

Statement in Support of S. 250, to establish a licensure category for Clinical Art Therapy

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Joint Committee on Public Health
Connecticut General Assembly

February 20, 2015

On behalf of the Connecticut Art Therapy Association, I would like to thank Chairman Gerratana and Ranking Member, Joseph Markey, for conducting today's hearing and for providing this opportunity for me to appear before the Committee. We would also like Senator Joseph Crisco for his sponsorship of S, 250, to provide for licensure of professional art therapists, and for his continuing support for the art therapy profession in Connecticut.

My name is Mary Hamilton and I am a nationally credentialed child and adolescent art psychotherapist. I am licensed in the State of Connecticut as a Licensed Professional Counselor and the owner of Art for Therapy, LLC, in Westport, Connecticut. I am also Program Director for Sandy Hook Promise, a national non-profit organization founded after the Sandy Hook Elementary School tragedy to reduce gun violence and protect children.

In addition, I serve as President of the Connecticut Art Therapy Association (CATA). CATA works in concert with our affiliated national association, the American Art Therapy Association, and 42 other state and regional chapters to promote the highest standards of art therapy practice to the public.

Art therapy is a distinct mental health and behavioral science discipline that combines knowledge of human development, psychological theories and counseling techniques with training in visual arts and the creative process to provide a unique approach for helping clients improve psychological health, cognitive abilities, and sensory-motor functions. Credentialed art therapists work in a wide variety of medical, mental health, rehabilitative, educational and other community settings in Connecticut and across the country to help people resolve conflicts, develop interpersonal skills, manage pain, reduce stress, restore mental functioning, improve school performance, and increase self-awareness and self-esteem.

Art therapy uniquely provides a means of communicating for those who cannot find the words to express anxiety, pain or emotions as a result of trauma, combat, physical abuse, loss of brain function, depression, and other debilitating conditions. As a result, art therapy offers an effective treatment for people of all ages and backgrounds who experience developmental, health, learning and psychological impairment. As noted by the Office of Science Education of the National Institutes of Health, "art therapy is becoming more prevalent as a parallel and supportive therapy for almost any medical condition."*

Requirements for professional entry into the practice of art therapy include, at a minimum, a master's degree and extensive post-graduate clinical experience under the supervision of credentialed art therapists—a process which typically requires a minimum of four years. Following completion of a master's degree, graduates must complete at least of 1000 hours of supervised clinical experience to qualify for the Art Therapy Credentials Board's ATR credential, and must pass the ATCB examination to hold the ATR-BC credential. All credentialed art therapists must commit to adhere to the legal and ethical standards of the ATCB's Code of Professional Practice, and to maintain their credential with required continuing education.

The uniqueness of the study and practice of art therapy require that practitioners be trained within approved art therapy master's degree programs recognized by the American Art Therapy Association. The association has approved 39 art therapy master's degree programs at accredited colleges and universities, including Albertus Magnus College in New Haven, in 20 states, the District of Columbia, and Ontario, Canada.

The unique training and practice of art therapy, together with its broad application in diverse institutional and community settings, make it imperative that the public be made aware of what therapy is, understand the requirements for effective and safe practice of art therapy, and be protected from individuals seeking to perform art therapy services without appropriate training.

Mr. Chairman, I would like to focus the remainder of my remarks on the most important question we addressed in our Scope of Practice Request to the Department of Public Health in compliance with Public Act 11-209 – whether it can be demonstrated that the unregulated practice of art therapy has the potential to harm or endanger the health, safety, or welfare of the people of Connecticut.

On this question, I would urge the Committee to take a broad view of the concept of public harm, and to recognize that the primary potential for harm comes not from incompetent or unethical practice on the part of art therapists, but from other individuals, and even other licensed professionals, who claim to practice art therapy without appropriate training and without adequate understanding of the underlying theory and principles of art therapy education and practice.

There are few examples of credentialed art therapists being sanctioned, or even cited, for improper or unethical conduct. Since its creation in 1993, the Art Therapy Credentials Board has credentialed more than 5,000 art therapists. During this time, it has initiated only seventeen investigations for alleged violations of the Code of Professional Conduct, only two of which resulted in any disciplinary action. Our association also is not aware of any art therapists who have been reprimanded or sanctioned, or had their license restricted or revoked, in the eight states that currently license professional art therapists.

In contrast, Connecticut art therapists can point to a number of specific examples of Connecticut residents suffering emotional and physical harm, or exposed to potential harm, from individuals using art therapy techniques without proper training. Let me briefly describe one noteworthy

example that I am familiar with. Several days following the Sandy Hook Elementary School tragedy, a portrait artist residing in Vermont, announced her intention to hold 'Art Therapy' groups for students of Sandy Hook Elementary to assist them in creating portraits of the victims and then hold a public art exhibit in Newtown. Despite not having training or credentials in art therapy or any related mental health field, the Vermont artist believed the services she was providing was 'art therapy.' Needless to say, the idea of an artist seeking to encourage Sandy Hook students to create portraits of their murdered classmates was alarming and would only serve to further traumatize these fragile children. It was also inappropriate to choose a liquid medium with this population since such a loose medium can cause decompensation, regression, or even psychosis.

Mark Barden, father of little Daniel who was killed at Sandy Hook Elementary School on 12/14 sends his upmost support of this Bill due to the importance of quality mental health care necessary for such life changing events. He understands the myriad of options available to treat mental health issues but agrees that it's a challenge to navigate mental health services especially when entrenched in such shock and grief. With the outpouring of help and support received by the families and residents of Sandy Hook, there was no regulation to protect those impacted from the tragedy from untrained and unlicensed individuals purporting to provide 'art therapy' services.

The potential for harm I have described lies in art therapy's unique academic training and scope of practice. In addition to training in psychology and therapeutic skills, art therapy students must understand the science of imagery and of color, texture, and art media, and how each can affect a wide range of potential clients, personalities and emotional disorders. They must know how each media, color or texture can calm or bring closure to a client or, if used inappropriately, how they can further frustrate a client rather than help them find their voice.

In practice, qualified art therapists use distinctive art-based assessments to evaluate emotional, cognitive and developmental conditions. They must make parallel assessments of a client's general psychological disposition and how art as a process is likely to interact with the each individual's mental state and corresponding behavior. Understanding how art interacts with a client's psychological disposition, and how to safely interpret and manage the reactions different art processes can evoke, are competencies that are only gained through substantial experiential learning that is unique to art therapy.

Qualified art therapists understand the power of art and art-making to unlock memories and reveal emotions. Use of art therapy methods or art materials thus carries significant risk to the emotional stability of clients if applied by individuals lacking appropriate training. Potential risks from unqualified practice of art therapy include misinterpreting or ignoring assessments the practitioner has not been clinically trained to diagnose or treat, eliciting adverse responses from clients they are not properly trained to manage or treat, and delaying appropriate therapeutic treatment that adds unnecessary anguish and cost for clients and their families. And this potential for harm is magnified where a client has a vulnerable psychological predisposition.

Public confusion about art therapy and risk of potential harm from unqualified practitioners have increased with growing numbers of online and university-based programs that claim to provide

degrees and certificate training in areas that sound very much like art therapy. These programs typically require minimal on-site coursework or online self-instruction courses that do not include anything approaching the extensive coursework, supervised clinical training and national credentialing required of professional art therapists.

Through its coursework standards, educational program approval, professional credentialing, and continuing education programs, the art therapy profession has been able to assure the public of initial and continuing high levels of professional training and competence. And we are working to enhance these protections with national accreditation of art therapy post-graduate programs through the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

However, academic standards, accreditation, and credentialing cannot address the risks of public harm I have described. Licensure is clearly needed to define the appropriate scope of practice of art therapy in Connecticut, to promote competent, effective and safe practice of art therapy, and to assure the public that appropriate art therapy services are provided only by clinically trained and qualified professional art therapists.

Thank you.

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*Cited on *Life Works*, the health and medical science careers website of the Office of Science Education, National Institutes of Health, at: <http://science.education.nih.gov/lifeworks.nsf/Alphabetical+List/Therapist,+Art/OpenDocument&ShowTab=All> &

CHAPTER 5

Art Therapy as an Intervention for Mass Terrorism and Violence

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This chapter focuses on the impact of mass violence on children and the use of art therapy to help those children impacted by traumatic grief to develop coping skills and resiliency. Mass violence comprises political violence (including terrorist acts), ongoing exposure to street violence, and mass single-incident shootings. Although mass trauma can result from natural disasters, this chapter concentrates on mass trauma inflicted by humans, notably mass terrorism and nonterroristic mass violence. Two powerful single-incident examples of mass violence—the September 11, 2001 (9/11), terrorist attacks and the December 14, 2012 (12/14), school shooting in Newtown, Connecticut—are highlighted with case examples to demonstrate the therapeutic needs of the children affected and how clinical interventions are structured to address these needs. This chapter validates how art therapy interventions support the role of creativity in trauma recovery from mass terrorism and violence.

MASS TERRORISM AND MASS VIOLENCE

Terrorism has an impact on children that exceeds the loss of life and property; their lives and outlooks are dramatically changed. On 9/11, 3,051 children and teens lost parents in the worst mass terrorist attack on the United States in history. Even those children who did not lose a parent were affected. Thousands witnessed the terror firsthand from their homes and schools, and millions more saw the destruction of New York City's World Trade Center on television.

Mass shooting is defined as four or more people being shot during the same incident or time period. Twenty-six people, including 20 children and 6 adults, were shot and killed at Sandy Hook Elementary School on December 14, 2012. As a result of this act of violence, children lost their lives or were directly impacted by trauma, narrowly escaping themselves while witnessing their friends or teachers be killed. People affected by mass violence may identify themselves as part of a targeted group, such as the Sandy Hook Elementary School, Columbine High School, or Virginia Tech mass shootings, the Boston Marathon bombing, or 9/11, or cases of disgruntled employees returning to places of past employment. At other times, the shooting is perceived as random; survivors may feel that they were in the wrong place at the wrong time, as was the case in the movie theater shooting in Aurora, Colorado, in July 2011.

The trauma of mass terrorism is inflicted upon a large group such as a community or nation and differs from other forms of mass trauma in scope, cause, and intent. Terrorism is purposeful and intersocietal rather than interpersonal, as is the case in familial abuse or even random violence. The end goals exceed physical and economic destruction; they are psychological, with the aim of demoralizing the targeted population. Mass terrorism is also characterized by the scale of human and property loss. Targets are often large symbolic public sites thought to be invulnerable, so that their destruction creates widespread panic. The ripple effects of consequences impact the larger society and create a massive diversion of resources to control and repair the damage (Doka, 2003), such the events of 9/11 in the United States. For example, the perception of the country being under attack lasted for months after the events, and trauma-induced fear had spread throughout society.

In contrast, terrorist acts consisting of repeated incidents on a small scale are experienced differently than mass terrorism. People living in communities where isolated car, subway, and suicide bombings occur at

intermittent frequency experience a state of constant hypervigilance (McGeehan, 2005). The occurrences are generally limited in scale and the targets arbitrary. No one knows when or where the next incident will occur. According to Kalmanowitz and Lloyd (2005), "When violence is ongoing, pervasive and unremitting, it may form an integral part of each individual's internal world, identity, values, beliefs and history and not only affect a part of their present, but also inform who each person will become. It will invariably inform the community itself" (p. 15). Political violence affects the cultural memory of a society when the artifacts or symbolic structures of a community that represent its identity are destroyed. This was true of the World Trade Center's Twin Towers, which were symbols of Western economic might, free trade, and power.

Many inner-city neighborhoods are besieged by recurrent street violence, similar to sporadic terrorism. Children and teens living under such conditions experience violence inflicted by others on a regular basis, with danger to themselves, their peers, and their loved ones. Their internal responses are similar to those of people who experience ongoing unpredictable terroristic activity, as noted by McGeehan (2005). Additionally, domestic violence can be similarly perceived because it often occurs sporadically or with little warning and involves danger to self and caregivers (Malchiodi, 2012).

Finally, media coverage of incidents of mass terrorism and mass violence is extensive and pervasive, complicating short- and long-term interventions. Coverage of the actual attacks and repercussions of September 11th was unprecedented and has been linked to acute stress reactions (Silver et al., 2013). Allen, Tucker, and Pfefferbaum (2006) note the same phenomena in Oklahoma City in 1995. In the case of 9/11, grieving families were reexposed to the images of the planes hitting the Twin Towers and the Pentagon—the murder of their loved ones—every day. This repeated display of the traumatic event was experienced as intrusive and potentially retraumatizing, and many people responded by turning off their televisions and stopping news deliveries (Rathkey, 2004).

CHILDREN'S AND ADOLESCENTS' RESPONSES TO MASS TRAUMA AND VIOLENCE

Children and youth experience psychological stress after traumatic events, including those involving mass trauma and violence. Disasters

may leave them with harmful, long-lasting effects; even when children only see a large-scale traumatic event on television or overhear parents or friends discussing it, they may feel scared, confused, or anxious. They also may react to trauma differently than adults; some may react immediately, whereas others may show signs that they are having a difficult time weeks and months later. This variability can make relief efforts difficult in some cases.

The reactions noted below are normal when children and teens are experiencing stress right after an event. If any of these behaviors lasts for more than 2–4 weeks, or if they suddenly appear later on, it may indicate that intervention is needed to support coping and relieve symptoms. The following information is summarized from the National Child Traumatic Stress Network (NCTSN; 2014).

Preschool Age: 0–5 Years Old

Very young children may regress to behaviors such as wetting the bed at night after a mass trauma. They may fear strangers, darkness, or monsters or to want to stay in a place where they feel safe. They may depict the trauma repeatedly in their play or drawings or become hyperaroused when telling stories about what happened. Eating and sleeping habits may change, and some children may complain of aches and pains that cannot be explained. There may be aggressive or dissociative behavior, hyperactivity, speech difficulties, and disobedience. Infants and those children younger than 2 years cannot understand that a trauma is happening, but they know when their caregiver is upset. They may mimic the same emotions as their caregivers or cry for no reason, withdraw from people, and not play with their toys. Preschool children, ages 3–5 years old, may have problems adjusting to change and loss and may become more dependent on adults.

Childhood to Adolescence: 6–18 Years Old

Children and teens may have some of the same reactions to trauma as younger children. Often younger children want much more attention from parents or caregivers and may stop doing their schoolwork. Children may fear going to school and stop spending time with friends. They may not be able to pay attention and do poorly in school overall. Some may become aggressive for no clear reason. Or they may act younger than their age by asking to be fed or dressed by their parent or caregiver.

Because adolescents, 11–19 years old, go through a lot of physical and emotional changes due to their developmental stage, it may be even harder for them to cope with trauma. Older teens may deny their reactions to themselves and their caregivers. Older children and teens may feel helpless and guilty because they cannot take on adult roles to respond to a trauma or disaster. They may respond with a routine “I’m okay” or even silence when they are upset. Or they may complain about physical aches or pains because they cannot identify what is really bothering them emotionally. Some may start arguments at home and/or at school, resisting any structure or authority. They also may engage in risky behaviors such as using alcohol or drugs.

CHILDHOOD TRAUMATIC GRIEF

Childhood traumatic grief may occur following the death of someone important to the child when the child perceives the experience as traumatic. The death may have been sudden and unexpected (e.g., through violence or an accident) or anticipated (e.g., from illness or other causes) (NCTSN, 2014). The distinguishing feature of childhood traumatic grief is that the trauma symptoms interfere with the child’s ability to go through the typical process of bereavement. The child experiences a combination of trauma and grief symptoms so severe that any thoughts or reminders—even happy ones—about the person who died can lead to frightening thoughts, images, and/or memories of how the person died.

The term *complex traumatic grief* is used to describe children’s exposure to multiple traumatic events that are pervasive and include wide-ranging, long-term exposure (NCTSN, 2014). Complex traumatic grief can develop in children who lost a loved one under sudden, horrifying circumstances or under expected medical conditions if the child’s perceptions of the death were that it was shocking, unexpected, or terrifying (Epstein, 2013). Although this term often refers to contexts involving interpersonal violence, past and persistent traumatic events in children’s lives may compound their reactions to mass terrorism or violence. In particular, chronic abuse or neglect affects children’s relationships with caregivers, who may be perceived as unavailable or undependable during crises and as unable to provide the social support and security necessary to foster resilience in children.

Traumatic factors can complicate bereavement (Rando, 2003). When the experience of grief is coupled with trauma, addressing trauma

goals and needs, such as safety and affect regulation, must take priority over grief work. This is true for children who have experienced acute, violent loss, such as the Oklahoma City or Boston Marathon bombings, children of 9/11 victims, and survivors of community violence and school shootings/bombings, such as those at Columbine High School in Colorado or Sandy Hook in Connecticut or at the Boston marathon; there were varying degrees of trauma exposure within these events. In Sandy Hook, some children witnessed the deaths of their teachers and friends. Others were witnesses through sound and the experience of being in a school lockdown, followed by the evacuation to the firehouse and seeing fear and panic in their parents' faces. In contrast, children of 9/11 victims experienced the loss of safety in a different form; they lost a primary caregiver, and there was a sense of impending danger to the entire country. Images and televised replays of the towers collapsing reinforced a sense of danger and the experience that they were seeing their parents killed over and over again.

ART THERAPY, MASS TRAUMA, AND MASS VIOLENCE

Creative expression plays an important role in healing in the aftermath of a public tragedy (Bertman, 2003). Art helps a society to cope and provides comfort; it helps to resist and protest what has occurred; and it consoles and gives voice to the philosophical, political, and spiritual questions. Spontaneous public and private art making have helped start the recovery process for single incidents of mass violence such as 9/11, the Oklahoma City bombing, the Boston Marathon bombing, and the shootings at Columbine and Sandy Hook. Almost immediately after the 9/11 attacks a number of ad hoc altars, walls plastered with pictures and tokens of love and memory, firehouses, and an armory filled with gifts of children's artwork appeared around New York City. Ad hoc altars were also created in quick response to the Sandy Hook Elementary School shootings in 2012. Public ceremonies following these events addressed the need for healing, not only for the loved ones of the victims, but also for the collective soul of the society (Benke, 2003).

In terms of art therapy treatment models for mass terrorism and violence, there are relatively few studies to date that provide guidelines for art-based intervention. There is also no one art therapy theory used to address children's needs after human-inflicted disaster. Carr and

Vandiver (2003) underscore that semistructured activities and limiting art materials may be preferable when working with children in emergency shelters postdisaster. In trauma-informed practice, art-based approaches that support resiliency and strengths through increasing a sense of safety and connection are effective during large-scale crises (Malchiodi, 2012). Others report that an increasing number of pediatric disaster survivors are being treated with art therapy (Goodman, 2014; Hussain, 2010).

In general, art making is believed to be a way for children to distance themselves from the effects of mass disaster and to encourage adaptive coping skills and self-empowerment through creative expression. As described in other chapters of this book, art therapy helps children bridge thinking and feeling; channels energy in positive, pleasurable activities; and capitalizes on the self-soothing qualities of art materials and creative expression. Creating art after events involving mass terrorism, violence, or loss provides a way for children to make sense of their experiences, to express grief, and to become active participants in their own process of healing. In essence, art therapy offers a way for children to see themselves as survivors and eventually as “thrivers” (Malchiodi, 2012).

INTEGRATING ART THERAPY AND CURRENT BEST PRACTICES IN TRAUMA INTERVENTION

The following case examples illustrate how we use art therapy to address mass terrorism and violence with children, applying best practices in the fields of art therapy, trauma intervention, and bereavement therapy. Examples include early intervention and individual and group interventions provided to Sandy Hook Elementary School child survivors and to children who lost parents as a result of the events of 9/11.

Early Intervention Using Art Therapy with Sandy Hook Elementary School Students (Ellie Seibel-Nicol)

An acute posttraumatic reaction generally occurs in the first 5 weeks after a mass trauma; chronic posttraumatic stress and related disorders are diagnosed 2–3 months after a trauma. In the acute or “peritraumatic” phase, therapists assess for symptoms, provide psychoeducation, introduce coping strategies to reduce trauma-related symptoms, and

monitor the status of symptoms (Marans & Epstein, 2013). During this phase almost any change in behavior can be viewed as a response to the trauma.

In the acute phase following a trauma, treatment focuses on reestablishing sensory safety and normalizing feelings to increase self-regulation. In response to the Sandy Hook Elementary School Shooting, an art therapy group was offered to address these needs. Many trauma specialists and protocols advise against group work when treating trauma survivors. The concern is that one group member may inadvertently cause an emotional response in another group member. The ability of the therapist to facilitate any group of traumatized individuals with a trauma-informed approach is very important. However, group work can be essential for survivors of mass violence because participants have the ability to identify with others' experiences and therefore not feel so isolated. Group members have a high degree of empathy for one another, can learn effective coping strategies from one another, and have the opportunity to share with others what is helpful to them. For many, being able to help others builds resilience and fosters growth.

In facilitating a group for child survivors of the Sandy Hook shooting, it was important to recognize the specific stimuli to which each child was exposed. For example, the public address system was on and everyone in the school heard screams and gunshots; some survivors believed a wild animal was in the building or thought they heard hammering sounds. Others were able to identify gunshot sounds; some individuals witnessed the massacre in its entirety.

The group began approximately 3 weeks after the shooting and continued on a weekly basis for about 3 months. Participants were presented with a very clear statement about why the group was created. The goals for treatment included creating a safe environment for the children to express and explore their feelings about their experiences while increasing a sense of control over, and tolerance for, those feelings. Some of the children wanted to talk about the shooting, the stories that they heard about it, and many of the misconceptions that had circulated throughout the community. I thanked them for their willingness to talk and asked them to wait because we had other group tasks to do before we could get into those stories.

Although these children were screened before entering this group, I needed to make sure that a child would not be affected by hearing another's story. I engaged the children in creating group rules; these included no hitting, no teasing, and mutual respect. The last rule

concerned talking about the shooting. This rule established that group members would never be forced to talk about the incident if they did not want to, and if hearing another group member talk about the incident became too upsetting, children could use a key word to interrupt the discussion. Each member then came up with a key word, and the group voted on one. These simple steps and directives established the purpose of the group and rules for safety; additionally, all participants were empowered to control the pace of the session and to self-regulate.

I set up several sensory-oriented rituals for the beginning and ending of each group. For instance, to begin subsequent groups each child was given a piece of modeling clay. The instruction was to hold it behind their backs and model it into something without looking at it. We then passed it to the person on the right without looking at the piece. Each group member then guessed what had been passed to him or her. The soft and smooth texture of the modeling clay (in this case, Model Magic) is soothing to touch, and its flexibility serves as an effective stress reliever. It functioned as a mindful activity that grounded the group in a common task, promoted calm, and set the stage to get into the deeper group work.

A couple of the children reported that they liked the group because they were not talking about the shooting in school and they did not want to talk about it at home. This particular group provided a safe place to process their experiences and express their thoughts and feelings about the events, and then relinquish them until the next group. The group essentially became a sacred holding space; the children felt like it was their own special "private club."

Art Therapy Group Intervention with Sandy Hook Elementary School Students (Mary Pellicci Hamilton)

The Rainbow Fish Project

When working with groups of children exposed to trauma, it is important to expand beyond cookie-cutter methods and blanket directives such as "Draw a safe place." Interventions should be designed to facilitate and provide safety and security through symbolic, sensory, and metaphorical content. In most cases, traumatized children may not have the capacity to conceptualize any physical surrounding as safe. Therapists must help child clients identify sensory elements that increase children's secure feelings and allow them to feel the safest possible. This process helps

normalize feelings of vulnerability and fear by encouraging empowerment.

The Rainbow Fish Project included a reading program and creative arts therapy session for children of Newtown, ages 4–7 years. Even though in the early aftermath of the tragedy, many families avoided the bombardment of outside reminders by remaining in their homes, this program was well attended, with preregistration of 26 families and later walk-ins. The program began with several storytelling sessions, including a reading of *The Rainbow Fish* (Pfister, 1992) by co-organizer Amber Kemp-Gerstel, PhD.

The Rainbow Fish is a child's tale centered around the discovery of magnificent support and friendship through giving. The tale was chosen for this specialized program and adapted for its creative metaphorical and symbolic content, so appropriate during the early phase of trauma exposure. A therapeutic art activity based on the tale followed the reading. The children were directed to create their own rainbow fish by applying layers of metallic scales onto a paper template. Since this group was held 3 weeks after the shooting, it was focused on communicating protection and containment. Instead of bringing up the traumatic events, children were invited to use creative metaphor and group discussion centered around the protective function of fish scales. One participant created a flounder fish with a decoy eye as a defense mechanism against predators (see Figure 5.1). He explained that the flounder fish avoids predators by hiding at the bottom of the sea; it also possesses inherent decoy and survival qualities. The art-making process for most children consisted of creating a heavy overlay of appliqué scales made from metallic cutouts. Scales adorned not only the main body of the fish, but were stuck to fins and tails like weighted armor. Other children gravitated toward colored magic markers or a combination of both marker and appliqué cutouts.

As a metaphorical crossover from the storyline, participants were encouraged to give one of their radiant fish scales to a fellow participant to increase a sense of social support among group members and as a gesture representing shared strength and community. To convey personal control, the option was then given to participants to attach their fish to an ocean wall mural, which many thoughtfully did. Much care and thought were involved with choosing the personal location and placement of the fish onto the mural. Some were grouped together in circular schools, whereas others floated atop as if to survey the environment. Interestingly, each fish was placed in the same swimming pattern (left

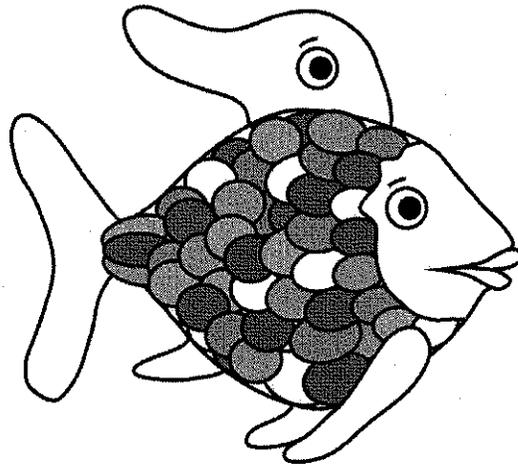


FIGURE 5.1. It was essential for this 7-year-old male participant to incorporate safety mechanisms in his rainbow fish by adding a decoy eye. Predators were avoided by “hiding at the bottom of the sea.” Fish image reprinted with permission from Marcus Pfister.

to right), perhaps as an unconscious collective understanding of community resilience and hope.

At session end, some children chose to allow their fish to remain on the group mural, whereas others opted to take their artwork home. Giving children the option to leave their artwork in the therapist's safekeeping is an important practice intervention because it underscores the fact that an extension of them—through their artwork—is being held in the therapist's protective space. Many times, child trauma survivors prefer to leave their art creations in the therapy office as a place of reassurance and containment, which they trust. This choice to leave the artwork most often occurs when the artwork provokes feelings of vulnerability associated with the traumatic event, which the child unconsciously wants the transference relationship to hold, manage, and regulate. During therapeutic growth periods, clients may wish to take ownership of their art piece and transition it to their home living space. This part of the healing process can be guided and interpreted to the client as a measure of posttraumatic recovery.

The art therapy directives in the Rainbow Fish Project communicated safety and protection to the children of Newtown by allowing them to work with their parents and siblings. The session supported a secure physical environment, personal expression, and reinforced community and parent involvement.

Kids Share Newtown

A group of Sandy Hook Elementary School children participated in a 2-week creative writing and art therapy program through Kids Share Workshops (2013). Creative and therapeutic writing themes were developed for a bookmaking workshop to reinforce and communicate safety, self-expression, and community. Multilayered and symbolic themes included time-travel superheroes, an island treasure hunt, and a royal kingdom to provide an increased sense of safety, empowerment, triumph, and discovery. The Sandy Hook students explored their fears, wishes, and conflicts through the use of these metaphors and symbolic themes. Through the creation of paper art illustration, the children experienced their own self-transformation within the art-making process. The workshop provided the children with a secure and structured environment and creative experiences to help them give artistic and written expression to their feelings 4 months after the Sandy Hook event.

A group of first and second graders from Sandy Hook Elementary School created "The Kingdom of Kindness" (Figure 5.2). Some of these children had witnessed the full aftermath of the shooting as they were escorted out of their school by first responders. One child suffered vicarious traumatization through her siblings' and mother's direct exposure and her own exposure to sounds and smells. The children's writing and artwork revealed symbolic imagery that included a number of themes: power (king/queen/money/gold/chocolate coins); protective boundaries (doorbell/castle surrounded by flowers/fish/teachers); security and control over their environment (remote castles/moat with alligators/shields) (Figure 5.3); escape through rich, enchanted fantasy (talking animals/pink-winged lion/unicorns/royal bunnies/magical garden); absence of death (special medicine/everyone lives forever); and happiness (canary/thrones of rainbows and sunshine/sparkles/National Happy Day). This is an excerpt from the writing of one of the Sandy Hook Elementary School students who was exposed to the aftermath of the shooting: "The Kingdom of Kindness is the best place to live because everyone is happy and safe! This is because of our protective shield. The shield keeps all bad things out of the kingdom. In the Kingdom of Kindness, everyone drinks a special medicine that keeps them from getting old. Everyone lives forever in the Kingdom of Kindness. In other words, everyone lives happily ever after."

During a group activity to develop writing ideas, the children picked a hidden object from a box of various concealed objects. A common



FIGURE 5.2. In the Kingdom of Kindness, created by first and second graders at Sandy Hook Elementary School, several themes emerged, including power and control, safety and security, everlasting life, enchanted fantasy, and blissful happiness.

chalkboard eraser was selected. As discussion unfolded, fears and wishes of undoing emerged to “erase scary and bad memories.” Together the group members agreed that they “would erase the bad man. Whenever enemies come to our kingdom, we can erase them.” The children creatively utilized a randomly selected object to gain empowerment and victory over their fears and vulnerabilities.

Art Therapy Intervention and Trauma-Focused Cognitive-Behavioral Therapy with Sandy Hook Elementary School Students (Ellie Seibel-Nicol)

Two days before the Sandy Hook Elementary School shooting, a mother brought two of her three sons in for treatment to work with me. The oldest son had a long history of emotional disturbance and therapeutic intervention. The youngest was beginning to display behaviors that

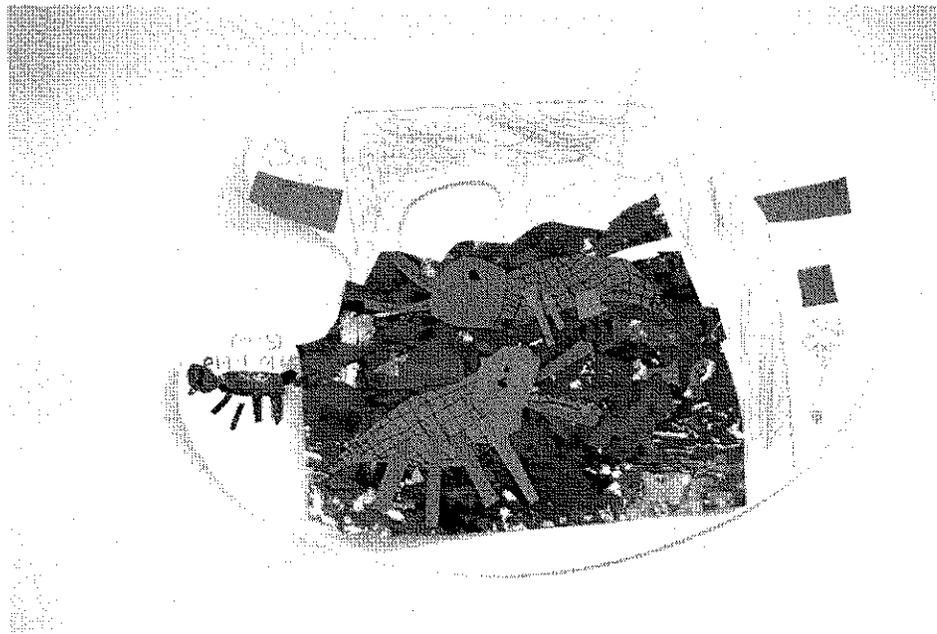


FIGURE 5.3. Multiple layers of protection were applied to guard the castle, including giant-sized alligators and fish surrounding the castle moat.

concerned the mother. She inquired about a social skills group for her youngest son, Owen, who was in first grade at Sandy Hook Elementary School.

On the day of the shooting, Owen was in a classroom where half of the children and his teacher were shot and killed. The gun was pointed at Owen's head when it jammed. Another child yelled "Run!" and Owen ran along with the other children, out of the classroom, past the dead principal, and out the front door. They ran down the street until another mother, who was coming to school for gingerbread-making day, stopped them, asked what had happened, called the police, and drove them to the police station.

Two hours later, Owen's mother was reunited with him at the police station and then she called to schedule a session; to this day she still doesn't remember making that call. Owen's initial drawings, made during this session, were impulsively drawn and chaotic in appearance. Many of his drawings were riddled with dot marks (Figure 5.4). He talked about the bad man that came to his school and killed his teacher, his principal, his friends, and most importantly, his girlfriend. He drew the broken glass from the front entry of the school and a gingerbread man strewn with dots that looked like bullet holes.

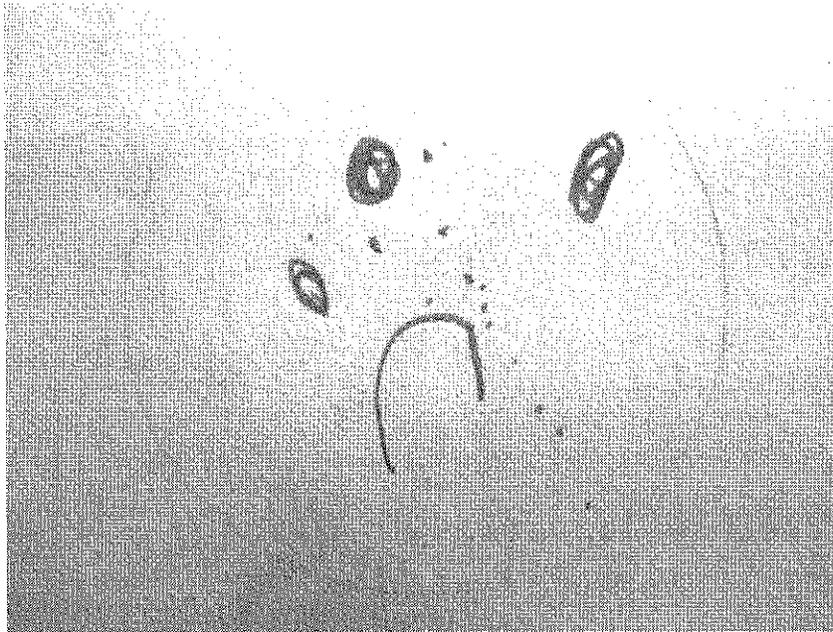


FIGURE 5.4. One of Owen's pictures, titled "Gingerbread Man," was riddled with dots.

Mom described Owen as a silly, happy, mischievous, and occasionally demanding young boy prior to the shooting. He ate well and could play alone. After the shooting, she reported that he became irritable and increasingly demanding at times, had a decreased appetite, needed to sleep with her or his (middle) brother, and was reactive to loud bangs and slamming doors. He stiffened up when asked about the day of the shooting, but he talked about the event constantly and in a graphic way. These symptoms continued for many months.

After Owen attended the first art therapy group, it was determined that group was not an appropriate option for him; his behavior might also adversely affect others in the group. He began individual art therapy on a weekly basis. Owen remained in a hyperaroused state during his art and play, where he reenacted the traumatic day of the shooting. One day, when Owen was using a box of magic markers, he repeatedly stood up two markers and then used another marker to knock them down. He said that the standing markers were the bad guy's legs and by knocking them down, he was knocking down the bad guy. As a child in the classroom the day of the shooting, the "bad guy's legs" were what he saw at eye level. Owen was playing out rescue fantasies, perhaps also driven by survivor guilt. When he was told it was getting close to the

time to end the session, Owen picked up the markers and said, as he put them back in the box, "I'm putting the bad guy in jail now." Owen continued to reenact the day of the shooting through drawings and modeling clay, including images of destruction and chaos.

Trauma-focused cognitive-behavioral therapy (TF-CBT; Cohen, Mannarino, & Deblinger, 2012) was implemented in conjunction with art therapy to increase the structure of the sessions. TF-CBT is a protocol that integrates trauma-sensitive interventions with cognitive-behavioral strategies. It is used with children who have been abused, have witnessed something traumatic, or have been involved in mass traumas such as school shootings. TF-CBT integrates attachment theory, developmental neurobiology, family therapy, empowerment therapy, and humanistic therapy (Epstein, 2013). Its goals include reducing children's negative emotional and behavioral responses to trauma, correcting cognitive distortions related to the abuse or trauma, and providing caregivers with support and the skills to respond optimally to children.

The initial phases of psychoeducation, relaxation training, and affect regulation are all about skill development and gradual exposure. Addressing the specific trauma on a more personal level comes later. During the affect regulation phase, Owen learned how to identify, tolerate, modulate, and integrate his feelings.

One way in which Owen learned how to identify his feelings was through a game in which he was given index-card-size pieces of paper and markers and asked to identify as many feelings as he could by drawing a face on each piece of paper expressing that feeling. He was then asked to write the matching word under the face. Owen and I spread out the drawings on a table. The game is to tell a true story, and every time the storyteller comes to a feeling that was experienced during the story a "feelings chip" (poker chip) is placed on that paper. To convey the strength of that feeling, more than one chip can be placed at a time. The therapist goes first to show the child how the game is played. If needed, the therapist can tell a true story about the child. The child then tells a true story, using the chips to identify and rate each feeling. This story is not necessarily the trauma story. However, after playing this game, children like Owen are able to identify how a child might feel if he or she had experienced a trauma like the one he did, how strongly the child might feel it, and how the child could manage or regulate that feeling. This is part of the gradual exposure component of TF-CBT.

Sally was also a Sandy Hook Elementary School student who was in first grade the day of the shooting. She heard the gunshots, and the

sound made her think of bombs. TF-CBT and art therapy were implemented individually. Sally lost many of her Daisy troop friends in the shooting and a boy who was a close friend; she was likely to experience complex traumatic grief. After she completed the first few modules of psychoeducation, relaxation training, and affect regulation, Sally started bringing in photographs of a family dog that had died a year or so before the shooting. She asked if she could draw pictures of him (Figure 5.5). Sally's grief related to the shooting was being displaced. It was safer for her to talk about and remember her dog than it was to grieve her friends. Understandably, she was not ready to grieve her friends because thoughts of them were still arousing trauma responses.

With the psychoeducation and the relaxation skills in place, Sally drew a picture showing how she felt the day of the shooting (Figure 5.6). In this picture she is screaming, her heart is beating fast, and she has a tummy ache; there a picture of her dog is in her head and she has lines drawn in her arms and legs that she described as her stiff bones. With reminders of how to use soothing activities such as art and relaxation techniques, Sally became more able to tolerate and manage these

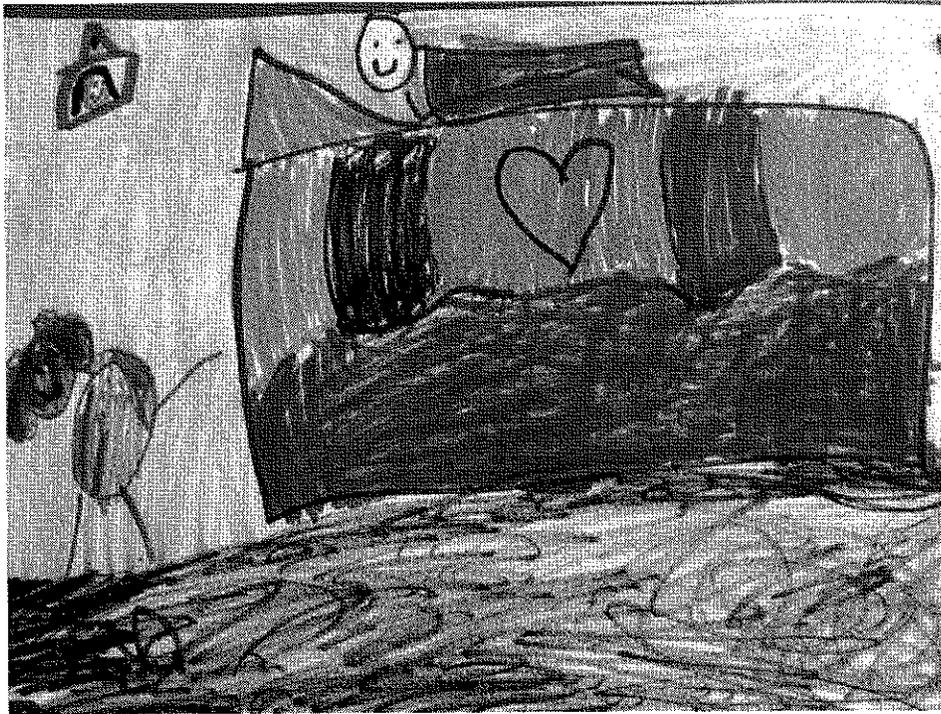


FIGURE 5.5. Sally drew herself safe and smiling in her bed, high above ground level, with her dog happily standing beside her, yet out of reach.

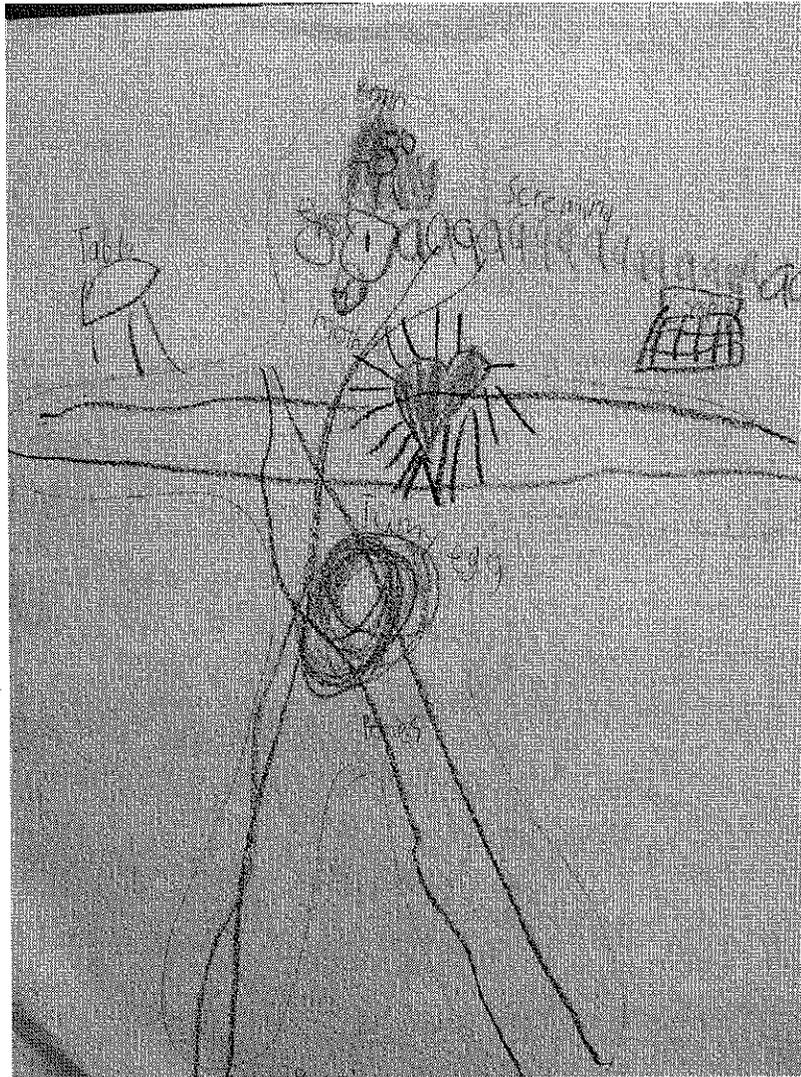


FIGURE 5.6. Sally's depiction of what she felt in her body on 12/14.

extreme feelings. By the time complex traumatic grief was addressed, Sally was able to draw a picture of a close friend she had lost in the shooting (Figure 5.7).

Traumatic Grief Work with Bereaved Children after the 9/11 Attacks (Laura Loumeau-May)

Although families of 9/11 victims did not experience trauma directly, the vicarious experience of trauma was intensified by vivid and constant media coverage of a horrifying event. The knowing and not-knowing of

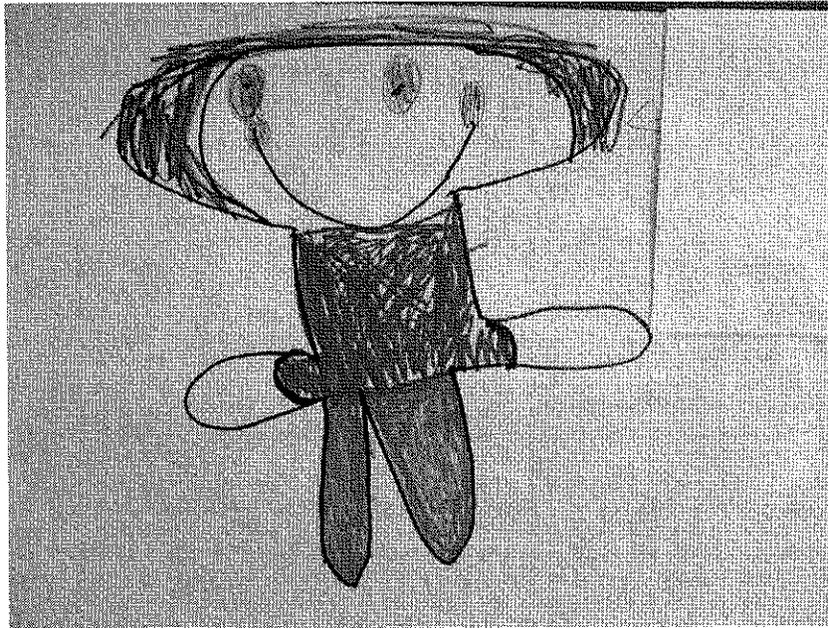


FIGURE 5.7. Sally's picture of the close friend she lost on 12/14.

what their loved ones had suffered was reinforced by the absence of (or partial) human remains and contributed to their imagination of the event. At the same time, the nation responded to its own trauma with hypervigilance, which heightened the sense of traumatization for grieving families of the victims.

Through the Journeys Program of Valley Home Care in Paramus, New Jersey, I worked with children, over the course of 4 years, from most of the 31 9/11 bereaved families served by this agency. Included in the services offered were community workshops, family memorial events on the first two anniversaries, individual art therapy, and ongoing age-appropriate groups. Focus shifted from goals related to trauma during the initial phases of treatment to the processing of grief.

Initial Goals: Coming to Terms with the Trauma

Children who entered the art therapy program in the first months following the terrorist attacks displayed a need to release and share fearful images combined with a need to defend against these overwhelming thoughts. During the first phase of treatment psychological stability and structure were provided to increase opportunities for safety and mastery

in art expression. We created an open, supportive atmosphere that was receptive to catharsis while monitoring children's tolerance for emerging affect. Kalmanowitz and Lloyd (2005) discuss the importance of remembering and forgetting in the amelioration of trauma. Remembering and being able to speak about the traumatic experience is validating and healing, but remembering too much too soon can also overwhelm the mind. Therefore, caution must be practiced. Even for a skilled therapist, it is not always possible to modulate when and how memories emerge. It is important, therefore, when guiding expression, to respect defenses and recognize the vulnerability of clients before encouraging them to narrate too soon. Thoughtfully selected art materials, as well as directives, can simultaneously provide the structure to contain and the stimulation to express.

Once a safe "holding environment" was established, trauma-related goals (Rando, 1996) included (1) teaching children ways to self-soothe and regulate, (2) helping them to understand and express emotions, (3) identifying and developing healthy defenses, (4) achieving mastery to counteract helplessness, (5) recalling and narrating trauma witnessed or imagined, and (6) managing anxiety related to memory or present fears. Techniques such as guided imagery and music and the creation of safety boxes (Cohen, Barnes, & Rankin, 1995) provided containment and comfort. Painting, clay work, multimedia collage, and scratchboard released energy for the expression of more difficult emotions such as anger. The use of storyboards, puppetry, and sandplay encouraged literal and symbolic narratives.

Personally created stories afforded the children some control; many provided symbolic versions of the trauma. In her storyboard, one 10-year-old girl created the tale of a "little blue man" who built his house on the shore (Loumeau-May, 2008). In the story, his house was swept out to sea by a gigantic tidal wave and destroyed. Two years later, alone on an island, the little blue man, situated between two palm trees, was still yelling "Help!" as loud as he could. The blue in this story may be a verbal metaphor for sadness, death as in lack of oxygen, or the process of vaporizing into air. The tale told was of an isolated person overwhelmed by a catastrophic event. The tidal wave may have symbolized the suddenness of the attack that killed her father as well as the experience of being overcome by a deluge of tears. The "home" may have represented both a building and her home life as she had known it prior to the attacks. The choice of 2 years may have represented both the towers

and the anticipated duration of grief. Through the rich metaphor of her story, this child was able to discuss her psychic process without direct confrontation.

Gradually introduced, creative approaches were used to help children and teens release blocked emotions. One multimedia experience utilized Wallace's (1990) tissue paper collage technique in conjunction with listening to New Age music and the reading of Pablo Neruda's poem "Loneliness" (1970). Printed phrases from the poem were provided to be included in the collage. The goal of this directive was to use the aggressive tearing of the tissue paper, augmented by discordant music and Neruda's lament to tap into and provide release for emotions that were still guarded, apprehensive, and superficial. Ambiguous music intermingled with the soothing process of brushing glue over the tissue paper and seeing the brilliance of the emerging colors, provided an opportunity for both the expression of pain and the containment of it. A collage created by "Bob" (Figure 5.8), intended to depict fire trucks rushing to the scene of the attack, is characterized by the fragmentation of apparently exploding objects. Bob glued many of the poetry phrases onto his collage, indicating his shock and confusion: "on that day," "so



FIGURE 5.8. A multimedia approach, combining tissue paper collage with New Age music and poetry, helped Bob release blocked feelings.

sudden,” “not happening,” “not knowing,” and “I have no idea.” The effect of the “bleeding” tissue paper colors vividly conveys yellow-orange flames emanating from a burning building. The collage itself is a visual catharsis of shock, pain, destruction, and confusion.

Periodically, over the course of treatment, metaphorical directives such as “The Road of Grief” or “Before and After” drawings were offered to measure change, ascertain how each child perceived the event, and to see how their coping skills had improved. Toward the end of June 2002, children were encouraged to draw “Before and After” images that reflected what they remembered as the most difficult part of 9/11 itself and what was the most difficult thing now. Several drew the familiar image of the attack itself as the memory of the event and changes in the family as their current challenge (Figure 5.9). One 8-year-old girl drew herself in her classroom on September 11, when her teacher informed the class about the attacks, thinking of her father. On the other half of

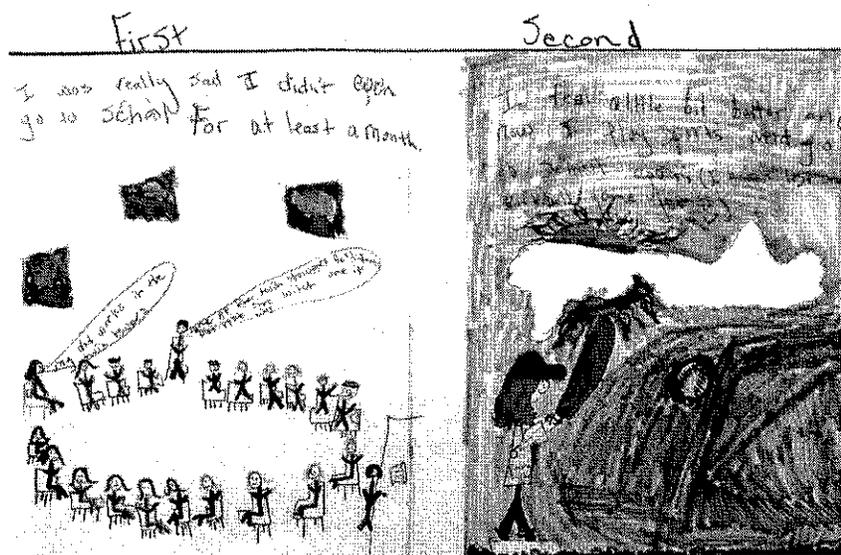


FIGURE 5.9. An 8-year-old girl was unaware that the cloud shape she drew to emphasize her successful hit in a softball game resembled a plane. Similarly to Owen’s drawings, where the imagery of bullet holes unconsciously appeared in his pictures, images of planes and structures being penetrated or severed persisted in the artwork of children affected by 9/11. This image illustrates both resiliency through content (portrayed herself as active and empowered) and formal elements (developmentally more mature and larger depiction of human figure in second image as well as fuller use of space and color) and the lingering effects of traumatic memory.

the paper, she drew a picture of herself playing softball 9 months later, saying her father would be proud of how well she was doing now. In the drawing, a large cloud superimposed against an explosion-like burst where the bat has made contact with the ball resembles an enormous plane silhouetted against the blue sky. This drawing simultaneously reflects her coping skills and the lingering traumatic memory, which she was not yet ready to deal with directly. Similar images of penetration or rupture reminiscent of the attack appeared in many children's artwork throughout their time in the program.

Bereavement Goals: Experiencing the Reality of Death

One of the characteristics of early grief in response to trauma is numbness, a feeling that the loss is only a terrible dream. When that passes, the reality of the loss can be devastating. In the second year following the attacks, the children slowly began to deal more directly with the traumatic aspects of their parents' deaths. The younger children were just becoming fully cognizant of what had actually happened. Many began to explore specific questions about the attack and death. The children and teens in the program wanted to hold on to positive memories to ward off the frightful ones. However, that was becoming harder to do. Art therapy interventions concentrated on examining changes, providing continued structured review of the deaths, fuller acceptance of uncomfortable emotions, memory work, and life review.

Following a warm-up technique of looking at, touching, and examining nature objects such as driftwood, shark teeth, bone, amber, and petrified wood, as a lead-in to a discussion about the life cycle, a lively interchange stopped short when one child, remembering the movie *Jurassic Park* (Kennedy & Molen, 1993), excitedly proclaimed that the amber might have some DNA in it. This triggered a memory for another child, "Anna," whose mother had died in the towers. She told the group that her father had to take her mother's hairbrush into Manhattan "to give her mother's DNA." Rescue workers had later found a part of her mother. The group started to compare notes on whose parents had been found and whose had not been. They wanted to know why there had only been "parts" found. The group started to share what they remembered: the planes, the fire, the collapse, and how everyone was trapped inside.

The children, who had avoided the topic up until now, were interrupting each other to tell what they knew and what they thought.

Suddenly they needed a way to share the awful facts they had heard and to find out if the others harbored similar scary thoughts and unpleasant memories. Each child now filled in the blanks of their knowledge with imagination. In the drawings they later produced, they replayed the impact of the terrorist attack—not merely what they may have seen on television, but what they imagined their parents may have experienced during the attacks. They all knew what had happened to the towers, but no one could know what had happened to each of their parents. They wondered if their parents had jumped. They wondered how their parents had died or what they had been thinking and feeling at the end. Offered art materials, they were encouraged to either draw what they thought happened or something that would make them feel good, or both. All drew the outlines of towers; inside several showed staircases with flames rising up through the center of the building and tiny stick figures of people trapped inside. All of the children said they had thought about these images before, but tried not to; they did not like talking about it at home because it was too scary and it upset their remaining parent. Steele (2003) suggests that adults are so fearful that their children will be overwhelmed by trauma that they encourage them to avoid thinking about it.

Traumatized children need to be allowed to tell their story when they are ready and to have their internal experiences witnessed. It took over a year for these girls, who had been 6–8 at the time of the attacks, to externalize their images and have the courage to ask unanswerable questions. In addition to facing the trauma, this group had started to tackle two important aspects of bereavement: their cognitive understanding of death and empathy for the plight of their parents.

Many children of the victims revealed that the defining moment for them of the loss was not the attack itself, but the arrival at their homes of policemen to inform them that the body of their father or mother had been identified (Freeman, 2005). For example, the shock that Bob had so vividly portrayed in a collage during the first year was contrasted by the loneliness he depicted 2 years later in a drawing about when he acknowledged the death. Choosing black paper and oil pastels, this boy drew himself sitting alone on the edge of his bed in his room. In the picture, the large bed, onto which he is bracing his arms, makes him look small. The emptiness of the room is broken only by the two open windows behind him, a calendar on the wall, and the light fixture on the ceiling. He described looking out his window and seeing the police car pull up to his house as the officers arrived, but remaining in

his room because he knew why they were there. Like others whose loved ones' bodies had been found, Bob admitted that up until the point when the police came, he held out hope that maybe his father was trapped and surviving on water and food found in the rubble. It was not until he saw the police car that he admitted to himself that his father was dead. The reality of the loss swept over him as he sat alone in his room; he did not need to hear the words.

People who have experienced trauma or bereavement are prone to sleep disturbances. Another youth had a dream in which he and his father were in one of the towers as it was attacked (Figure 5.10). Both managed to get out safely, but his father went back in to save someone, as he had actually done in a previous 1993 terrorist attack on the World Trade Center. "Donald" was safe outside as the building collapsed with his father inside. Donald told the story of his dream, which he later painted, with much hesitation and difficulty. In his

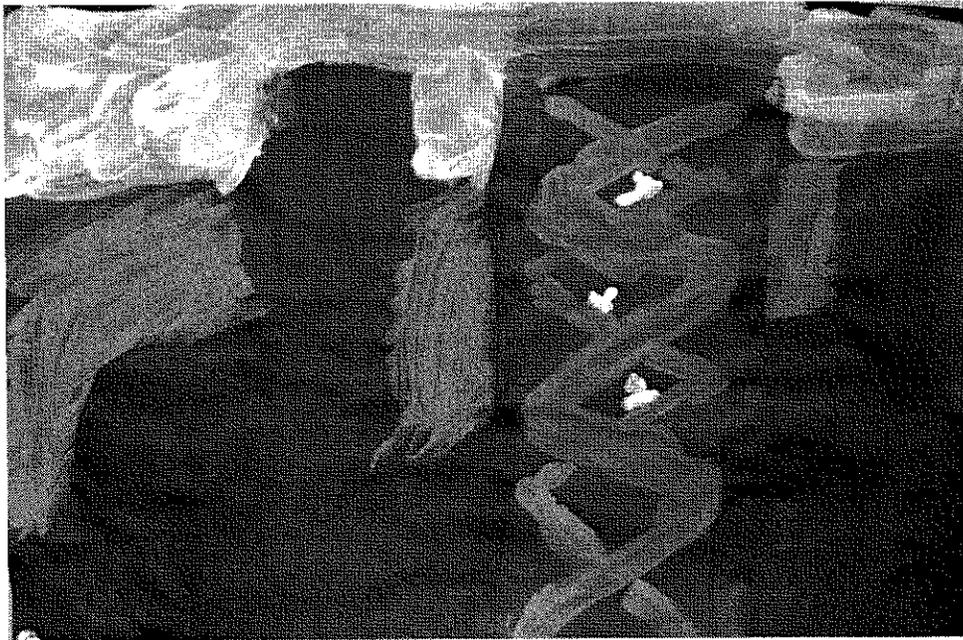


FIGURE 5.10. Many children and adolescents created images of what they imagined their parents experienced being trapped inside the towers. In this painting, based on a dream in which he replayed and tried to change the ending unsuccessfully, Donald re-created the horror of his father's death. Two years after the 9/11 attacks, through externalizing the frightening image and processing his dream, Donald was able to emotionally face the trauma. This enabled him to subsequently engage more deeply in his grief work.

painting, the black skyline is silhouetted against a purple sky. A fiery red, crisscrossing stairwell dominates the interior of one tower. On the way down the burning stairs are three small yellow figures, which look like flickering flames against the red and black. The sky above is also fiery yellow. Donald had painted himself back in the building. He spoke of his father's bravery. He was reassured that it takes courage to enter a burning building, even in one's imagination; he had allowed himself to experience what he felt his father had. Out of love for his father, he had faced the imagined horror of being trapped inside the building. Not only "survivor's guilt" but also his longing to be united with his father took him back into that building. But even in his imagination, he could not change what had happened. He could not effect a rescue as his father had so many years earlier. The sense of helplessness, of not being able to change that reality, was palpable. Donald, as Bob, and the younger children discussing DNA, had faced the trauma of his father's death and had begun a deeper and more conscious exploration of his grief.

Final Goals: Preserving the Connection

By the end of the third year, many children were grieving less intensely and had come to identify themselves as members of an exclusive group who shared experiences that no one else could understand. They wanted to "normalize" their lives. Their perspectives were changing. Art directives at this point concentrated on revised world outlooks, review of the previous relationships with their deceased parents, and ways of memorializing and internalizing their parents.

In the spring of 2004, the first selection of controversial plans to replace the Twin Towers were being formulated and made public. Some children and teens were in favor of the plans; some opposed them. Anna said, "Our parents died there; it is sacred ground." This concept of sacred ground provided the theme for an appropriate project; they created and constructed their own memorial designs (Loumeau-May, 2008). A group quilt (Figure 5.11), onto which the children and therapists contributed panel designs, also offered a way to memorialize and look toward the future. Anna proudly depicted herself growing from a child to a teen to an adult.

The power of memory is important in processing both trauma and loss. In the bereavement process memory is a symbolic way to hold onto the deceased. It attests to the endurance of love and relationship; it is

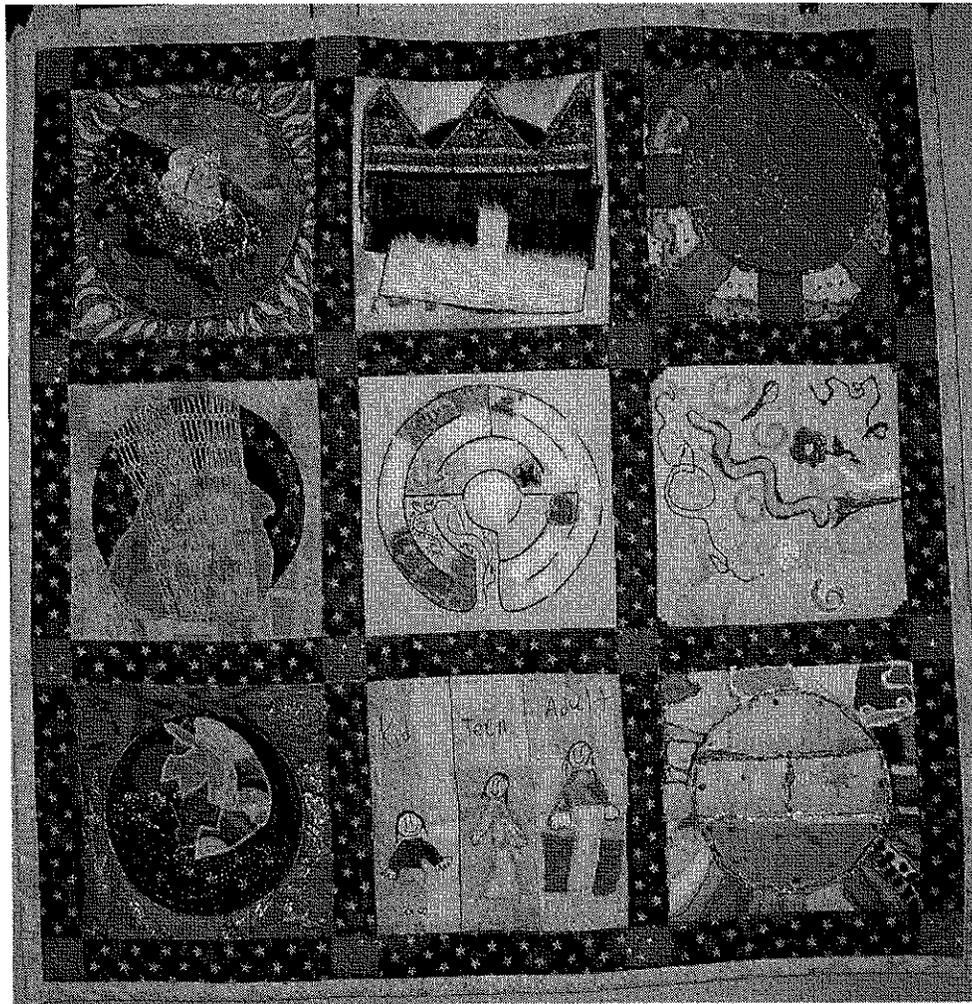


FIGURE 5.11. Memorial Quilt, organized by art therapy intern Tamara Bogdanova, in which Anna optimistically visualizes her growth from child to teen to adult.

not merely the physical presence of the loved one that constitutes the connection, but what the lost person has been to the bereaved and all that has transpired between them. Grief work is a dance between holding on and letting go. Native American wisdom reminds us: “A person is alive as long as someone can tell their story.” Young children, because of their developmental stage, will forget much. One young child was poignantly aware of this: “I’m scared . . . because sometimes I think . . . when I grow up I won’t remember him” (Payson, 2002). In the earliest stages of trauma, images of their parents’ violent death interfered with children’s ability to remember their parents as whole and healthy—as

illustrated by an early collage Donald had created, using reflective metallic cardboard cut into a silhouette to depict a faceless image that he reported could be either himself or his father; he stated that for a while after the attacks, he could not recall how his father had looked just prior to his death (Loumeau-May, 2011). As children of the victims continued to process and work through the traumatic aspects of their grief, they were encouraged to use photographs of their parents to do portraits of them. Studying and reproducing images of their parents' faces as they painted them deepened an emotional presence with the work that both tolerated sorrow and reestablished joy.

Even when life and grief reviews indicated that the youth remaining in the program had reinvested and found new foci in their lives, letting go of active mourning as a way to maintain attachment to their parents provided a final challenge. Self-portraits in which they represented incorporated aspects of their parents helped reveal internalized strengths. Much of Donald's artwork prior to the depiction of his dream had been reminiscent and idealized. It took a brave leap for him to let go of his facade of strength and allow himself to feel the full pain and sorrow of separation, which he had finally done. It was necessary for him to fully experience the separation before he could reconnect with his father on a deeper level. Now he had processed both his trauma and his loss and was able to create a very different self-father portrait.

Donald's project was a combined self-portrait, inspired by a directive I based on a scene from *The Lion King* (McArthur & Schumacher, 1994), when Rafiki tells Simba to look into his own reflection to find his father, who "lives in" him. In order to represent how his father continued "to live in him," Donald divided his portrait in half. He drew his father's face on one side and his own on the other. He surrounded the portrait with a series of stripes symbolizing the various sports teams they both enjoyed (Freeman, 2005). Even as he had been struggling in adjusting to life without his father, Donald had also been noting many areas of identification with his father, which included his physical appearance as he grew older, his interests, and the development of similar academic strengths to his father, such as math. He began to realize, on a deeper level, that his father resided in him, not just by the memories he tried to preserve, not just by their same names and similar physiques, but on a deep level by the way they had connected, what he had learned from him, and who he was growing up to be. This growth occurred as a result of the solid foundation his father had taught him and the strength he had developed in coping with his father's death.

CONCLUSION

In discussing their work with traumatized families, Abu Sway, Nashashibi, Salah, and Shweiki (2005) say, "The power of the arts as a means of self-expression is that it brings out the deep-rooted pain in the self without posing a threat to it" (p. 159). The arts provide a safe transitional space that allows the child to experiment until attaining integrity and control. The use of art in treating trauma and grief has been recognized in work with children who have survived mass violence—directly in the Sandy Hook event and indirectly with children who lost parents in 9/11. The healing work involved the double challenge of helping children deal with both the trauma of the attacks and personal loss. The use of drawing and other art modalities actively engaged children in their own healing (Steele & Raider, 2001). Art therapy continually provided a safe vehicle through which full self-expression was possible.

The cases described in this chapter provide examples of how clinically focused art therapy promotes resilience and recovery in children affected by mass trauma and violence. Practitioners using this material as a resource must remember to evaluate the unique aspects of the particular trauma to which children are reacting and make adjustments according to specific needs. Additionally, sensitivity to a child's trauma history, clinical presentation, coping mechanisms, and sources of support is essential to meet the needs of the individual child. Establishing safety and instilling the inner strength to modify overwhelming emotions and memories produced by trauma is necessary before grief work can begin. Short-term trauma-related goals demonstrated in the clinical examples above also include self-regulation, metaphorical exploration of the trauma narrative, and attention to adaptive coping skills. Long-term bereavement goals helped children affected by 9/11 deal with recognizing and adjusting to external and internal life changes, evaluating self-growth, experiencing the fullness of grief, internalizing aspects of the parent, and creating memorials to them. Vital to grief and trauma work is the role of the therapist in witnessing and providing an open and supportive environment. Any therapist working with traumatized children must be fully present and able to tolerate their pain, and must work with them to help decrease their feelings of isolation, validate their experiences, and enhance a sense of courage and resilience.

Finally, the role of society in healing from these events must be honored and included in treatment. Meaning can be found in taking action; action in thought, choice, attitude, and behavior transforms

tragedy into will and meaning and is empowering. We have witnessed this through acts of philanthropy, volunteerism, advocacy, dedications and memorials of parks and programs, marches, and legislative mediation. For example, in Manhattan, the 9/11 memorial features symbolic reflective pools that honor lost loved ones by their position in the footprints of the Twin Towers. The “Sandy Hook Promise” to “Choose Love” slogan, chosen early in the recovery process, demonstrates the intention of the Newtown community to lead purposeful and meaning-centered lives and the conscious choice to possess and empower thoughts and attitudes with “love, belief, and hope instead of anger” (Make the Sandy Hook Promise, 2012).

Through actions and memorials, individuals and groups can sublimate their suffering and find meaning and hope. According to Seligman, Reivich, Jaycox, and Gillham (1995), supporting a cause larger than oneself through philanthropic acts promotes positivity. The search to create meaning from suffering is seen repeatedly in society’s response to mass violence such as the events discussed in this chapter.

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