the expressive therapy methods with enthusiasm, a change in behaviors and increased creativity.

The children's enthusiasm for expressive therapy methods was demonstrated by parent reports of children talking about and practicing active imagining at home. Children were also reported by parents to have used the feeling clock at home. Enthusiasm for the expressive therapy methods was also demonstrated by the children's requests to do the expressive therapy activities during program sessions. In addition, the Headstart staff's request for further training in these methods combined with their statements regarding the popularity of the program methods among

the children, further suggests that a high level of enthusiasm predominated.

Changes in the children's behavior occurred as a result of their participation in the expressive therapy program. During the first three weeks of the program Headstart staff identified a decrease in aggressive behaviors in the children they had initially identified as being overly aggressive following the flood. The teachers also reported that the children whom they identified as becoming very withdrawn following the flood initiated more contact with other children after the Unicorn program began. The Unicorn facilitator also observed a marked decrease in aggressive behaviors among the children beginning in the third week of the program. She observed less biting, kicking, hair-pulling, and spitting. Children were also observed exhibiting more cooperative behaviors by the Unicorn facilitator.

The suitability of expressive therapy methods with preschool-aged children was also indicated by an increase in creativity demonstrated in the children's creative products. An increase in creativity was suggested by a comparison of first and final self-portrait drawings and verbal descriptions. This comparison revealed the final self-portraits to consistently include more body parts

and more colors than the first drawings. They were also clearer and easier to recognize. The children's verbal descriptions of their final self-portraits also were markedly different than their verbal descriptions of their first self-portraits. Their verbal descriptions of the first self-portraits were brief. In contrast their verbal descriptions of their final self-portraits contained more adjectives and references to positive attributes. A similar comparison of first and final magic creature drawings revealed the same differences.

Additionally, the results support the power of the expressive therapy procedures to allow the communication of potentially overwhelming psychic material encased in the primary process. The expresive therapy procedures were suitable methods which three children used to communicate their experience of physcial and sexual abuse.

Limitations

The significance of this project lies in its finding that expresive therapy methods are suitable for therapeutic intervention with preschool-aged victims of a flood. However, this study suffers from several interpretive constraints. The necessity for a rapid response to the flood victims, the limited resources available, and the lack of staff seriously

curtailed the use of objective methods to observe the children's responses to expressive therapy techniques. Behavior rating scales, audio and video tapes could have been employed to more accurately document the children's responses to expresive therapy and facilitate replication of this study.

The study was conducted over a five week period. Follow-up was impossible because of limited resources. No informatiaon is available then concerning the children's lasting response and enthusiasm for the expressive therapy methods. Their responses to expressive therapy methods may have been to its novelty which may have soon dissipated. Future research which seeks to document the response of preschool-aged children to expressive therapy methods could incorporate a follow-up evaluation.

Finally, these results are an informal, anecdotal source of data about the response of preschool-aged victims to expressive therapy methods. Any generalization of the findings beyond this specific sample of preschool-aged flood victims may be inappropriate. Caution should be exercised when attempting to generalize the present findings to other age groups, geographic locations and cultural milieu.

Conclusion

Expressive therapy methods are suitable for

preschool-aged victims of a flood. They respond with enthusiasm, a decrease in aggressive and socially withdrawn behaviors, and increased creativity. Future research could be directed toward follow-up evaluation to assess the longevity of the observed responses.

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