GUIDELINE 17

Creative Arts Therapies for Children

Description

The creative arts therapies (CATs) include art, dance/movement, drama, music, poetry, and psychodrama. They share a commitment to the value and use of creative arts processes to enhance, improve, and change physical, emotional, cognitive, and social functioning. The CATs have a tradition of use with children and teens (who often are accustomed to using the arts, or who have less sophisticated verbal skills) as a way to access nonverbal material or content that is unavailable to words. Hence, the CATs are especially well suited to work with children who have experienced trauma.

Significant advances in the past decade in the scientific basis and understanding of the relationship between brain functioning and processing of traumatic events has generated burgeoning interest in the role of the CATs in treating trauma and posttraumatic stress disorder (PTSD). The kinesthetic and sensory experiences inherent in the CATs activate the right hemisphere of the brain, allowing access to nonverbal memory. The art making and engagement in creative activities allows the externalization of internal images, thoughts, and feelings, in addition to enabling titration and containment of affect.

General Strength of the Evidence

Historically, CAT research has been based on assessments and clinical experience. Although there is no empirical evidence supporting the efficacy of

the CATs, an abundance of CAT case studies describe treatment success, the majority published in academic CAT journals, and a preponderance using art therapy. To date, there is one small Level A randomized controlled art therapy study (Chapman et al., 2001) and other attempts at using objective measures to assess change.

Course of Treatment

Treatment has been conducted with individuals and groups in both inpatient and clinic settings. There are different schools of thought regarding theoretical orientation and practice. Interventions vary along a continuum from

- Therapist-directed activities and themes to more client-directed, unstructured sessions that are either time-limited or open-ended.
- An emphasis on the creative process as the agent of change to a focus on the product.
- Using verbal processing of creative output to foster hemispheric integration of past trauma to letting the process or product "speak for itself."
- Using a single CAT to incorporating multiple CATs.

CAT clinicians and researchers differ in their assimilation of non-CAT theoretical principles and practices. Most notably, a number of creative arts therapists use or adapt cognitive-behavioral therapy (CBT) interventions to their work (e.g., "draw what you saw"). Likewise, creative arts activities are often integrated into many CBT therapy sessions (e.g., "Let's role-play what you wish you had done").

Recommendations

Currently, treatment protocols and research paradigms are sporadically being developed to measure the efficacy of the CATs in medical, mental health, and educational settings, among others. Future work should focus on the following:

- 1. Exploring the relationship between neurological functioning and creative arts processes.
- 2. Using existing standardized measures of PTSD, in addition to developing appropriate creative arts-based assessment tools.
 - 3. Including caregivers in treatment.

- 4. Developing manualized treatment protocols to better delineate the format and structure of interventions that can then be compared across settings and with other treatments.
 - 5. Conducting controlled outcome studies of CATs PTSD treatments.

Additionally, it is recommended that those who use the arts with traumatized children have knowledge and experience in the area, and be properly trained in the specific creative arts modality, the creative process, nonverbal dialogue, and containment and stabilization via the arts. The CATs can promote powerful access to trauma-related experiences, and extreme care must be taken to avoid retraumatization and to foster coping.

Collaboration with other professionals is recommended to engage in dialogue and debate, and to learn how the CATs and other professions can build on the strengths and knowledge of one another to develop the best practices for PTSD treatment.

Summary

As the emerging effective paradigms of PTSD treatment are formally investigated, the CATs have great potential to contribute in-depth knowledge of nonverbal dialogue and the kinesthetic, sensory, auditory, and visual processes and their role in perception, cognition, and change in therapy. More CATs studies and collaboration with other mental health professions in the future are essential for the progress of effective, evidence-based treatment. The CATs are unique in their focus on gaining access to traumatic content and affect via nonverbal modalities and provide a ready avenue to explore the new frontier of brain and experience-based trauma therapies.

Reference

Chapman, L., Morabito, D., Ladakakos, C., Schreier, H., & Knudson, M. (2001). The effectiveness of art therapy interventions in reducing posttraumatic stress disorder (PTSD) symptoms in pediatric trauma patients. *Art Therapy: Journal of the American Art Therapy Association*, 18, 100–104.

Suggested Readings

Klorer, P. (2003). Sexually abused children: Group approaches. In C. A. Malchiodi (Ed.), *Handbook of art therapy* (pp. 339–350). New York: Guilford Press.

Webb, N. B. (Ed.). (2004). Mass trauma and violence: Helping families and children cope. New York: Guilford Press.