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Caitlin Frances Murphy

Loyola Marymount University, caitlinfm1989@yahoo.com

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Post-Disaster Group Art Therapy Treatment for Children

by

Caitlin Murphy

A research paper presented to the

Faculty of the Department of
Marital and Family Therapy
Loyola Marymount University

In partial fulfillment of the
Requirements for the Degree
Masters of Arts in Marital and Family Therapy

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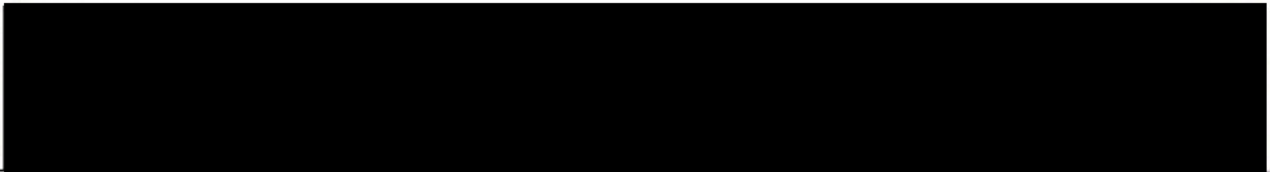
Author's Signature:



Caitlin F. Murphy

Handwritten signature of Caitlin F. Murphy in cursive script.

Research Project Mentor:



Dr. Paige Asawa, PhD, MFT, ATR-BC

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Abstract

A qualitative research study presents a thorough examination of a group art therapy curriculum for child survivors of disaster or traumatic events. A review of the existing literature was used to inform the current study. The researcher utilized focus group method of inquiry to gain a better understanding of the topic from experts in the art therapy field. Through the gathering of data and analysis, the findings suggest that the curriculum developed to assist child survivors of traumatic events or disasters has intrinsic value and can assist in the recovery process. The focus group provided a means to analyze the curriculum in a critical manner, allowing it to be adjusted and revised for implementation in the future. Drawing on their expertise in working with survivors of disaster or traumatic events, the focus group participants provided valuable feedback used to revise the proposed curriculum. The revised curriculum has the potential to provide safety and containment to encourage integration of the trauma amidst internal and external chaos that a disaster or traumatic event may evoke.

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Introduction

Study Topic

The purpose of this research was to investigate the development of a group art therapy program for youth who have survived a disaster or traumatic event. The current literature and information pertaining to group therapy and art therapy with disaster survivors was examined and implications for treatment considered. The researcher has created an eight-week group art therapy curriculum that was sent with a survey to a group of disaster responders from the Helen B. Landgarten Art Therapy Clinic at Loyola Marymount University. The responders participated in a focus group during which they created artwork and responded to a survey about the proposed curriculum. The focus group participants made art about how they see the group therapy assisting the survivors with recovery and provided feedback and implications for future use in disaster response.

When designing this research, the researcher first wondered how a group art therapy program might assist group members in better understanding and processing a disaster event. Can group art therapy provide the safety, psychoeducation, and an opportunity for self-expression that is necessary to reduce the traumatic impact of disaster events? What would be included in the eight-week group curriculum? How can disaster responders inform the curriculum in a focus group setting?

Significance of the Study

This study topic is significant since children are one of the most undeserved populations in disaster settings. Disasters continue to affect copious amounts of people and will continue to affect our world into the future. Disasters can have far reaching and long lasting effects on the

mental health of a child. Art therapy has been demonstrated to be effective in reducing the impact of disasters on children. However, due to the lack of group art therapy research, it is imperative to further the understanding of how the process may benefit disaster survivors.

This study topic is important to me because of a previous experience I had working with children who survived a tornado in Tuscaloosa, Alabama summer of 2011. After gaining the education I have from the Marital and Family Therapy program at Loyola Marymount University, I realized the process and art facilitated with the four hundred elementary age students was not consistent with the literature on art therapy after disasters and specifically with the goals of providing mental health services in the aftermath of a traumatic event. The art making was not supervised by an art therapist and there was no debriefing for the volunteers afterwards. The students may have experienced re-traumatization, and the volunteers may have experienced secondary traumatization. As a result, I want to create a protocol that provides art therapy in a group setting in the appropriate manner.

With the conclusion of this research, I anticipate the development of an effective group art therapy curriculum for children following a traumatic event or disaster. This research may lead to further exploration of the effects of disaster events and the efficacy of this curriculum. It is the goal of this research study to provide a curriculum for art therapists to utilize to prevent PTSD symptoms and assist children in the recovery process in the aftermath of a traumatic event or disaster.

Background of the Study Topic

Disasters have been occurring throughout the history of the world, and will continue to occur for the rest of time to come. A countless number of children and adults are being affected by disasters simultaneously; resulting in a sudden need for a surplus of mental health services. “By definition, a disaster affects many people simultaneously, often resulting in a sudden need for mental health services that may surpass what local providers can manage” (Hamblen, Norris, & Muser, 2009, p. 269). After a disaster, there are many psychological effects influencing both children and adults. Following a disaster, children may experience a multitude of symptoms including depression, anxiety, and aggression, among many other.

Several treatment modalities have been utilized with child disaster survivors. Many of the treatment protocols address the possible trauma effects of the disasters. Some of the treatment protocols that have been shown to be effective include Cognitive Behavioral Therapy (CBT), Eye Movement Desensitization Reprocessing (EMDR), Dance and Movement Therapy, and Play Therapy (Taylor & Weems 2011; Rodriguez, Hoagwood, Gopalan, Olin, McKay, Marcus, Radigan, Chung, & Legerski 2012; Lee, Lin, Chiang, & Wu 2013; Jordan, Perryman, & Anderson, 2013 Adúriz, Bluthgen, & Knopfler, 2011; Jayatunge, 2008; Fernandez, 2007).

Extensive research indicates that group therapy is an effective method to help disaster survivors deal with a multitude of issues (Jarero & Artigas, 2012; Openshaw, 2011; Fernando, 2009; Rønholt, Karsberg, & Elklit 2013; Huang & Wong, 2012; Van der Velden & Koops, 2005; Adúriz, Bluthgen, & Knopfler, 2011). Group therapy has been shown effective because it “can involve large segments of an affected community, agency, or organization and reach more people in a time-efficient manner” (Jarero & Artigas, 2012, p. 221).

“Art Therapy is a way to provide distance from the intense affect associated with the disaster, and a way to work around and through the natural defenses that arise when trying to link affect with cognition” (Orr, 2007, p. 351). Art therapists aim to provide a safe holding environment, creative platform for children to tell their trauma narratives, and reduce experience of symptomology including an opportunity to regain emotional control and reduce stress (Roje, 1995; Orr, 2007; Chilicote, 2007; Howie et. al, 2002).

Limited research exists that focuses on art therapy with group therapy for disaster survivors Moon (2010) lists the benefits of art therapy in a group therapy setting; it creates a sense of ritual that provides psychological safety and promotes interpersonal emotional risk-taking, it reduces isolation and creates a sense of community, it fosters a sense of personal and communal empowerment (p. 8). In particular, with children, the modality of combining art therapy and group therapy has proven to be successful. (Vick, 1999; Epp, 2008; Haen, 2005; Henley, 2000; Mills & Kellington, 2012).

Disaster events affect many people simultaneously. Therefore, it is imperative that treatment for disaster-related trauma be efficient in terms of time, resources, cost, and lasting results. Group therapy is one way to achieve this goal. Additionally, art therapy appears to be effective when working with children. Therefore, group art therapy may be optimally effective in treating children after disaster events.

Literature Review

Introduction

With the flood of media and technology, it seems every day one hears of another natural or manmade disaster. “By definition, a disaster affects many people simultaneously, often resulting in a sudden need for mental health services that may surpass what local providers can manage” (Hamblen, Norris, & Muser, 2009, p. 269). After a disaster, there are many psychological effects influencing both children and adults. Research has shown that following a disaster, children may be regressed, withdrawn, aggressive, depressed, anxious, defiant, hyperactive, antisocial, vulnerable, or paranoid (Brunick, 1999).

Much of the research focused on the need to provide psychological treatment to adult and child survivors to reduce the impact of disasters, which presented as a natural starting place for the literature review. According to Everly Jr., Hamilton, Tyiska, and Ellers (2008), there is value in early psychological intervention in the wake of disasters (p. 411). However, Orr states, “no prevalent theory currently exists for working with children after a disaster” (2007, p. 350). Other researchers have found that generic training in mental health, or specialized training in other areas of mental health practice would be insufficient to function effectively in the field after a disaster event, without specialized crisis intervention and disaster mental health training (Everly Jr. et. al, 2008).

Chilcote (2007) expresses that the need for psychological and emotional support for victims of natural disasters especially in developing countries is dire. When working with adults after disaster events, group crisis interventions have been designed to enhance resiliency (Huang & Wong, 2012; Fernando, 2009). For children, “post disaster interventions might bolster children’s support systems and help children deal with life stressors (disaster-related or

otherwise) to prevent or reduce the occurrence of persistent posttraumatic stress” (La Greca, Silverman, Lai, & Jaccard, 2010, p. 804).

Additionally, “creating art after a disaster offers a way for children to make sense of their experiences, to express grief and loss, and to become active participants in their own process of healing, beginning the process of seeing themselves as ‘survivors’ rather than ‘victims’” (Orr, 2007, p. 351). The need for further development of an art therapy treatment plan for children after disaster events is apparent. Such research could provide responders an opportunity to be specifically trained in assisting children and allow children to reap the mental health benefits of immediate intervention following disaster events.

General Treatments for Disaster Survivors

Several treatment modalities have been utilized with child disaster survivors. Many of the treatment protocols address the possible trauma effects of the disasters. Some of the treatment protocols that have been shown to be effective include Cognitive Behavioral Therapy (CBT), Eye Movement Desensitization Reprocessing (EMDR), Dance and Movement Therapy, and Play Therapy (Taylor & Weems, 2011; Rodriguez, Hoagwood, Gopalan, Olin, McKay, Marcus, Radigan, Chung, & Legerski, 2012; Lee, Lin, Chiang, & Wu 2013; Jordan, Perryman, & Anderson, 2013).

Many researchers have investigated the efficacy of Cognitive Behavioral Therapy with disaster survivors. Several studies have shown CBT to be effective in reducing posttraumatic stress symptoms in children. The results from Taylor and Weems (2011) study suggest that a trauma-focused cognitive behavioral therapy approach for youth disaster survivors may be helpful in the reduction of child-reported posttraumatic stress symptoms. The Giles et al. (2002) supports this assertion as all of the subjects, who were survivors of a bombing in

Northern Ireland, were found to have PTSD symptoms. After treatment, the results showed that survivors had significant improvement in PTSD symptoms, depressive symptoms, and general health (Hamblen, Norris, & Mueser, 2009).

Rodriguez, Hoagwood, Gopalan, Olin, McKay, Marcus, Radigan, Chung, and Legerski (2012) utilized an evidence-based, trauma-focused Cognitive Behavioral Therapy approach for adolescents in a school setting. Their approach incorporated “psychoeducation, affect regulation, relaxation, cognitive restructuring, gradual exposure techniques, and homework assignments” in hopes of reducing distress, functional impairments, and cognitive distortions (Rodriguez et. al., 2012, p.58). They report that “CBT for trauma is particularly suitable and effective for delivery in schools because CBT can largely be delivered individually with much less disturbance in school routines, unlike psychosocial treatments” (Rodriguez et. al., 2012, p. 62).

The trauma narrative can be a critical component of Trauma-focused CBT. Cohen, Mannarino & Murray (2011) highlight the typical goals of the trauma narrative and cognitive processing to include:

1) desensitizing youth to feared memories of past traumatic experiences and thus mastering phobic avoidance of these memories; (2) identifying and addressing maladaptive cognitions related to past traumas; (3) contextualizing past trauma into one’s entire life experiences; and (4) preparing the parent to directly support the youth related to the past traumatic experiences. (Cohen, Mannarino, & Murray, 2011, p. 644)

In other childhood related traumas including abuse, the trauma narrative component has been found to be useful in reducing anxiety (Deblinger, Mannarino, Cohen, Runyon, Steer (2011).

Eye Movement Desensitization Reprocessing (EMDR) therapy has been found effective in treating symptoms of disaster survivors. In a study by Jarero and Artigas (2012), researchers assessed an EMDR group treatment protocol with child survivors of natural disasters. Their results indicate that:

when faced with the challenge of providing trauma treatment to a large number of people, the EMDR-IGTP protocol was demonstrated to be a highly efficient intervention in terms of time, resources, cost, and lasting results; it presents an auspicious answer to mass critical incidents. (Jarero & Artigas 2012, p. 222)

This modality has been shown to work particularly well with children and adolescents (Adúriz, Bluthgen, & Knopfler, 2011; Jayatunge, 2008; Fernandez, 2007; Jarero, Artigas, Montero, & Lena 2008). Another benefit of this treatment is identified by Jarero et. al. (2008) in that “distressed children are identified through this process so that they can be provided with further treatment” (p. 104).

Similarly, Lee, Lin, Chiang, and Wu (2012) utilized short-term dance and movement therapy to examine children who were at high risk for post-traumatic stress disorder (PTSD) following the 1999 earthquake in Taiwan. They claim “group dance therapy uses spontaneous, free movement to create experiences that cannot be expressed in words.” (Lee et. al., 2012, p. 153) The dance/movement therapy program was a suitable choice with this population because the children had just started to learn how to express their inner mental state verbally, and the program allowed them to express themselves through nonverbal means in order to transform the ordeal and the anguish. (Lee, et. al., 2012)

Wahl-Alexander and Sinelnikov (2013) studied a physical activity program for elementary school students affected by a natural disaster. Their goals were to “(1) reduce

students' current stress and anxiety levels, (2) provide students with developmentally appropriate physical activity, (3) provide students with a platform for shared experiences, and (4) provide students with ways to cope with traumatic events.” (Wahl-Alexander & Sinelnikov, 2013, p. 23)

The program focused on improving students' well-being following a traumatic event by integrating stress-reducing techniques with physical activity.

Jordan, Perryman, and Anderson analyze literature regarding child-centered play therapy with children who have experienced natural disasters and catastrophic events (2013). Their results indicated that child-centered play therapy is an effective treatment model for survivors. “Traumatized children benefit from being placed in a safe, therapeutic environment in which they are able to openly exhibit symbolic and repetitive play regarding natural disasters and catastrophic events”(Jordan et. al., 2013, p. 227).

Group Therapy with Disaster Survivors

Extensive research indicates that group therapy is an effective method to help disaster survivors deal with a multitude of issues (Jarero & Artigas, 2012; Openshaw, 2011; Fernando, 2009; Rønholt, Karsberg, & Elklit 2013; Huang & Wong, 2012; Van der Velden & Koops, 2005; Adúiz, Bluthgen, & Knopfler, 2011). Group therapy has been shown effective because it “can involve large segments of an affected community, agency, or organization and reach more people in a time-efficient manner” (Jarero & Artigas, 2012, p. 221).

In the wake of disasters including earthquakes, tsunamis, and war, researchers have provided group therapy to survivors. Results of their studies indicate that group therapy can decrease experiences of symptomology including: reduced rates of distress, depression, rumination, and anxiety (Van der Velden & Koops, 2005; Huang & Wong, 2012). Similarly, researchers found that participants experienced increased hope, psychosocial wellbeing, feelings

of safety, and overall health and confidence (Huang & Wong, 2012; Fernando, 2009). Van der Velden and Koops found that group participants appeared to be cohesive and more committed to the therapy (Van der Velden & Koops, 2005).

Specifically with children, group therapy can have similar results. Rønholt et. al. describe a school-based group treatment intervention for children with PTSD symptoms four years after a firework factory explosion (2013). “The results revealed a significant reduction in PTSD symptoms among children upon treatment termination” (Rønholt et. al., 2013, p. 625).

Adúiz, Bluthgen, and Knopfler applied a comprehensive, EMDR based, group treatment with children who experienced disaster-related trauma during a massive flood in Argentina (2011). Their results indicate the treatment was effective in reducing posttraumatic symptoms, and the improvements were maintained over time. The children showed cognitive and emotional changes as well as more adaptive perspectives and beliefs of the traumatic event (Adúiz, Bluthgen, & Knopfler, 2011). After students experience a traumatic event, group counseling is an effective tool to offset the effects of grief and distress, while also helping students cope with intense fears and assuring them that they are not alone (Openshaw 2011).

Art Therapy Treatments with Disaster Survivors

“Art Therapy is a way to provide distance from the intense affect associated with the disaster, and a way to work around and through the natural defenses that arise when trying to link affect with cognition” (Orr, 2007, p. 351). In the literature, a common finding shows that art therapy provides a medium for communication and a means to facilitate the healing of emotional scars for children following a disaster event (Ahmed, Siddiqi 2006; Chilcote, 2007; Howie, Burch, Conrad, & Shambaugh, 2002; Kilingman, Koenigsfeld, Markman, 1987, Gregorian, Azarian, DeMaria, & McDonald, 1996). Art therapists aim to provide a safe holding

environment, creative platform for children to tell their trauma narratives, and reduce experience of symptomology including an opportunity to regain emotional control and reduce stress (Roje, 1995; Orr, 2007; Chilcote, 2007; Howie et. al, 2002).

To reach those goals, interventions discussed in the art therapy literature include story telling techniques, symbolizing, and psychoeducation about coping strategies (Chilcote, 2007; Appleton, 2001; Howie et. al, 2002; Roje 1995). According to Orr (2007), semi-structured activities and interventions appeared to work best. Semi-structured interventions should include brief instructions and adequate materials (Orr, 2007, p. 356).

The previously mentioned, trauma narrative, is seamlessly connected with the use of art therapy. Drawing materials allow children to maintain a sense of control, while paint allows children to connect with internal sensations (Orr, 2007, p. 355). Three dimensional materials such as clay, fibers, and found objects, allow children an opportunity to rebuild their environment. Collage materials “inherently provide structure, are easy to control, and stimulate children’s numbed imaginations” (Orr, 2007, p. 355). In disaster treatment situations, materials should be portable, inexpensive, and accessible.

Art helped them to see themselves as survivors, rather than victims, and promoted self-reliance, and problem solving. Art offered a way for children for children to express feelings, perceptions, thoughts and memories; to make sense of their experiences; to communicate grief and loss: and to become a long-term coping resource. (Orr, 2007, p. 356)

Group Art Therapy

Limited research exists that focuses on art therapy with group therapy for disaster survivors. Within the general literature, many findings suggest that by linking art therapy with

the group therapy model, yields very positive results. (Hanevik, Hestad, Lien, Teglbjaerg, & Danbolt, 2013; Moon, B. 2010). Moon (2010) lists the benefits of art therapy in a group therapy setting; it creates a sense of ritual that provides psychological safety and promotes interpersonal emotional risk-taking, it reduces isolation and creates a sense of community, it fosters a sense of personal and communal empowerment (Moon, 2010, p. 8). Hanevik et. Al. (2013) found that group participants were able to create safety and interact in a supportive and positive way.

In particular, with children, the modality of combining art therapy and group therapy has proven to be successful. (Vick, 1999; Epp, 2008; Haen, 2005; Henley, 2000; Mills & Kellington, 2012). “The power of the art therapy group lies in its ability to witness—in a very concrete, as well as metaphorical way – the truth of the children’s experiences” (Mills & Kellington, 2012 p.10). In an art therapy group, the art making can be used to create a shared ‘visual language’ among the group members and thus expand the opportunities available for connection and meaning-making. (Mills & Kellington, 2012). There is still a lack of, and a need for further research of working with child survivors of disaster events in a group art therapy setting.

Art Therapy and the Trauma Narrative

Harber (2011) presents a case study in which art therapy helps to elicit and integrate the trauma narrative. Art therapy helped the client to integrate his feelings both non-verbally and verbally, while the therapist repeated his words to acknowledge his feelings and to help him feel emotionally connected and understood.

This simple method of hearing me [the therapist] name and reflect words back to him resulted in his being able to sit quietly on his own and write a

longer, relatively cohesive story that connected his past, the present, and his hopes for the future in one unified tale. (Harber, 2011, p. 24)

Conclusion

Disaster events affect many people simultaneously. Therefore, it is imperative that treatment for disaster-related trauma be efficient in terms of time, resources, cost, and lasting results. Group therapy is one way to achieve this goal. The literature has shown that group therapy helps to reduce rates of distress, anxiety and depression, while at the same time it can increase hope, psychosocial wellbeing, and feelings of safety. Additionally, art therapy has been shown to be effective when working with children following a disaster event. The literature revealed that art therapy can reduce symptomology as well as provide a safe holding place to share their trauma narratives and regain emotional control.

Therefore, group art therapy can be optimally effective in treating children after disaster events.. “If art therapists are going to be working with children after disasters, more research needs to be done in this area so that art therapists are working from what is known to be valuable rather than what is thought to be useful” (Orr, 2007, p. 356).

Research Approach

A qualitative research approach was chosen because it can yield a thorough examination of the specific topic that is being understood. Qualitative methods allow the researcher to “focus on individual meaning and the importance of rendering the complexity of a situation” (Creswell, 2009, p. 4). “Qualitative research allows the investigator to utilize interviews, observations, and impressions from participants as data” (Kapitan, 2010, p. 107).

One of the qualitative methods to gather information from many participants at one time is the focus group approach. A focus group is a group interview in which the participants are asked to discuss a specific topic (Ryan, Gandha, Culbertson, & Carlson, 2013, p. 2). The researcher chose to utilize this method of inquiry to gain a better understanding of the topic from experts in the art therapy field. “Focus groups are seen as a dynamic social process, where participants explore opinions, beliefs, and understandings about a program or policy within a group dynamic through a form of collective sense-making” (Ryan, Gandha, Culbertson, & Carlson, 2013, p. 4). As participants evaluated the protocol, the researcher was able to utilize their expertise to make adjustments and revisions to the curriculum of the art therapy group.

Methods

Introduction

A qualitative research approach was used to thoroughly collect data. Specifically a focus group was utilized to gather information from a group of disaster responders regarding a proposed curriculum for a group art therapy treatment protocol. The first section defines terms that may apply to this research study. The following section outlines the design of the study, which includes sampling, gathering of data, and analysis of data.

Definition of Terms

Disaster: “A sudden calamitous event bringing great damage, loss, or destruction” (Merriam-Webster Dictionary, 2014). For the purposes of this research, “the meaning [of disaster] for a child can encompass manmade events such as war, uprisings, or terrorism. It can encompass natural events such as hurricanes, tsunamis, tornadoes, and earthquakes” (Orr, 2007, p. 350).

Focus group: “a group interview in which the participants are asked to discuss a specific topic” (Ryan, Gandha, Culbertson, & Carlson, 2013, p. 2).

Trauma: “a very difficult or unpleasant experience that causes someone to have mental or emotional problems usually for a long time” (Merriam-Webster Dictionary, 2014).

Group Therapy: “therapy in the presence of a therapist in which several patients discuss and share their personal problems” (Merriam-Webster Dictionary, 2014).

Design of the study

The researcher constructed a curriculum for a group art therapy treatment approach for children in the aftermath of a disaster or traumatic event. The curriculum was informed by the literature and enhanced by the researcher's previous experiences. The participants in the research were selected due to their experience responding to a recent traumatic event. The participants were asked to review the curriculum and answer questions in a survey. The participants were then invited to come together in a focus group setting facilitated by the research mentor, Dr. Paige Asawa. Participants signed consent forms and then engaged in the focus group process, which included a review of the curriculum, survey responses, art making and discussion. The participants were asked to make art in response to their reaction to the group art therapy curriculum and how they perceived its impact on the child clients. The focus group was recorded and transcribed. Lastly, the researcher revised the curriculum after analyzing all of the data.

Sampling. Art therapists who had experience working with survivors of disaster events were asked to participate in the focus group. Qualifications for inclusion were experience working with disaster survivors, art therapy experience, and willingness to participate. It just so happened that of all the responders that were invited to participate, the final focus group were responders who had all recently responded to a multi-dwelling house fire.

Gathering of data. The gathering of data began with an email message to all of the participants that provided them with a document that contained the curriculum for the group art therapy protocol. Also attached was a survey requesting them to critique the curriculum and

provide comments on their understanding of how the curriculum may be effective with child survivors. Participants were also asked to review the curriculum at the start of the focus group. The focus group was audio recorded and transcribed. During the focus group, participants were asked a series of questions regarding their impressions of the treatment plan. The feedback the participants provided was compiled. Participants were also asked to create artwork in response to how they perceived the impact of the treatment protocol. The art created also served as visual data from the focus group.

Analysis of data. First, the survey was reviewed to analyze the responses from the participants. The surveys were tabulated and entered into a survey program. Second, the focus group recording was transcribed and a textual analysis was utilized to determine themes in the data. The researcher engaged in the transcription process in order to ensure the deepest saturation and understanding of the textual data. The analysis of the survey data included summation and comparisons of the participants' answers. The participants' artwork was analyzed by the research mentor and researcher several days following the focus group. Finally, the group art therapy curriculum was reconstructed to include the participants' suggestions and feedback.

Results

Presentation of Data

In order to participate in the focus group, the members must have had experience working with survivors of a disaster or traumatic event. The focus group consisted of five female participants. All five participants have had experience providing relief in a traumatic fire event that occurred just a few months prior to the focus group. In addition to this event, one participant had experience working with hurricane survivors, earthquake survivors, and survivors of an active shooter situation. Additionally, all participants have had knowledge and experience working within the art therapy modality. Three of the participants were current students in Loyola Marymount University's Martial and Family Therapy program, and two of the participants were alumni of the same program.

The focus group was facilitated by Dr. Paige Asawa, MFT, ATR-BC. She has had extensive and wide-ranging experience providing disaster relief. The facilitator, the researcher and the five participants were present in the focus group. Upon beginning the focus group, the five participants signed the informed consent forms. Before attending the focus group, participants received a copy of the proposed curriculum and then at the start of the focus group they were allotted time to review it once again. While reviewing, participants were encouraged to make notes and mark on their copy of the curriculum. Following this, they were prompted to complete a brief survey to discuss their opinions and suggestions about the proposed curriculum. The survey also requested the participants to provide information regarding their past disaster relief experiences and demographics.

Next, the researcher shared the significance of the study topic and the purpose for devising the curriculum. Immediately following this, the facilitator led a guided imagery

exercise that was related to the recent traumatic fire event in which the participants were directed to see themselves using the curriculum with child survivors of a disaster event. The facilitator encouraged the participants to imagine a disastrous fire in which children experienced their homes burning down and witnessed loss of life. Participants were asked to imagine themselves implementing the curriculum as part of an after school program.

During the next stage of the focus group, the participants were asked to draw how they saw the group art therapy curriculum working to provide relief for children in the imagined situation from the guided imagery exercise. A variety of materials were provided, including but not limited to slick sticks, markers, white and colored paper, scissors, colored pencils, and glue. The allotted time to complete their artwork was around ten minutes.

During the art process, the participants appeared focused and did not engage in conversation. Upon completion of their art, participants were asked to hang their drawing on a bulletin board to provide a better viewing perspective. This allowed each of the participants to view the artwork simultaneously. The facilitator then asked the focus group members to share and describe their artwork. The other participants were encouraged to ask questions and make reflective comments.

Participant #1 created an abstract drawing of a light blue circle with multiple colored lines going towards the center of the page (Figure 1). In the center of the image is a large blue circle and purple spiral. The participant was observed using high levels of energy to create the image.

When describing her artwork, participant #1 stated that each of the colored lines represent the individual members in the group, sometimes overlapping. She identified the light blue circle as the group that is containing them, while the center circles are the facilitators working with

them. She stated that the facilitator and group would provide a “holding space” for the individuals to come together.

Participant #1 emphasized that the curriculum would help the group of individuals form new partnerships and connections. She reflected on her experience responding to and working with the children in the traumatic fire event. The participant recalled how much energy the children had. She imagined that through a group experience, they might have made new connections and be calmer than before.

Participant #2 appeared to put a lot of energy into her artwork. The lines in her drawing appear to have a kinetic, jagged quality (Figure 2). There is a central focal point amidst the jagged lines. She described that point to represent the child amidst the chaos. The participant chose one sheet of paper and taped it to a larger piece before creating the image. She used blue, purple, orange, gold, and black slick sticks, as well as markers and tape.

Participant #2 identified the kinesthetic quality of her drawing as a connection with how children are kinetic physically and after a disaster, mentally too. She described her artwork as portraying multiple layers of containment. “Even connecting kids who feel the same way, knowing they’re not alone is a type of containment, or having a therapist there is a type of containment.” Her emphasis, however, was the imperfections of the containment, stating that in a disaster situation, containment is not going to be perfect. Participant #2 mentioned the children she worked with at the previous traumatic fire event.

Participant #3 created an abstract drawing using slick sticks (Figure 3). Her artwork includes orange structured and segmented lines. The image is in the middle of the page with loose grey, black, and white masses around the orange structure. The image also includes a basket in the middle of the largest square.

Participant #3 stated that she imagined herself as an individual member of the group. She described her artwork as an image of how the group art therapy can provide a way to help reach compartments of an individual group member's complex experience. The participant stated that the colors inside the squares represent shared connections with other group members. Participant #3 described the basket as another method of containment. "That [the basket] is the ritual, the mindfulness closing."

Participant #4 utilized the slick sticks to create an image that appears to express energy (Figure 4). The energy is indicated by the amount of space, type of marks, and time the image took to create. The colors red, orange, yellow, light blue and white are prominent throughout the artwork. There is a light blue square in the center of the page, along with lines of the same color horizontally crossing it. Swirling lines of red, yellow, and orange surround the square. These same colors are also seen between the blue lines inside the square. The color white was used on top of the square and outwards from it.

She explained how internal and external chaos are represented in her image as the swirling lines. Participant #4 emphasized that the art therapy group, as seen as the blue square, would be a way to contain and organize the chaos of the disaster. She stated that the use of the white on top of the other colors elicited soothing feelings for her.

The artwork created by Participant #5 is different from the others (Figure 5). She utilized scissors and slick sticks, mainly orange and white. She folded a piece of blue paper to create various flaps on which she drew images in narrative form. The narrative has multiple layers in a cohesive order. Symbols are present throughout the artwork including faces, fire, flowers, a heart, and text.

Participant #5 stated that the many layers to her art piece represent the layers of trauma the children coming into the group may have experienced. She explained that her artwork was developed from the perspective that a child might have if they were attending the group art therapy. She reflected upon her experience responding to the traumatic fire event and stated that she wrote “thank you” on the back of her art to represent the gratitude that the families had for the responders.

Following the discussion of the artwork, the facilitator asked the participants put their artwork up on the bulletin board and to identify themes they observed in the art. Participants noted a theme pertaining to color, stating that orange is prominent in each piece. They also identified themes of line quality including softening and blending. The focus group discussed that chaos and containment were overarching themes.

The next section of the focus group consisted of questions and answers pertaining to the group art therapy curriculum. There was discussion again of the traumatic fire event that to which the participants responded. During this time, participants noted the benefits of the curriculum. It was agreed that group therapy can be beneficial when all the participants have a common experience such as a disaster event. Participants indicated that group art therapy would help create support and connections for the group members. Utilizing the curriculum in the school setting would provide consistency and safety for the children in the group. The clearly defined plan may also provide consistency for group members. Participants suggested that this curriculum could be used to assess which children need additional support following the end of group therapy.

The group then discussed aspects of the curriculum that they would change or improve upon. Participants indicated that the psychoeducation should be implemented earlier in the

curriculum. They stated that this may provide children with an understanding of the experience as well as an understanding of the future effects. Participants stated that implementing psychoeducation earlier would allow the facilitator to correct inaccurate beliefs about the event. Also, focus group members noted that the relaxation exercise may need to be adjusted depending on the ages of the group members. Participants agreed that a collective art piece that could transform overtime would be beneficial. This may allow participants to synthesize their experience of the disaster/traumatic event and their experience in the group.

The survey data presented fourteen questions pertaining to the research participants demographics, experience, and understanding of working in disaster or traumatic events. For instance, one question in the survey asked participants to answer “what are some of the pros and cons of the group art therapy curriculum presented?” Their response was similar to the discussion during the focus group. Research participants replied that some of the pros include the curriculum could provide “self expression, process of the traumatic event, foster resiliency.” Another participant responded that “the idea of having group therapy with children who have all experienced the same event and giving them a space to process, understand, and share their personal experience... is striking and intriguing.” Some of the cons research participants identified were that “session four is unclear” and that “time management may be an issue depending on the size of the group.” These survey responses provide further indication of how the curriculum was perceived, and how the participants’ experiences informed their answers.

Analysis of Data

After the data collection occurred, analysis of the data revealed answers to the questions posed at the beginning of the study. Several themes were observed throughout the focus group participant's artwork and discussion. An overarching theme is that of containment coexisting with chaos in the imagery. Themes in similar uses of colors, line quality, and space were also present. Additionally, the perspective of an individual within the group was noted. Themes discovered from the survey and discussion was that past experiences influence the focus group participants' understanding of the curriculum.

Chaos and Containment

A deeper understanding of the focus group provided information about group art therapy curriculum. The focus group identified the presence of containment and chaos within all of their imagery. The containment appeared circular or square in each of their images. Meanwhile, the chaos appeared jagged and heavy pressured lines. Each participant noted the group experience as being the primary factor of containment. The facilitator observed the "relationship between chaos and containment. Like a duality, or an interrelatedness... providing this containment in the midst of chaos." Most of the participants utilized the color blue in representing the group experience. Participant #4's artwork (Figure 4) exemplifies the containment and chaos as described previously. For instance, she drew a light blue square to represent the group therapy, and the red, yellow, and orange jagged lines represent the disaster. Cool colors, including blues and greys, were found in each participants' artwork.

Commonality in the Artwork

Focus group members utilized cool colors to represent containment, juxtaposed with warm colors, such as orange and red, to symbolize chaos. In majority of the imagery, the

disaster or traumatic event was described as chaos. This chaos will be thoroughly discussed in the findings. In each art piece, participants used swirled or jagged marks to depict the disaster. Participants described the group art therapy curriculum transforming the chaos or disaster event in some way.

Another commonality seen within the artwork and discussion is the focus on an individual's experience within the context of group art therapy. The focus group members each visualized what the experience of an individual child might be. Additionally, 100% of participants' artwork contained expansive imagery. The drawings consume most or all of the space in relation to the page.

During the discussion, each participant reflected upon their past traumatic fire event experience. Each participant mentioned aspects of their experience working with the survivors and discussed how that experience came through in their artwork. Moreover, according to the survey, most participants said they felt nervous or overwhelmed while working with child survivors of disaster or traumatic events. Based on survey results, participants had little understanding of effective post-disaster event treatments for survivors.

Answers to the questions posed at the onset of this study were revealed through the data collection and analysis.

Study Question #1: How might an art therapy program assist participants in better understanding and processing a disaster event? The results of the study suggest that the curriculum can offer the children an opportunity to visually express their experience of the disaster. It can provide containment during the often-chaotic environment of an ongoing disaster experience. The most significant result the focus group participants identified was that the

children in this group may feel that they are not alone in their struggles to process their experiences and find cohesion in the group.

Study Question #2: Can group art therapy provide the safety, psychoeducation, and opportunity for self-expression that is necessary to reduce the traumatic impact of disaster events? As a result of the study, the revised curriculum was agreed upon by focus group participants as capable of providing safety, psychoeducation, and self-expression. Safety was provided through the establishment of rules and structure encouraged by the curriculum. The group art therapy curriculum provided a psychoeducation component at the beginning of each session to help them better understand the disaster, learn positive coping strategies, and develop TF-CBT, and mindfulness techniques. Group cohesion can encourage psychological and emotional safety, allowing for openness of sharing their disaster experiences. One to two art therapy directives would be implemented each week of the curriculum to provide extensive opportunities for children to increase their self-expression, develop their sense of empowerment, and create a narrative to share their experiences with each other.

Study Question #3: “What would an eight-week group art therapy treatment plan look like with this population?” (Appendix D) The eight-week group art therapy curriculum was developed and revised through the existing literature and the focus group artwork, surveys, and discussions. It consists of a theme and psychoeducation piece for each week. It contains one to two art therapy tasks per week. There also is a collaborative group art piece that each member adds to and transforms throughout the treatment. Group discussion about their artwork and experience occurs in each session. Lastly, there is a concluding ritual at the end of the sessions.

Findings

The culmination of artwork, surveys, and discussion revealed several themes that support the proposed group art therapy curriculum for treatment with child survivors of a disaster or traumatic event. The transformative nature of the curriculum through shared experience and containment amidst the chaos of a disaster may demonstrate the main benefits of this group art therapy curriculum.

Every focus group participant agreed that they could see the curriculum being implemented and beneficial for child survivors of disaster or traumatic events in the future. Each focus group member identified what they felt was the most poignant aspect of the curriculum. These aspects included: structured sessions and mindfulness rituals to provide safety, psychoeducation to normalize and educate children about their experience, and art as means to develop and share their trauma narrative. Moon (2010) supports these assertions with the idea that “art therapy in a group therapy setting can create a sense of ritual that provides psychological safety and promotes interpersonal emotional risk-taking. It can also create a sense of community and foster a sense of personal and communal empowerment” (Moon, 2010, p. 8).

Relating to the theme of containment, one benefit identified was that the curriculum could provide containment for child survivors of disaster or traumatic events. 100% of participants’ artwork symbolized containment, perhaps indicating that they all agree that the proposed plan may provide containment for survivors. Also observed in all participants’ artwork was the existence of chaos or disaster being transformed by the containment.

Art therapists had traumatized children create art to provide a temporary

‘protected environment’ within the chaos, to help them be optimistic and focus on

the here and now, to provide assistance and resiliency practice to vulnerable highly stressed children, and to provide catharsis. (Orr, 2007, p. 356)

Perhaps the group art therapy curriculum can be a transformative experience for group members moving from the chaos of the disaster towards containment.

The group art therapy curriculum can provide containment amidst chaos and a platform for children to share their common experience. The commonalities seen in the artwork, such as expansiveness of each drawing, and the perspective of an individual within the group, lead to a thorough understanding of group cohesion. Individual children could have a safe holding place to come together to transform the chaos of the disaster event into containment and be transformed themselves from victims to survivors. “Creating art after a disaster offers a way for children to make sense of their experiences, to express grief and loss, and to become active participants in their own process of healing, beginning the process of seeing themselves as ‘survivors’ rather than ‘victims’” (Orr, 2007).

Throughout the discussion of the curriculum, focus group participants’ reflected upon their shared experience of providing relief after the traumatic fire event. This shared experience informed the way in which they imagined the group art therapy curriculum working. Similarly to their experience in the focus group, participants imagined that survivors would have a similar shared experience in group art therapy. For instance, participant number 4 stated, “what’s so interesting about the group dynamic is that there is this common experience, that all these people experienced. And for them to share that, I think could be really powerful.” The participant’s statement, in conjunction with the focus group participants’ experience, provides evidence that the shared experience of survivors will be beneficial in their treatment. This finding is supported by Fernando (2009) stating: “Their [group members] feelings and experiences are heard and

validated by others, and they develop a sense of connection to each other” (p. 5). A parallel process occurred between the focus group participants and what is anticipated to occur for child participants in the group art therapy treatment. It was identified that since the participants in the focus group had all experienced responding to the same traumatic event, they were uniquely qualified to understand the shared experience that the children might have in a group art therapy treatment. This finding reveals that participants could apply their experience in the focus group itself to the potential dynamics the children might experience in the curriculum presented.

The focus group participants identified in the discussion and survey the need for more services to be provided for the survivors during and following their time at the shelter. Hamblen, Norris, & Muser (2009) concurred with this finding, “a disaster affects many people simultaneously, often resulting in a sudden need for mental health services that may surpass what local providers can manage.” (p. 269). The group art therapy curriculum is projected to benefit survivors and may be able to address some of the needs that are not currently being met. It also can be a more cost effective way to treat larger numbers of survivors with fewer resources and clinicians. A disaster or traumatic event often overburdens an entire support system, therefore it is vital that psychological relief is provided to multiple people at the same time.

Focus group participants revealed the usefulness and need for the proposed group art therapy curriculum. Participants identified the need for psychoeducation early on after a disaster and that change has been implemented into the curriculum. Artwork, surveys, and discussion revealed a better understanding of how exactly the curriculum can benefit child survivors of disaster or traumatic events. Orr (2006) describes art therapy as a way “for children to express feelings, perceptions, thoughts and memories; to make sense of their experiences; to communicate grief and loss; and to become a long-term coping resource” (p. 356).

Conclusions

Through the accumulation of data, analysis and findings, it appears that the proposed group art therapy curriculum can be valuable in post disaster or traumatic event treatment for child survivors. The focus group provided a means to analyze the curriculum in a critical manner, allowing it to be revised and ready for implementation in the future. Drawing on their expertise in working with survivors of disaster or traumatic events, the focus group participants provided invaluable feedback used to revise the proposed curriculum. The revised curriculum will likely provide safety in containment and encourage transformation amidst internal and external chaos that a disaster or traumatic event may evoke.

As a disaster or traumatic event occurs, victims are likely experiencing similar challenges. A shared disaster experience will likely evoke shared trauma. Similarly, a shared treatment experience may provide a shared experience of relief or transformation from victim to survivor. Overall, the results of this study indicate that a group art therapy curriculum could assist in providing relief for child survivors of disaster or traumatic events making the transformation a possibility.

Although the focus group method was successful in providing feedback to revise the curriculum, there were limitations throughout the process of the study. The focus group participants had similar backgrounds including similar demographics, were all female, California residents, and were alumni or students from the same university. All the focus group participants had experience working with survivors of a traumatic fire event, while one participant also had experience working with hurricane survivors, earthquake survivors, and survivors of an active shooter situation. If participants had a broader range of experience or backgrounds, it may have informed the review of the curriculum differently.

Another limitation to the study was the inability for the researcher to apply the curriculum to an actual disaster or traumatic event. In order to assess fully the usefulness of the curriculum, it will be necessary to implement the curriculum with actual survivors after a disaster or traumatic event. Its implementation could provide further evidence for its effectiveness in relieving symptoms related to experiencing a disaster or traumatic event. According to the literature discussed previously, continued research into effective treatments for disaster or traumatic event survivors is imperative. The literature implies that group art therapy has the potential to be beneficial; however, devising a curriculum is only the beginning. Future and ongoing research is necessary for the validation of the proposed curriculum.

Art therapists can be readily prepared to provide relief after a disaster or traumatic event with the use of the revised curriculum. Disaster events will inevitably continue to occur around the world, likely affecting a countless number of children. The revised group art therapy curriculum, pending implementation and future research, could fill the gap between what is thought to be useful and what is known to be valuable (Orr, 2007, p. 356).

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Appendix A

Informed Consent Form

Purpose: The purpose of this research is to investigate the development of group art therapy for youth who have survived a disaster event. Focus group research is the methodology to gain access to experts in the field of art therapy to review and respond to the proposed curriculum. The information pertaining to group therapy and art therapy with disaster survivors will be examined and implications for treatment considered. The focus group will review protocol and make art reflections, provide feedback and implications for future use in disaster response.

Your Participation: Participation consists of a brief survey and review of the proposed treatment plan. Joining in a focus group to critically discuss the proposed plan and make art reflections on the protocol.

Benefits and Risks: Potential benefits to subjects include and opportunity for a deeper exploration of their work with disaster survivors. There are no foreseeable risks for participating in the study, however some participants may experience embarrassment in the art process.

Confidentiality: Privacy will be ensured through confidentiality. Participation is voluntary and the participant has the right to discontinue the survey or focus group at any time. A summary of the results will be available to participants upon request.

By signing below, I acknowledge that I have read and understand the above information. I am aware that I can discontinue my participation in the study at any time. Please contact researcher or faculty advisor with any questions or concerns. I understand that if I have any further questions, comments, or concerns about the study or the informed consent process, I may contact David Hardy, Ph.D. Chair, Institutional Review Board, 1 LMU Drive, Suite 3000, Loyola Marymount University, Los Angeles CA 90045-2659 (310) 258-5465, david.hardy@lmu.edu.

Print name _____

Signature _____ Date _____

Signature of researcher _____ Date _____

Researcher: Caitlin Murphy
Faculty Research Advisor: Dr. Paige Asawa
Phone (310) 338-7646 Email: paige.asawa@lmu.edu

Appendix B

Focus Group Survey

1. Name:
2. Indicate
 - Student
 - Alumni
 - Other _____
3. Have you responded to a disaster or traumatic event?
 - Yes
 - No
4. Describe the experience(s) including the nature of the disaster
5. Describe the experience(s) including the location and facility.
6. Describe the experience(s) including the population.
7. What was the work that you did with this population?
8. What were your feelings during the time spent working with this population?
9. Have you ever provided group treatment for survivors post-disaster?
 - Yes
 - No
10. Describe the group treatment.
11. What is your understanding of post-disaster event treatments for survivors?
12. How did your understanding of post-disaster event treatments impact the services you provided?

13. Have you read the proposed treatment plan?

Yes

No

14. In your opinion, what are some of the pros and cons of the treatment plan presented?

Appendix C

Initial Group Art Therapy Curriculum

Session 1: [Have parental consent forms, for treatment and informed consent forms for research study signed]

Theme: Introductions

Psychoeducation: Introduce the group to the process and art therapy.

Task I: Create group rules. (Beginning of safety)

Art Task I: Using the collage and/or art materials make an image that tells us something about you, it could be about your family, friends. It could also include things you like and don't like.

Closure: Group discussion and introductions about themselves.

Session 2:

Theme: Safety

Psychoeducation: Introduce the idea of how safety is affected when experiencing a disaster event. This session is about exploring a sense of safety. Introduce focusing oriented art therapy and the idea of mindfulness.

Task I: Mindfulness process: guided imagery, clearing a space.

Art Task I: Create their "all fine place" and what helps them feel safe. Using any of the media provided, draw an image that represents your "all fine place".

Closure: Group discussion.

Session 3:

Theme: Self-Regulation. (TF-CBT)

Psychoeducation: Teach the relaxation techniques of TF-CBT. Practice breathing techniques and progressive relaxation.

Art Task I: Use art making to identify coping strategies. Draw what helps you feel better when you are stressed.

Closure: Group discussion of their coping strategies.

Session 4:

Theme: Typical responses to unusual events

Psychoeducation: Educate about the event itself and what typical responses would be and what to expect for the future. Inform the group members about how one event can have been experienced in lots of different ways.

Art Task I: Create a symbol for yourself in the "all fine place".

Closure: Group discussion regarding their responses to the image and how they experienced returning to their all fine place. Initiate ritual closure of group with group relaxation technique exercise before concluding. This will include each child developing a relaxation technique that is unique and works for them.

Session 5:

Theme: Beginning the story

Psychoeducation: Discuss the benefits of creating a story to have and share with others about how the participant survived the disaster event. Explain how the act of telling the story can have

an impact on the memory and integration of the event.

Task I: Teach the participants a simple bookmaking process. Use materials to create a book.

Art Task I: To start the book, provide one page to each participant. Ask participants to draw what they were doing before the event.

Closure: Group discussion about what they created. Group members describe the initial part of their story including where they were located and what was occurring before the disaster. Relate to the stories of other group members? Conclude with ritual of joint relaxation technique exercise.

Session 6:

Theme: Telling the story

Psychoeducation: Prepare the participants to work on the central parts of the story. Use the “all fine place” when activated by the process. Talk about here and now. Remind participants about their relaxation and breathing techniques.

Art Task I: Create an “all fine place” book mark with reminders of TF-CBT coping strategies on it, to be used when needing to work through events on specific pages.

Art Task II: Ask each participant to develop and add pages to develop the central experience of the disaster event in the book.

Closure: Group discussion about what they created without telling the whole story. Conclude with ritual of joint relaxation technique exercise.

Session 7:

Theme: Telling the Story

Psychoeducation: Prepare group participants to share their stories. Discuss the benefits of retelling the story and integration of the aspects of the event.

Art Task I: Draw the people or person you feel you could share the story with. Where would this be? What would the situation be? Identify who they can share the story they created with outside of the group.

Closure: Group discussion with time for each participant to share their story. Conclude with ritual of joint relaxation technique exercise.

Session 8:

Theme: Closure

Psychoeducation: Prepare the participants to say goodbye. Remind participants about their breathing, relaxation and coping techniques to use in times of stress.

Art Task I: Create pages to add to each other’s books to share with each group member to say goodbye.

Closure: Group discussion. Conclude with ritual of joint relaxation technique exercise.

Appendix D

Revised Group Art Therapy Curriculum

Session 1: [Have parental consent forms, for treatment and informed consent forms for research study signed]

Theme: Introductions

Psychoeducation: Introduce the group to the process and art therapy.

Task I: Create group rules. (Beginning of safety) Depict with art materials.

Art Task I: Using the collage and/or art materials make an image that tells us something about you, it could be about your family, friends. It could also include things you like and don't like.

Closure: Group discussion and introductions about themselves.

Session 2:

Theme: Safety

Psychoeducation: Introduce the idea of how safety is affected when experiencing a disaster event. This session is about exploring a sense of safety. Introduce focusing oriented art therapy and the idea of mindfulness.

Task I: Mindfulness process: guided imagery, clearing a space. (Adjust depending on clients)

Art Task I: Create their "all fine place" and what helps them feel safe. Using any of the media provided, draw an image that represents your "all fine place".

Closure: Group discussion.

Session 3:

Theme: Typical responses to unusual events

Psychoeducation: Educate about the event itself and what typical responses would be and what to expect for the future. Inform the group members about how one event can have been experienced in lots of different ways.

Art Task I: Create a symbol for yourself in the "all fine place".

Art Task II: Beginning of transformative group art piece.

Closure: Group discussion regarding their responses to the image and how they experienced returning to their all fine place. Initiate ritual closure of group with group relaxation technique exercise before concluding. This will include each child developing a relaxation technique that is unique and works for them.

Session 4:

Theme: Self-Regulation. (TF-CBT)

Psychoeducation: Teach the relaxation techniques of TF-CBT. Practice breathing techniques and progressive relaxation.

Art Task I: Use art making to identify coping strategies. Draw what helps you feel better when you are stressed.

Art Task II: Continue adding to the transformative group art piece.

Closure: Group discussion of their coping strategies.

Session 5:

Theme: Beginning the story

Psychoeducation: Discuss the benefits of creating a story to have and share with others about how the participant survived the disaster event. Explain how the act of telling the story can have an impact on the memory and integration of the event.

Task I: Teach the participants a simple bookmaking process. Use materials to create a book.

Art Task I: To start the book, provide one page to each participant. Ask participants to draw what they were doing before the event.

Closure: Group discussion about what they created. Group members describe the initial part of their story including where they were located and what was occurring before the disaster. Relate to the stories of other group members? Conclude with ritual of joint relaxation technique exercise.

Session 6:

Theme: Telling the story

Psychoeducation: Prepare the participants to work on the central parts of the story. Use the “all fine place” when activated by the process. Talk about here and now. Remind participants about their relaxation and breathing techniques.

Art Task I: Create an “all fine place” book mark with reminders of TF-CBT coping strategies on it, to be used when needing to work through events on specific pages.

Art Task II: Ask each participant to develop and add pages to develop the central experience of the disaster event in the book.

Closure: Group discussion about what they created without telling the whole story. Conclude with ritual of joint relaxation technique exercise.

Session 7:

Theme: Telling the Story

Psychoeducation: Prepare group participants to share their stories. Discuss the benefits of retelling the story and integration of the aspects of the event.

Art Task I: Draw the people or person you feel you could share the story with. Where would this be? What would the situation be? Identify who they can share the story they created with outside of the group.

Art Task II: work on transformative group art piece.

Closure: Group discussion with time for each participant to share their story. Conclude with ritual of joint relaxation technique exercise.

Session 8:

Theme: Closure

Psychoeducation: Prepare the participants to say goodbye. Remind participants about their breathing, relaxation and coping techniques to use in times of stress.

Art Task I: Create pages to add to each other’s books to share with each group member to say goodbye.

Art Task II: finish transformative group art piece. Adding strengths or what they have learned from the group treatment.

Closure: Group discussion. Conclude with ritual of joint relaxation technique exercise.

Figures



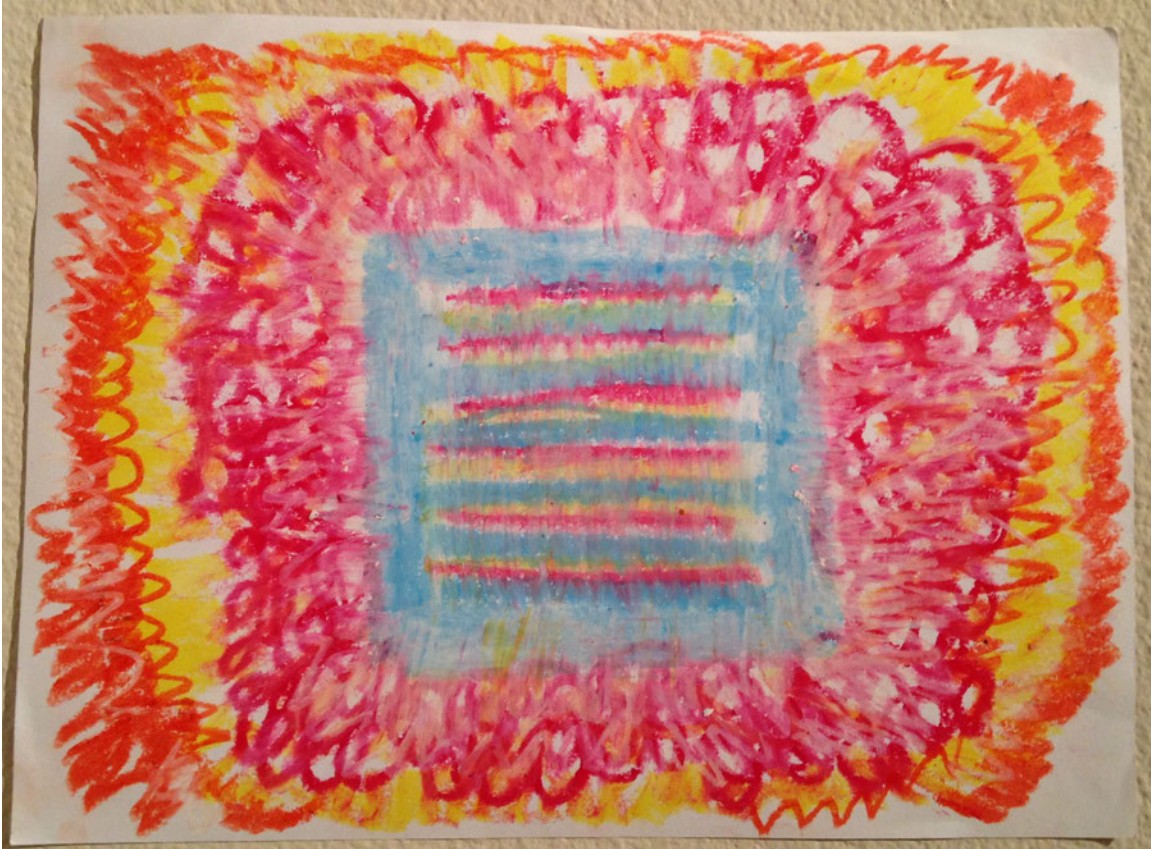
(Figure 1)



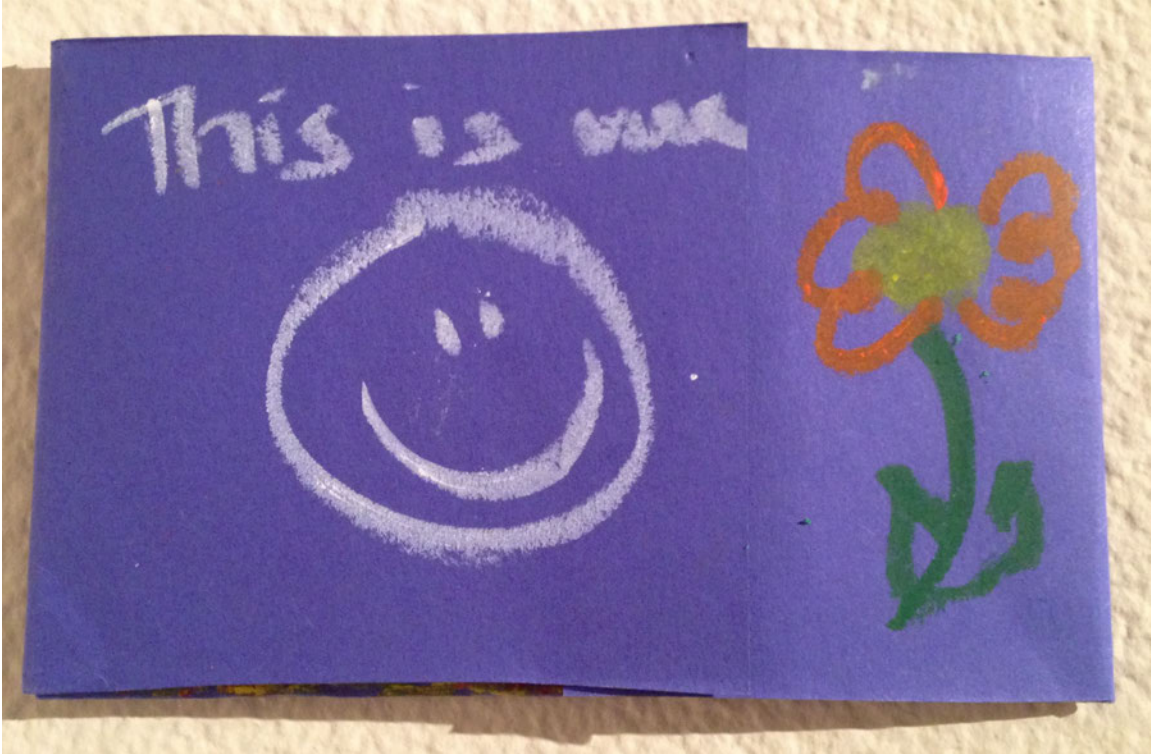
(Figure 2)



(Figure 3)



(Figure 4)



(Figure 5A)



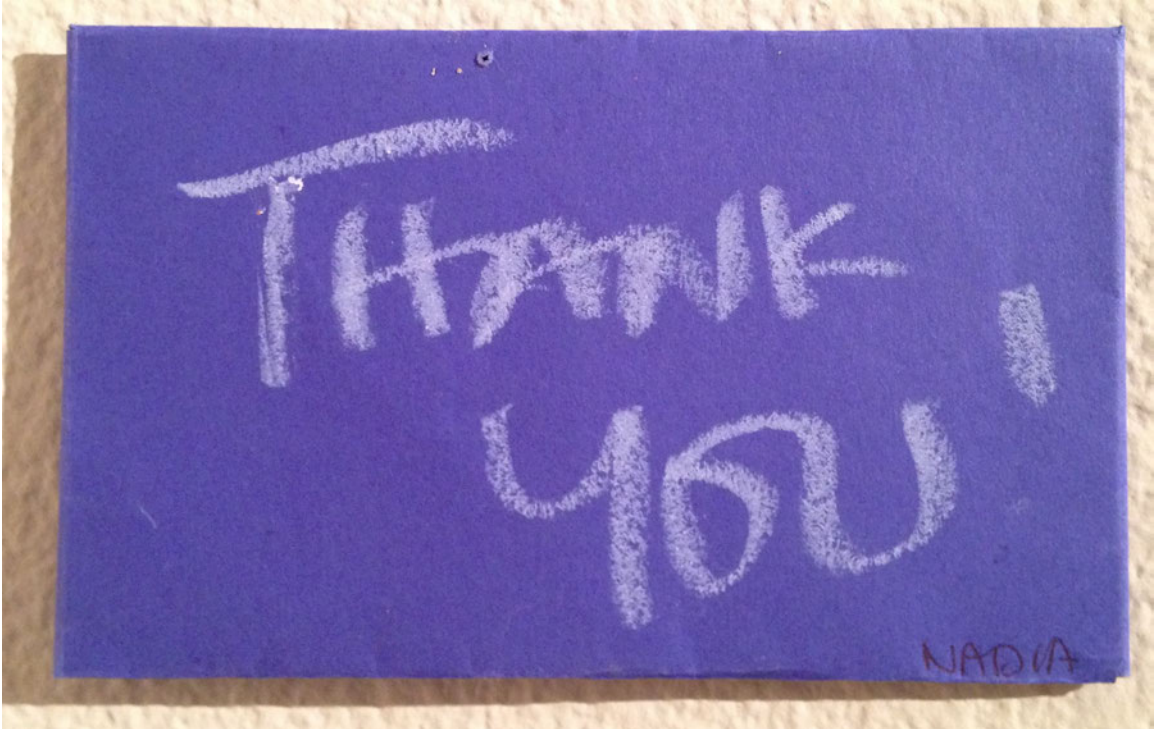
(Figure 5B)



(Figure 5C)



(Figure 5D)



(Figure 5E)