Using Children’s Drawings in Art & Play Therapy

Presented by
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About the Presenter: Cathy Malchiodi, PhD, ATR-BC, LPCC, LPAT

Cathy Malchiodi is a Licensed Clinical Mental Health Counselor, Art Therapist, and Expressive Therapist with over 25 years experience, and holds additional credentials in cognitive-behavioral therapy and trauma debriefing and intervention. She is the founder of the International Art Therapy Organization and President of Art Therapy Without Borders, and has held academic appointments at numerous universities, including University of Louisville, California State University Sacramento, Lesley University, and University of Utah. Cathy is the past Editor for Art Therapy: Journal of the American Art Therapy Association and is the current Editor for Trauma & Loss: Research & Intervention (journal of the National Institute for Trauma & Loss in Children). She has given over 300 invited presentations, keynotes, and workshops throughout the US, Canada, Europe, and Asia. Over the last decade, Cathy has worked with children, adolescents, adults, and families in a variety of clinical settings. Her work as a therapist has been with survivors of trauma, including domestic violence, physical and sexual abuse, and serious or life-threatening illnesses. She also has had extensive experience with adult survivors of trauma and childhood abuse and adults and children who have serious physical illness. In honor of her clinical and academic contributions, Cathy is the only person to have received all three of the American Art Therapy Association’s highest honors: Distinguished Service Award (1991), Clinician Award (2000), and Honorary Life Member Award (2003). She was recently appointed to the international advisory board for Save the Children Foundation to work on a global art therapy initiative for children in need in the West Bank and Africa.


Cathy lives in Louisville, KY, with husband, David Barker, research scientist, and two cats, Mr. Warhol and Chaplin.

Visit Art Therapy Without Borders at http://www.atwb.org and learn more about trauma informed art therapy at http://www.cathymalchiodi.com
Judith Herman Quote

"Atrocities refuse to be buried… Remembering and telling the truth about terrible events are prerequisites both for restoration of the social order and for the healing of individual victims."

The Creative Arts & Play are part of every culture [Perry, 2008]

- The arts and play are familiar and available to all children;
- Not necessarily associated with therapy, but with normalizing aspects of life.

Art, Play, and Expressive Interventions and Children--Empowering Narratives

- Art, Play, and Expressive Therapies: A way to let children safely tell their stories, make sense of crises, and use their creative potential to resolve disturbing emotions.
- Expressive Therapies: Art therapy, music therapy, dance/movement therapy, play therapy, drama therapy, sandtray or sandplay therapy, and poetry/creative writing therapy; other expressive methods exist, but these are formalized with ethics, education, and standards of practice.

Three Main Characteristics of PTSD & Trauma Reactions- A Brief Review...

- Reexperiencing the event, emotions, or the sensations involved the traumatic incident(s).
- Arousal (also called hyperarousal) when exposed to events or sensations that are connected to the traumatic incident(s). Lack of affect regulation can result.
- Avoidance of events or reminders of the traumatic incident(s).

Children are the experts on their art expressions

- Don't project your own reactions (story from The Little Prince).
- Be curious, assume you know nothing; this will stimulate child to tell you more.
- Take a stance of *not knowing*

Ethics & Children’s Art Expressions

- Respect art expressions like you would verbal expressions
- Display only with permission of child and parent/caretaker
- Disguise names or other identifying marks
- Treat art work with respect and care
- Store in secure place or file
Art Expression, Trauma, & the Brain: What Research Tells Us…
(Gross & Haynes, 1998; Haifa University 2009)

- Drawing facilitates verbal reports of emotionally laden events
- Increases memory retrieval during interview

More of What Research Tells Us…

- Helps child to organize narratives
- Prompts telling of more details than talking alone
- May reduce anxiety & increase child’s comfort level with the helping professional

Why Creative Expression, in Particular, Helps with Trauma Recovery

The experience of trauma makes verbal language difficult and, in severe cases, impossible. **Broca’s area** of the brain actually “shuts down,” when some individuals attempt to talk about traumatic events [aka “speechless terror”].

Art Expression & Memory Storage

- Art expression may help to bridge explicit and implicit memories of a stressful event
- Facilitates the creation of a narrative [explicit]
- Allows the individual to explore sensory memories [implicit]
- May help person to *think* and to *feel* concurrently while making meaning of stressful events (Malchiodi, 2003)

Effective Trauma Intervention…

- Has to access the **right hemisphere of the brain**…
- Has to access the **sensory-motor aspect of information processing**…
- Has to access the **non-verbal remnants of the trauma**…
- Ultimately, has to help serve as a container for the chaos [emotions and sensory aspects] and help regulate the body’s reactions.

Arts Therapies & Play Therapy as Intervention: Three Stages of Trauma Work…

Based on the early work of Judith Herman (1992):
- Establishing safety
- Telling the trauma story
- Restoration of self and reconnection to community

This model is used in most evidence-based [evaluated by research] trauma interventions.
Stage I: Establishing Safety...Using Expressive Methods to enhance the following...

- Psychoeducation—what is normal, how others experience trauma, what are the symptoms and reactions, and how it is "not your fault."
- Relaxation—learning how to modulate stress reactions, learning to recognize anxiety and hyperarousal, and practicing skills to reduce arousal, panic, stress, and anxiety.
- Safety—reconnecting with feelings of safety, attachment, and self-soothing.
- Reestablishing connection between right and left hemispheres—reconnecting implicit and explicit memory

Using Art & Expression to Access Implicit (Somatic/Sensory) Memories

- Traumatized children begin recovery through their sensory memories.
- Important to start with the body and how the "body remembers" the trauma.
- Keep it simple and contained-- make sure individuals have experiences safety and know how to self-soothe; provide media and experiences that help with “containment.”

Self-Soothing Activities

- The accumbens-striatal-cortical connection in the brain mediates anxiety/depression.
- Using one's hands to "make things" is an effort driven reward, especially if you find a creative activity you enjoy that has an enjoyable product.

From http://www.papermandalas.com...

Worry Dolls

Animal caretaking exercise

Imagine the qualities of your animal—what it is like, its personality, if you could stroke its skin or fur, what would that feel like?

What kind of environment would help this animal to feel safe? To feel nurtured? To grow, to be healthy? To feel loved and appreciated?
Let's try two drawings for Stage One!
Do the best you can to draw…

First: “Use a pencil to draw a picture of a person on this piece of paper. Try to draw a whole person, not a stick figure!”

Next: “Draw a picture of a bird’s nest. You can include anything you want to in the picture and use any colors you want to.”

Bird’s Nest Drawing: Attachment, Safety, and Relationship

Get a Human Figure Drawing – Development is Affected by Trauma

Draw a picture of a person on this piece of paper. Try to draw a whole person and try not to draw a stick figure.

Koppitz drawing test: 2 or more indicators from list indicative of emotional problems and possible PTSD in recent study (Malchiodi, 2009)

Stage Two: Telling the Trauma Story

- Encourages personal expression of “what happened;”
- Talking about how “what happened” affected you;
- Accepting that it “really happened,” but also learning that you do not have to be controlled by “what happened.”

Stage Two Intervention …

“Powerful and Powerless”

Individually or in a small group, use collage materials to make an image depicting the experiences of “powerful” and “powerless.” Consider the both differences and similarities in these experiences
Dynamic Posttraumatic Play & Art
- Affect is available during the activity
- Interactions with the art and play are fluid (not constricted) and varied
- Art making changes and new elements are incorporated
- Themes expand or differ
- Outcomes differ and adaptive, healthy responses occur
- After art making or play, there is release or relaxation (fatigue)
- After session, may still have emotional reactions, but these eventually decrease over time

Stagnant Posttraumatic Play & Art
- Affect is restricted during the activity
- Interactions with the art and play are limited and do not vary
- Interactions with therapist are limited
- Themes stay exactly the same, limited in use of materials
- Outcomes are fixed and non-adaptive
- After art making or play, there is tension and constriction
- After session, no changes or may even have more trauma reactions

Working with Stagnant PTSD Art/Play
- Ask individual to stand up, take deep breath, make movements. Use physical (sensory) activities that differ from art or play activity—interrupt repetitive behaviors or stories.

Working with Stagnant PTSD Art/Play
- Ask child to take a specific role in the drawing or art expression. For example, if there is an animal in the picture, “what is the animal thinking?”
- Pretending may help child to get outside the trauma narrative and play out scene in a different way.

Working with Stagnant PTSD Art/Play
- If there is a repetitive story, ask individual to create story in another media such as clay or sandbox figures.
- Changing materials may help to change the story or explore new endings.

Working with Stagnant PTSD Art/Play
- Use video taping of art or play and watch with individual, stopping frequently for discussion.
Stage Three Intervention

**Herman (1992)—“Return to Community”**
- Restoration of connections to people and experiences from “pre-trauma” life
- Development of “future-oriented” view, incorporating traumatic experiences, posttraumatic growth, and acceptance.

Stage Three Intervention con’t...

- With children, a time in therapy to reconnect them to helping adults through family or dyad work.
- Recapping “what happened” and recounting experiences during intervention (including review of art).
- Closure rituals, celebration of skills and particularly “survivorhood.”

Stage Three Intervention

**“Power Shield”**
- Decorate a shield with images or words that answer the following questions:
  - What makes you feel powerful or strong?
  - What is the one thing you have learned from “what happened?”
  - Since it “happened,” what makes you happy? Or what makes you a “survivor?”

Stage Three Intervention

**“Me Tree”**
- Draw yourself as a tree—the type of tree you are.
- Identify at least 3 positive qualities and write them on the roots and 3 or more achievements and write them on/around the branches [15-20 mins.]

10 critical psychological elements and characteristics of resilience, including:

- Optimism
- Altruism
- Having a moral compass
- Faith and spirituality
- Humor
- Having a role model
- Social supports
- Facing fear
- Having a mission or meaning in life
- Training

Dissociation and PTSD in Children

- Also known as “trance behavior”
- Art making is a natural source of dissociation; normal children can engage in this type of dissociation and will not be emotional distant during the creative process.
Dissociation and PTSD in Children...

Children with PTSD may be re-experiencing sensory aspects of trauma during art making and may dissociate to avoid these feelings.

This is actual “normal” and is an adaptive coping skill that you can identify and discuss with children.

Addressing Dissociation in Children

- Talk with children who dissociate about “spacing out” and ask them to help you understand when it occurs; for example, “when was the last time it happened?” “What did it feel like?”
- Are there emotional triggers? Anger, depression, or specific events?
- Help children to develop skills to identify and control unhealthy dissociation (self-monitoring, recognizing triggers, etc). Also, normalize for children that “spacing out” is an adaptive skill.

Qualities of Art Materials

- **Line drawing**—storytelling, more cognitive
- **Paint**—mood/affect, less control
- **Clay**—regressive, playful, can be primitive, can be integrative
- **Collage**—structured, controlled, non-threatening

Diversity Issues, Art Therapy, & Trauma Treatment

Children...

Include multicultural art supplies such as multicultural crayons, paints, clay, and collage images and play materials.

Learn about traditional art forms that children from diverse backgrounds may prefer.

Diversity Issues, Art Therapy, & Trauma Treatment [cont’d]

Respect preferences for self-expression through art—some children will not feel comfortable with using art and play in this way.

Seek to understand culturally related symbols influenced by culture, family, and/or media.

Learn about children’s beliefs about art, play, and therapy.

Some time for Questions & Answers... and thank you!

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http://www.internationalarttherapy.org

http://arttherapywithoutborders.org