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Creative Arts Therapy as treatment for child trauma: An overview

Nadine van Westrhenen, MSc, Elzette Fritz, DEdPsy*

Department of Educational Psychology – Soweto Campus GNA 224, Faculty of Education, University of Johannesburg, PO Box 524, Aucklandpark, 2006, South Africa

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ABSTRACT

To address child trauma caused by events that affect children directly, such as abuse, or indirectly, such as divorce, creative arts therapies are used by creative arts therapists as well as psychologists and counselors. The purpose of this paper is to review such interventions and the research conducted throughout the last 12 years. We considered the methodology used, the population under study and theoretical frameworks, with specific attention given to the reliability, validity and trustworthiness of such research findings. The results showed that the majority of articles reported their findings narratively, with much emphasis placed on the process followed. It was recommended that therapists work closely with researchers to make creative arts therapies less of an outlier in the therapeutic approaches for traumatized children.

Introduction

Children today experience numerous tragedies and challenges involving household violence, abuse, community violence, terrorist attacks, and natural disasters. Child abuse is a common topic in the media, nationally and internationally (Mann, 2012; New York Times, 2013), and many cases are not reported and are therefore not receiving attention (Hopper, 2013). Except for those events that do receive the media's attention, many countries find themselves in a continuous climate of violence and abuse, the consequence of which is that many children are subject to trauma and posttraumatic stress, and subsequently, they often experience difficulty in developing relationships based on sound attachment (Perry, 2001).

Child trauma is currently defined in the DSM-V under posttraumatic stress disorder (PTSD), which relates to adults as well as children who are six years and older (American Psychiatric Association, 2013). A separate diagnosis, for which diagnostic thresholds have been lowered, is provided for children younger than six years. PTSD is characterized by overwhelming feelings of re-experiencing the traumatic event (e.g., nightmares and intrusive thoughts), avoidance of trauma-related stimuli, negative alterations in cognition and mood (e.g., negative beliefs and feelings of fear or shame) and arousal and reactivity (e.g., concentration difficulties and hyper-vigilance). Because the diagnostic criteria for PTSD in children have recently been revised and criticized (Scheeringa, Zeanah, & Cohen, 2011), child trauma in this review is considered to be when the child shows symptoms of PTSD after exposure to a traumatic event, and not only when he/she is diagnosed as having PTSD. Perry (2001) and van der Kolk (2002) have written extensively on the complexity of child trauma. Therefore, we know that children respond to trauma differently than adults, based on the developmental stages and attachment relationships that contribute to their resiliency. A seemingly insignificant event from an adult's point of view can be experienced as overwhelming for a child, and this can make it difficult to define trauma in children.

Like play therapy and cognitive behavioral therapy, creative arts therapy is a widespread approach in the treatment of child trauma (Malchiodi, 2008). Creative arts therapy is an umbrella term used to describe the professions of art therapy, music therapy, dance therapy, drama therapy, poetry therapy, and psychodrama. There is growing neurological evidence in favor of using creative arts therapies, specifically for trauma, which is based on the visual and sensational nature of traumatic memories stored in the brain without translation into the narrative (van der Kolk, 2002; Perry, 2008). Furthermore, with the increasing multicultural diversity of groups with which psychologists and counselors worldwide are required to work, creative arts therapies become more important, as they provide means to deal with language barriers and encourage the use

* Corresponding author. Tel.: +27 833251794.
E-mail addresses: nadinevanwestrhenen@live.nl (N. van Westrhenen), elzette@elzettefritz.com (E. Fritz).

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of historical cultural practices such as music, dancing and arts. They also allow for group and community involvement (Fritz, Veldsman, & Lemont, 2013).

Creative arts therapy has not been empirically addressed until recently, owing to the lack of research training of therapists and difficulties in actually measuring the abstract concepts of creative therapy through empirical methods (Eaton, Kimberly, & Widrick, 2007). The often-unstructured nature of the therapy, which depends on the pace of the client and the severity of symptoms, as well as systemic influences, challenges the execution of clean and controlled experimental designs. To the authors' knowledge, two review studies have been conducted in the last decade, focusing on art therapy as the treatment for traumatized children. Orr (2007) conducted a review of 31 communications consisting of refereed journal articles, news articles, television interviews and books, each of which focused on working with children after a disaster using arts engagement. The results were inconclusive and suggested the need for more reliable research on art therapy. Eaton et al. (2007) identified 12 studies and found that art therapy was used in different contexts as a treatment for children who had a wide variety of negative psychosocial consequences after experiencing a traumatic event. They identified the existing literature as being unclear about the psychosocial symptoms and diagnostic status of the participants. Additionally, inadequate information was often provided regarding the chosen method of art therapy.

The purpose of this paper is to establish the extent of research in the last 12 years that has been based on the use of creative arts therapy and other forms of creative expression as intervention for traumatized children, as well as the value of the evidence available on the topic. The value of the evidence available is established when the qualitative research is trustworthy, the quantitative research is reliable and valid, and all are based on a solid theoretical framework. In our analysis of the articles, we were guided by Rolfe (2006, p. 304) on "acknowledging that the commonly perceived quantitative-qualitative dichotomy is in fact a continuum which requires a continuum of quality criteria." We therefore attempted to appreciate the uniqueness of the respective studies without favoring one approach over another. By reviewing the selected articles, we hoped to obtain answers regarding the use and effect of creative arts therapies in order to identify guidelines that could inform future research in this domain.

Methodology

Procedure

Articles reporting studies were considered for inclusion based on: (1) the clinical population targeted (children between the ages of 0 and 18 who had experienced a traumatic event); (2) the therapy approach used (a creative arts therapy intervention, used by creative art therapists, psychologists and counselors, as well as social workers); (3) the main aim of the article (an evaluation of the intervention program), including all study designs due to the specification of the topic; (4) the year of publication (between 2000 and 2012), used as part of the selection criteria; and (5) their use of the English language. The electronic databases consulted included *PUBMED*, *PsycINFO, ScienceDirect* and *Web of Science*, using key words that were combinations of *creative therapy, arts therapy, music therapy, dance therapy*, *drama therapy*, *children*, *trauma*, *post-traumatic stress*, *post-traumatic stress* and *PTSD*. Initially, the four databases combined revealed 494 hits. An additional search executed in *The Arts in Psychotherapy* and *Art Therapy* journals, resulted in 22 additional articles. A first selection was made, based on the abstracts, and 29 of 516 met the inclusion criteria. By examining the reference lists of the selected articles and relevant books, another 16 articles were identified. After gaining access to the full texts and carefully reading through all of the 55 selected articles, a final total of 38 met all the inclusion criteria. During this final selection process, two articles needed to be excluded due to their inaccessibility in electronic databases (Morgan & White, 2003; St Thomas & Johnson, 2002). Fig. 1 provides an overview of the project structure of the selection of studies.

Evaluation criteria

The articles included in this review were evaluated by two independent researchers using the four criteria summarized in Table 1. Cohen's Kappa was calculated to determine inter-rater reliability, and there appeared to be substantial agreement between the two researchers' judgments, $\kappa = .666$ (95% CI, .525, .807), $p < .0005$. We used the expanded framework from Lincoln and Guba (1985), proposed by Schuermans (2013), which states that there are four main questions to be asked about any type of research. Depending on the research paradigm, these can be considered by engaging the four concepts further illustrated below.

The **truth value** refers to how one can establish with confidence the "truth" of the findings of a particular analysis for the participants in the study and the context in which it was carried out. It also answers the question on whether the measured effects can be attributed to the treatment under study. The optimum standard for most clinical treatment trials, according to the positivist paradigm (Ponterroto, 2005), is the random controlled trial. Alternatives are quasi-experimental designs using a control group without randomization. From an interpretivist paradigm, credibility includes using various data collection methods (triangulation) and checking the results with the participants.

Second, how can the **applicability of the findings** be determined for other contexts and other participants? Although qualitative studies do not have the purpose of generalizing to the rest of the population, unless the original researcher has provided a detailed description of the context of the original case study, future generations of researchers are not able to find out whether the conclusions can be exported to their own research settings. For quantitative studies, randomized sampling and minimizing attrition is crucial.

The **consistency** is determined by establishing whether the findings of the study are replicable in another similar study. For both qualitative and quantitative studies, the research procedure and analysis need to be consistent and clearly described through a trail of evidence.

Lastly, **neutrality** refers to the findings not being influenced by the researchers' bias or specific interests in the study. Lengthy quotations and openness about gaps and limitations increases neutrality.

Results

The final results include 38 articles (see Tables 4 and 5 for all the sample characteristics, treatment characteristics and methodological characteristics per study). Only two articles from this selection were also included in the review conducted by Orr (2007), and six were included in the review by Eaton et al. (2007). The literature search was carried out between 2000 and 2012, and the different years were similarly represented. Although the majority of the studies originated in the United States of America (44.7%), the other studies in the selection originated in Australia (5.3%), Canada (21.1%), Germany (2.6%), Israel (7.9%), Russia (2.6%), Sierra Leone (2.6%), South Africa (2.6%), Sri Lanka (2.6%), Taiwan (2.6%), and the United Kingdom (2.6%). Additionally, one study covered three community-based interventions conducted in Palestine, Thailand and Uganda.