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Developing a Short-Term Art Therapy Protocol for a University Counseling Center to Address Trauma

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This work is dedicated to my family. Thank you for your love, support, and drive to follow my heart.
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ABSTRACT

Suffering traumatic events and the stress disorders that may develop as a result of these experiences disrupt the successful daily functioning and the quality of a person’s life. The current art therapy protocols that serve to combat the effects of traumatic events are either intensive or lengthy. With the current state of minimized insurance coverage and managed care, these intensive or lengthy approaches come at a high price to the client. As such, the research study developed into one oriented towards the formation of a successful art-based, interdisciplinary trauma protocol that could be implemented in a short-term university counseling center or a brief-therapy model.

This paper will present the research and experimental work leading to the development of a short-term art-based protocol for the purpose of processing traumatic memory and the reduction of posttraumatic stress disorder (PTSD) symptoms at a university counseling center. As it pertains to this study, the nature and symptoms of PTSD and the storage of traumatic memory will be discussed. The research and literature review that was used in the formation of the protocol will be addressed. The research portion of this paper will discuss PTSD, the storage of traumatic memory, grounding techniques, successful art therapy interventions used with clients who have experienced traumatic events, and five existing art-based trauma treatment approaches some of which combine art therapy and eye movement desensitization and reprocessing (EMDR) techniques.

The art-based research protocol developed for this study was originally 7 sessions, but in practice was shortened to 6 sessions in duration with a pre- and post-test measure using the Impact of Events Scale and pre- and post-interviews of the participant. The study was set up according to an action research model that required the participant to also have a role as a reviewer and feedback provider for the researcher. The feedback provided would offer valuable information in regards to any parts of the protocol deemed unnecessary or excessive in order to create a streamlined treatment. Although this protocol was not intended as a short cut to trauma treatment, it did aim to alleviate symptoms of PTSD so the client could return to
more normal functioning after experiencing a traumatic event and after taking part in the protocol, decide if further counseling was needed.

Once formed, this research protocol was tested with three consenting participants; two participants completed the protocol while the third discontinued participation after two sessions. The participants involved in the study and their presenting issues will be introduced and then the protocol sessions and art created, the results of the protocol, the participants’ changes in functioning, the researcher’s observations, and the participants’ feedback will then be discussed, respectively.

Both participants who completed the research protocol experienced an alleviation of their PTSD symptoms and an improvement in their functioning, but both also completed the study with needs that reached beyond the scope of the study. These changes will be discussed in more detail and in regards to how their presenting issues and functioning difficulties appeared in the artwork created in session. The progression in the art created in session also reflected the participants’ improvements occurring during the course of the research protocol. The art created in session will be discussed from the participant/creator’s standpoint and from the observation of the researcher.

A summary of the study results will be presented, combining objective and subjective data gathered in the research, as will any changes the protocol underwent resulting from the protocol’s application and/or participant feedback. The paper will conclude with a discussion of the challenges and limitations of the research study in addition to suggestions for further research and replication of this study.
CHAPTER 1
INTRODUCTION

Suffering traumatic events and the stress disorders that may develop as a result of these experiences disrupt the successful daily functioning and the quality of a person’s life. The current art therapy protocols that serve to combat the effects of traumatic events are either intensive or lengthy, therefore creating expensive solutions to this disruption of life. This study aims to develop a successful, short-term method for helping people after trauma through the formation of a protocol. The protocol combines the use of art therapy interventions, bilateral stimulation, grounding techniques, the recording of an affect log, and the cognitive behavioral therapy (CBT) and/or eye movement desensitization and reprocessing (EMDR) techniques of positive and negative cognitions. This protocol was not be developed as a short cut for trauma therapy, but rather as a way to help the participant process the traumatic event with a systematic procedure that can then be followed up with longer term therapy if needed.

The current research study originated with an interest in studying and treating clients who had experienced traumatic events utilizing art therapy interventions with an additional interest in learning more about eye movement desensitization and reprocessing (EMDR). From this interest came the notion of comparing Talwar’s (2007) art therapy trauma protocol (ATTP) that combined art therapy and EMDR techniques to the use of EMDR alone. This proposal evolved into an evaluation of five existing art-based trauma treatment approaches or protocols. Several of these approaches incorporated EMDR techniques into their procedures, but the approaches could not be replicated in the study without the researcher’s training and certification in the administration of EMDR. Upon further review of the existing protocols, it became clear that all of the approaches were either intensive and short in duration or the treatment was spread over an extended amount of time. With the current state of minimized insurance coverage and managed care, these intensive or lengthy approaches come at a high price to the client. As such, the research proposal developed into a study oriented towards the formation of a new art-based trauma protocol that could be implemented in a short-term university counseling center.
The short-term protocol discussed in the following chapters was compiled from the consistently successful elements of the current art-based trauma protocols. The art-based trauma treatments used for this study also combined various therapeutic modalities further adding to the multiple disciplines working together in the new research protocol. This study attempted to create a short-term treatment protocol for use in counseling centers where it may benefit clients with a single traumatic event suffered, a brief traumatic encounter or where it can serve as an initial treatment, aiding the client in returning to a more normal routine, to then be followed up with longer term therapy after the completion of the short term protocol, if needed.

Purpose of the Study

The purpose of the study is to develop a protocol for the treatment of trauma or posttraumatic stress through combining art therapy interventions, bilateral stimulation, grounding techniques, and elements of Shapiro’s (2001) eye movement desensitization and reprocessing (EMDR). This protocol will be formed specifically for use in a short-term university counseling center. This study will then test the protocol in the therapeutic setting for which it is designed and subsequently be evaluated for its effectiveness using an action research model. The effectiveness of the protocol will be assessed according to the researcher’s and the participants’ perceptions, pre- and post-test assessment data, an examination of the video-taped sessions in which the protocol was used, and changes in the participants’ affect, attitude, actions, and mood.

Justification of the Study

As of yet, the art-based protocols developed for the treatment of trauma are intensive and usually administered over a long-term therapeutic relationship. The current study aims to develop a short-term protocol integrating art therapy interventions and eye movement desensitization and reprocessing (EMDR) that can be utilized successfully for the treatment of trauma. Existing protocols that utilize similar elements also require EMDR training for their use. An additional aim of this study and protocol formation is to create a simpler system that can be replicated by other, less experienced but well trained art therapists.

Once developed, the protocol will be tested in the therapeutic setting for which it was designed, in a short-term university counseling center. Its effectiveness will then be evaluated by participant and researcher together in order to make it more effective for its next application.
The testing and evaluation procedure will be repeated once more, and if time permits a third time as well. In testing the procedure in the therapeutic setting, the researcher will aim to eliminate the elements in the protocol that are not effective for the participants’ trauma therapy while maintaining the successful elements for a more streamlined approach to be used in future applications.

This research study is not intended to be a shortcut for trauma therapy. It is a short-term protocol to alleviate the participant’s symptoms posttraumatic stress or posttraumatic stress disorder symptoms. For many cases, this protocol will need to be followed up with longer term therapy, especially in the case of clients with multiple traumatic experiences.

Research Questions

Three research questions are associated with this research study, they are:

1) How can elements of art therapy, bilateral stimulation, and eye movement desensitization and reprocessing be successfully combined to create an interdisciplinary treatment protocol for use in the short-term setting of a university counseling center?

2) How did the participant perceive the protocol?

3) Did the protocol improve the participant’s functioning?

Definition of Terms

1) Acute Stress Disorder: (constitutive definition) Acute stress disorder as defined in the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (4th ed.) text revision or DSM-IV-TR (2000) is “the development of characteristic anxiety, dissociative and other symptoms that occurs within 1 month after exposure to an extreme traumatic stressor” (p. 469). Dissociative symptoms including a subjective sense of numbing, detachment, or absence of emotional responsiveness, a reduction in awareness of his or her surroundings, derealization, depersonalization, or dissociative amnesia may occur. The traumatic event is persistently reexperienced during the month following the traumatic event. The symptoms cause clinically significant distress, significantly interfere with normal functioning, or impair the individual’s ability to pursue necessary tasks, and are not due to direct effects of substance use, a general medical condition or an exacerbation of a preexisting medical condition (2000).
2) **Posttraumatic Stress Disorder or PTSD:** (constitutive definition) PTSD as defined in the DSM-IV-TR (2000) is a debilitating condition that follows a terrifying event. The diagnosis of PTSD occurs if the symptoms of acute stress disorder persist for longer than 1 month after a traumatic event, but symptoms may not arise until months after the event occurred. Often, people with PTSD have persistent frightening thoughts and memories of their ordeal and feel emotionally numb, especially with people they were once close to. The event that triggers it may be something that threatened the person's life or the life of someone close to him or her. Symptoms include insomnia, irritability, poor concentration, hypervigilance, increased startle response, avoidance of activities, people or places, feelings of detachment or isolation, and reliving the event through flashbacks or dreams. To be considered PTSD, the symptoms must cause clinically important distress or impair work, social, or personal functioning (2000).

3) **Posttraumatic Stress or PTS:** According to Rothschild's *The Body Remembers* (2000), PTS is a form of the most extreme stress, traumatic stress, or stress that results from experiencing a traumatic event. PTS "is traumatic stress that persists following a traumatic incident" (p. 7). PTS becomes PTSD when it accumulates to the degree that it results in the symptoms included in the DSM-IV-TR (Rothschild, 2000).

4) **Eye Movement Desensitization and Reprocessing or EMDR:** Developed by Shapiro (2001) in 1987, EMDR is a treatment procedure for the resolution of traumatic memories through the use of eye movements, alternating tones, or taps while thinking of the traumatic memory or troublesome thought. The process of EMDR includes eight steps: patient history and treatment planning, preparation, assessment, desensitization and reprocessing, instillation of positive cognition, body scan, closure, and reevaluation (Shapiro, 2001; Foa, Keane & Friedman, 2000).

5) **Art Therapy Interventions:** The art therapy interventions to be used in this research study will consist of drawing and painting exercises utilizing markers, oil and chalk pastels, and acrylic paints.

6) **Bilateral Stimulation:** In regards to this research study, bilateral stimulation will refer to the stimulation of both the left and right hemispheres of the brain in order to achieve integration and balance in treatment. When art and bilateral stimulation are combined into what McNamee (2003) calls bilateral art, the activity or directive can include the use
of both hands. In some EMDR techniques, bilateral stimulation refers to the stimulation of both the left and right hemispheres of the brain through eye movements, alternating touch, or alternating tones.

7) Grounding Techniques: In the case of this research study, grounding techniques will be established with the client early in the protocol administration in order to prevent the client from accessing the trauma too quickly. In the case that the client becomes overwhelmed by the trauma work, he or she can be brought back into the here and now (Gantt & Tinnin, 2007). The grounding techniques used in this protocol work will consist of mindful breathing techniques, in which breathing in and out is the sole focus of the client. The concentration on breathing will serve as a new focus for the client in place of the attention on the traumatic event. The breathing exercises will be done with the client’s eyes open.

8) Impact of Events Scale or IES: The IES (Horowitz, Wilner & Alvare, 1979) was developed as a measure of the stress associated with traumatic events. It consists of 15 statements people usually make surrounding stressful life events that are rated according to a 4-point scale with ratings of 0 or “not at all”, 1 or “rarely”, 3 or “sometimes”, and 5 or “often.” The statements are rated by the client with the question, “How frequently was each item true for you in the past 7 days, for the event and its context, about which you are dealing in treatment?” (Horowitz, Wilner & Alvare, 1979 as cited by Fischer & Corcoran, 1994, p. 276). The scores of this instrument are divided into two categories: intrusive and avoidant reactions or symptoms of posttraumatic stress. The instrument avoids identification of the traumatic event, leaving this to be acknowledged in the therapeutic session instead. This instrument is simple to administer and has very good internal reliability as well as validity.

9) Traumatic Experience: Trauma experiences qualifying a participant for this study will be events including but not limited to: kidnapping, a car accident, loss of a loved one, burglary, physical attack, sexual assault, break-in or home invasion.

10) University Counseling Center: The university counseling center is a short-term counseling center at a southern university that offers free counseling services for up to 10 sessions a year to the students, staff, and faculty of the university. The university counseling center employs counseling professionals including social workers, licensed
mental health professionals, and an art therapist. The university counseling center also offers internship positions for pre-masters and pro-doctoral students. Individual, group, and couples therapy are offered as a part of their services.

Brief Overview of the Study

Once the protocol is developed, the study will be divided into four stages which will be repeated during the research. Initially, a convenience sample will be used. The study will begin when the first willing participant is found through this convenience sample. The nature of the research study will then be explained to the participant, including the need for honesty and in-depth feedback about the effectiveness of the protocol. Consent will be obtained and then the Impact of Events Scale (IES) will be administered to the participant.

The second stage of the study will consist of the sessions in which the protocol is used. About five sessions will be established for the protocol, scheduling one session every one to two weeks. The protocol sessions will be videotaped for later review and analysis.

The third stage of this study will include a follow-up session to the protocol, in which the IES will be administered again and a thorough discussion will take place between participant and researcher, examining the effectiveness of the protocol sessions. The participant will be asked to consider which techniques or elements of the protocol were more or less effective in their experience. At this stage the researcher will also review the videotaped sessions for effectiveness of the protocol as well as changes in the participant’s affect, attitude, mood, or actions.

The fourth stage of this study will be the revision of the protocol due to participant feedback, session and video observations, and results of the pre- and post-tests. Elements of the protocol deemed inefficient will be altered or removed altogether, and the existing elements will be amended if necessary. New elements may also be added, if appropriate, after the first testing.

Once the protocol has been modified, the stages of the research study will begin again with another willing participant. There will also be testing of the new protocol with subsequent participant feedback, pre- and post-tests, and video-taped sessions for review. If time permits, the four stages will be repeated a third time. Whether the protocol is tested two or three times, the final stage of the research will consist of adjusting the protocol according to the results of
its final testing. The final adjustment will serve as a guide for future replication and study, whether it is replicated by the current researcher or another researcher.
CHAPTER 2
LITERATURE REVIEW

The following literature review compiles research on the subject of stress disorders associated with trauma experiences or survival, the storage of traumatic memory and trauma treatment utilizing EMDR. A discussion of the successful use of art therapy interventions with trauma processing and existing art-based protocols for treating and processing trauma will be provided. In order to support the efficacy of the inclusion of art therapy interventions, previous studies and research utilizing art therapy interventions with traumatized clients must be reviewed. Finally, the review integrates all of this information into the proposed art-based protocol to be used in the current study.

Research on the nature of trauma, traumatic memory storage and treatment

Essential to the understanding of why participants in this study may display certain characteristics, the traits and tendencies of PTSD sufferers and trauma survivors must be studied. The presenting symptoms of acute stress disorder, PTS or PTSD as a result of a traumatic experience must be researched before attempting to examine their pervasive nature and study ways in which a client may be healed.

Boals and Schuettler (2009) explored the differences between complicated grief and PTSD, arguing that complicated grief was synonymous with loss of a loved one and sadness as opposed to PTSD symptoms that included fear, helplessness, and horror. Nemeroff, C. B., Bremner, J. D., Foa, E. B. and Mayberg, H. S. (2006) reviewed trauma and PTSD from six different perspectives: (1) sex differences in the development of PTSD; (2) risk and resilience factors in mass trauma; (3) the impact of early trauma; (4) imaging studies of depression which could serve as a pattern of failed adaptation; (5) alterations in neural circuits and memory in PTSD; and (6) cognitive therapy approaches for PTSD. This article offered information from the observational, physical, and psychobiological aspects of PTSD and the risk factors that contribute to its development after suffering a traumatic event. Scher et al. (2008) tested and confirmed the validity of four categories of PTSD: re-experiencing, avoidance, numbing, and hyperarousal; categories helpful to the research study in identifying which symptom category
the participant may be experiencing and how best to evaluate the behaviors and changes in the participant’s functioning. Yoon et al. (2009) studied the patterns of temperament and character traits of subjects with PTSD and the relationship of those patterns with symptom severity. They created an inventory of these traits: harm avoidance, novelty seeking, reward dependence, and persistence. The levels of these traits were tested and compared to those of a control group, thus helping the current research study by giving a guideline or scale of the severity of these symptoms in comparison to a control group lacking such symptoms. The study of common traits and tendencies of PTSD sufferers and trauma survivors was essential to the present study in order for the researcher to better understand the characteristics of the participants and the motivations for some of their actions beyond the clinical definition of a stress disorder.

Rothschild’s (2000) *The Body Remembers* attempted to bridge the gap between the two lines of thinking in regard to working with traumatized individuals. These two sides were the science-based theories, especially neurobiology and the views of the verbal psychotherapies. Rothschild posited that traumatic memory is more easily stored in the implicit or automatic memory and may exist in the implicit memory without the connection of the context of the memory’s origin. Rothschild also stated that operant conditioning and state-dependent recall play into the nature of traumatic memory and its effects on the body and mind. Understanding the elements of memory and the characteristics of traumatic memory is essential to the current research study and the participants that will take part in the research protocol.

Shapiro’s (2001) eye movement desensitization and reprocessing (EMDR) began as a therapeutic approach designed specifically for the treatment of posttraumatic stress disorder (PTSD). As such, the treatment components were based on research of this population. EMDR integrates psychodynamic approaches, behavioral approaches (including classical and operant conditioning), cognitive behavioral approaches (coping skills, cognitive interventions, stress management techniques, and exposure). In this approach, directed eye movements, alternating bilateral hand taps and/or alternating auditory tones serve to activate the information processing system in the brain that serves to “reprocess” the traumatic memory.

The basic components of Shapiro’s (2001) EMDR procedure are: the image, the negative cognition, the positive cognition, the emotions and their level of disturbance, and the physical sensations caused by the recall of the traumatic memory. EMDR involves eight
distinct phases: 1) patient history and treatment planning; 2) preparation; 3) assessment; 4) desensitization and reprocessing; 5) instillation of positive cognition; 6) body scan; 7) closure; and 8) reevaluation. Several of these phases have been replicated in other trauma treatment protocols, and their further replication will benefit the current research study as well. Shapiro’s technique requires training and supervised experience before certification is earned by the therapist, and the training cannot be undertaken until a minimum of a master’s degree has been earned. Because EMDR training cannot be obtained by the researcher in the current study, several effective components will be utilized. In the use of EMDR components, the current research does not aim to change the original approach, merely to integrate elements of it into the current short-term art-based protocol.

Foa, Keane and Friedman (2000) provided a literature review and an efficacy rating of EMDR as a trauma treatment through its review of past research studies testing EMDR among control groups and various other treatments. They gave EMDR a rating of A/B for its effectiveness of treating clients with trauma but made the distinction that according to previous studies EMDR had better results in studies with single trauma survivors or “civilians” than with multiple trauma clients or combat veterans. Foa, Keane and Friedman also pointed out that the number of EMDR sessions should coincide with the complexity of the trauma and the number of traumatic memories.

Art therapy and trauma treatment

Several authors have found art therapy interventions beneficial to the healing processes of clients with trauma related issues. These studies provide efficacy for the use of art therapy interventions in the present study.

Gantt and Tinnin (2009) took a scientifically-based approach in their examination of the neurobiological implications of art therapy and trauma. They believed that traumatic events are unexpected by nature and thus are often stored as memories in the non-verbal areas of somatic memory. This storage of non-verbal memory eliminates talk therapy as an effective therapy technique because words cannot describe the event, its meaning, or its impact on the individual. Gantt and Tinnin posited that art therapy techniques create a means for communication that did not previously exist with the non-verbal mind. Appropriate art therapy interventions become a way to access traumatic memory through non-verbal expression.
Rappaport’s (2009) focusing-oriented art therapy employed similar techniques to those of EMDR (Shapiro, 2001) in the development of a safe place or a feeling of safety. Focusing-oriented art therapy attends to the therapeutic relationship as Talwar (2007) and Tripp (2007) call for in their art-based trauma protocols, and it was specifically developed with person-centered therapy in mind but is applicable to other theoretical orientations. Rappaport’s theoretical orientation can be used in the current research because of these similarities as well as her focus on the body’s sensations, the current state of being, and the way in which this focus relates back to grounding and mindfulness techniques.

The steps Rappaport (2009) proposed in focusing-oriented art therapy are establishing safety, remembrance and mourning, and finally reconnecting with ordinary life. The first step in this series, establishing safety, involved six phases: 1) emotional, psychological, and physical sense of safety; 2) listening with openness and non-judgment; 3) grounding; 4) personal space and boundaries; 5) eyes open or closed, and 6) art making (Rappaport, 2009). These steps begin to increase the comfort level of the client with a new person and situation, and thus improve his/her feeling of safety in the therapeutic relationship. In completing the steps before the introduction of art, the confidence problems and performance anxiety of creating art in front of another person are alleviated so the client feels free to create a piece in the purest form.

The second stage of remembrance and mourning became what Rappaport (2009) referred to as “the Asking and Receiving steps of Focusing” (p. 190). This stage helps the client separate the trauma from himself or herself at the appropriate distance, be comfortable in the presence of the wounded self, and bear witness to the wounded self. By the end of this stage the client has explored what is needed for healing and what he or she should do in order to move past the traumatic event.

The third stage of Rappaport’s (2009) approach is reconnection with ordinary life, which involved helping the client distinguish between the past and present. In recognizing the present, the client is able to pursue his/her goals and dreams, to seek and find meaningful relationships, and to begin to care for him or herself (Rappaport, 2009).

An approach that has several similarities to Rappaport’s (2009), but applied to trauma work in general rather than the use of art with trauma treatment, is that of Streek-Fischer and van der Kolk (2000) who identified six essential issues that the therapist should address in trauma treatment (as cited by Carey, 2006). These issues were: safety, stabilizing impulsive
aggression against self and others, affect regulation, promoting mastery experiences, compensating for specific developmental deficits, and thoughtfully processing both the traumatic memories and the trauma-related expectations (Carey, 2006).

Art therapy protocols for trauma treatment

Research of existing art based trauma protocols formed a basis for the techniques and interventions used in the short-term protocol to be used in the current study. These existing protocols were investigated for their effectiveness in trauma treatment as well as for the elements that could be employed in the formation of the current trauma protocol.

Gantt and Tinnin (2007) developed an intensive two week trauma treatment plan that utilizes art therapy as a way to create trauma narratives in conjunction with hypnosis and video therapy. McNamee (2003) documented her use of Cartwright’s (1999) protocol that involved the use of bilateral stimulation with art therapy interventions; essentially combining EMDR and art therapy into one trauma treatment approach. Talwar’s (2007) art therapy trauma protocol (ATTP) integrated EMDR techniques, Cassou’s (2002) painting technique as an art therapy intervention, and the use of an affect log in her trauma treatment approach. Tobin (2006) combined the use of art therapy drawing techniques with the eye movements and the positive and negative cognition ratings of EMDR in the formation of his 13-step trauma treatment protocol. Tripp (2007) created an approach utilizing dual attention focusing through bilateral auditory and tactile stimulation, heightened somatic awareness, art making, and narrative thus combining EMDR and art therapy interventions. The following review examines these five protocols in more detail.

Gantt and Tinnin

Gantt and Tinnin (2007) combined art therapy, hypnosis, and video therapy to form an integrated interdisciplinary protocol. It is an intensive outpatient program, consisting of 7-8 hours of therapy each day for 1-2 weeks. The three essential tasks in this trauma therapy protocol are the narrative trauma processing, the reversal of the dissociation and the modification of the victim mythology (Gantt & Tinnin, 2007). The clients receiving treatment in this program are considered “thick file” clients with multiple traumas experienced in their past, and the study documented in this article resulted in most of the patients experiencing a reduction of many of their posttraumatic stress symptoms.
The program was set up in four phases, the first being evaluation, baseline testing, and preparation for trauma therapy. During this process the diagnostic interview takes place, as well as Gantt and Tinnin’s (2007) assessment, the Dissociative Regression Scale (DRS). If they determine that no regression is present, they continue this phase with a psycho-educational video, informing the client of the phases of the instinctual trauma response. This is followed by the second and third phases that consist of narrative trauma processing and the reversal of dissociation. Each trauma the client has suffered is treated separately, and the first is either birth or a trauma suffered during the preverbal stage of life. Usually one trauma is processed each day.

The second phase, usually assisted by hypnosis, begins with the client verbally narrating traumatic experience as a hidden observer whose role is to watch and describe the events (Gantt & Tinnin, 2007). This process is videotaped for later review. The second phase continues with the creation of a “visual narrative” that illustrates each of the seven stages of the instinctual trauma response. The seven states are startle, thwarted intention (fight or flight), freeze, altered state of consciousness, body sensations, automatic obedience, and self-repair. The client is asked to draw each stage in addition to a before, an after, and an optional safe place drawing. If the final visual narrative seems to have blank spots, or seems to be missing steps, the client is able to draw additional steps in the final narrative. The story created in the visual narrative is then re-presented to the client by the therapist as a story with suspense, drama and a clear ending.

The third phase of Gantt and Tinnin’s (2007) protocol involves an externalized dialogue that can either be videotaped or written with both the dominant and non-dominant hands. This is used as a conversation between the various selves that may have developed as a result of the trauma, with a final goal of compromise.

The final phase of treatment is the “modification of victim mythology” (Gantt & Tinnin, 2007, p. 72). This phase is usually followed up with the client’s return to regular therapy in order to process other issues. The dialoguing serves as a confrontation of the past trauma as well as a re-evaluation from a different perspective. This phase serves as a check-in after the intensive trauma therapy is complete.

The theories at work behind Gantt and Tinnin’s (2007) treatment program were that long-term therapy was not needed for the successful processing of traumatic memories or
events and traumatic events could be processed while resolving the resulting dissociation and possible mental debilitation. Gantt and Tinnin (2007) believed that trauma treatment should begin with the earliest traumatic event and then work on the others in chronological order could follow. They believed trauma therapy should be done before all other therapeutic work. In processing trauma first, the client would be able to arrive in the here and now rather than continue a battle with the past that has resulted in the present day problems that brought them to therapy.

The effective elements that can be pulled from this treatment model are the element of bringing the client to the realization that the trauma is in the past, the interdisciplinary approach to treating the trauma, the dialogue between the different “selves” as a way to process the various feelings surrounding the events from the past, and the focus on expression. A weakness in this protocol is the level of intensity it requires because it would not be able to be replicated in the current proposed study at a short-term university counseling center. This protocol also requires an extensive initial assessment that would be unavailable for the current study. Gantt and Tinnin’s (2007) model is also usually used in conjunction with other therapy or counseling, which again would not be possible in a short-term therapy setting. This protocol could be adapted for use in a less intensive, shorter-term therapy setting and would probably retain some of its effectiveness, but careful considerations would have to be made in which elements to keep and which elements to exclude.

McNamee

McNamee (2003) reported what she believed was the first documented use of Cartwright’s (1999) protocol. She utilized the bilateral element of eye movement desensitization and reprocessing (EMDR), in which both sides of the brain were stimulated through eye movements while focusing on a target memory. Theoretically, this bilateral stimulation invokes memories from both hemispheres of the brain and facilitates reprocessing and integration of the past and present. Cartwright translated this theory into the act of creating art, directing the client to use hands in their art-making in order to stimulate memories and experiences from both sides of the brain. This idea was similar to the verbal and preverbal memory theory referenced in Gantt and Tinnin’s (2007) work. Cartwright took this a step further, suggesting that tracing or “exploration” of art drawn by one hand with the opposite hand facilitates integration of the experiences (as cited by McNamee, 2003).
There were seven steps involved in Cartwright’s protocol for bilateral art or “neurologically-based art work” as used by McNamee (2003). The first step was to determine a focus for exploration. McNamee tried to allow the client to propose a natural focus, which was usually a situation in which the client was struggling between two conflicting options: for example, how the client felt, versus how the client would like to feel. The second step was to “have the client determine which hand was most connected to which of the two conflicting elements of the experience” (McNamee, 2003, p. 285). The client then must decide which of the two should be drawn first. For the next step, the drawing supplies were to be placed by the client’s hand that will draw first while the client connected with the feeling associated with the chosen element. The client may either draw or imagine a line down the middle of the paper provided, and on the side of the paper of the first drawing hand, the client was directed to draw in response to the element that corresponded to that hand. The fourth step involved placing the drawing materials on the other side of the paper. The client must focus on the opposite feeling or element of his or her chosen experience. When the client was fully connected to the element, he or she would respond to the second element on the blank side of the paper with his or her opposite hand. In the fifth step, the client determined which element wanted to be explored first. The chosen element would be explored with the hand that did not draw it. The client is instructed to rest the hand on the drawing, using any amount of pressure that felt appropriate. This process was then repeated with the opposite hand with the unexplored element. The sixth step asked the client to use both hands together to explore both drawings in any order and with any movements that felt right. The seventh and final step required the client to reflect on his or her experience.

Cartwright’s (1999) as cited by McNamee (2003) proposed adaptations that included using tactile creations or elements for clients with visual impairments, the use of pencils, crayons, or markers rather than pastels due to the exploration exercise following the creation of a piece, in which pastels could blend or smudge. McNamee (2003) suggested adapting this protocol to add the use of Shapiro’s (2001) scaling procedure in EMDR for rating the validity of a cognition, element, or experience. The rating system McNamee has utilized with the bilateral art protocol is a scale from 1-7 used before and after the procedure. McNamee’s (2003) other adaptation replaced the step of “exploration” with “tracing over” the drawing in any manner the client wishes.
McNamee’s (2003) bilateral art protocol was used in this case as a therapeutic intervention with a client that presented with symptoms of depression and a therapeutic relationship that spanned over the course of a 12-month period. Through the use of bilateral art, the client and therapist were able to explore multiple themes and issues. The bilateral art protocol used positive and negative cognitions, similar to the concepts used in EMDR and in both the work of Talwar (2007) and Tripp (2007). Advantages to this protocol are that the procedure itself is less complicated to replicate and does not require additional training in order to perform it. The directives are relatively open and allow the client to develop his or her own direction to an extent. The procedure also lends itself to quick gestural drawings or illustrations that may cause less anxiety as work with an unfamiliar material might cause. The simple images that emerge in this protocol are able to represent more than what is immediately seen in the work; thus this procedure seems to be more focused on the process than the product. This may also reduce anxiety for the client.

The disadvantages are the amount of time spent in therapy with and without the use of this technique. In the proposed setting of a university counseling center, there simply would not be as much time available as there was in the case study McNamee (2003) presented in this article. The procedure’s directives, although open-ended, are also a bit ambiguous, leading to anxiety for the inexperienced therapist about the direction of the therapeutic session.

The elements that can be pulled from this protocol and model are the continued success identifying positive and negative cognitions as well as using a rating scale to acknowledge the accuracy of the cognitions. One concern that emerges is that the client in the case study presented with depression and was treated over the course of 12 months, 9 of which were spent using bilateral art. Bilateral art was not used in every session but was consistently used in addition to talk therapy. The average course of a depressive episode is about 9 months, making it difficult to determine the effectiveness of the treatment. The Mind over Matter Depression Inventory McNamee (2003) used to measure her client’s depressive symptoms showed considerable symptom improvement from the beginning to end of her time in therapy, but again, this improvement could be attributed to the average course of depression. It is by nature cyclical, so in a sense, this client’s cycle may have run its course.
Talwar's (2007) art therapy trauma protocol (ATTP) combined elements from Shapiro's (2001) eye movement desensitization and reprocessing (EMDR), a painting style modeled after Cassou's (2002) *Point Zero: Creativity without Limits*, and art therapy in order to treat clients with past trauma, posttraumatic stress disorder (PTSD), and “to address the non-verbal core of traumatic memory” (p. 22). The use of her protocol requires training in EMDR as well as some initial work with the client in developing a safe place, rapport with the therapist, positive and negative cognitions, an inventory of all traumatic and positive memories, and finally directing the client to keep a daily affect log. Talwar (2007) discussed the role of somatic and sensory memory in trauma and based her protocol on various theoretical orientations including the physiological response to trauma, brain functioning and neuroscience, art therapy and dance therapy, and dual stimulation as used in EMDR (Shapiro, 2001) and McNamee's (2003) bilateral art model. Talwar's (2007) ATTP focused on a different kind of target memory than was the focus of EMDR. While EMDR required a relatively well-remembered life event, the ATTP targets specific memories on a broader scale. Instead of a specific event, Talwar's (2007) approach addresses the affective distress experienced by the client, something that may not be able to be expressed by the words required with EMDR. This method combines client-centered and cognitive behavioral techniques, in addition to the other theories that go into the ATTP itself. The client-centered approach “emphasizes the experiences, feelings and values of the client, while recognizing that perceptions of reality vary from individual to individual (Talwar, 2007, p. 28).” The cognitive behavioral approach in regard to Talwar’s protocol involves the client’s ability to adjust his or her self-perception with the goal of improved positive adaptive functioning.

The steps of Talwar’s (2007) ATTP begin with the development of a detailed evaluation of the client’s history, and the ATTP then becomes the framework for the client’s preparation for trauma work. The therapist then leads the client through an exploration of problem solving which leads to an understanding of his/her affective responses and accessing images of safety. The client is also encouraged to keep an affect log outside of the therapy session. With the combination of this understanding and the increased awareness of affective responses, negative self-perceptions, and positive cognitions, the client will hopefully improve his or her understanding of the environment and a sense of mastery over emotions. The utilization of a
rating system to score the validity of positive cognition promotes cognitive functioning and lowers the client’s distress level.

Once this set up is complete, the art portion of the ATTP follows. The art materials are arranged as follows: a large sheet (22” x 29”) of Bristol board is taped to a wall or easel. Various colored tempera paints are arranged in open jars on a table. The space should allow the client to walk back and forth between easel and table as he or she will be painting while standing and the work space should allow for a full range of movement. The client then identifies a target memory to be the focus of the protocol, presenting its facts and events. Phase 1 then begins as the client is directed to “suspend all thoughts and associations and begin painting (Talwar, 2007, p. 30).” When the painting is completed, the client is to verbalize the dominant emotion associated with the painting or element of the painting. In phase 2, the client is asked to identify a negative self-representation or negative cognition associated with each memory as well as the alternate, positive self-representation or positive cognition. The client is then asked to rate the validity of the positive cognition; indicating how real it feels at the present moment on a scale of 1-7 (1 represents completely false, 7 completely true). The negative cognition is then located in the body as a sensation. After this, the client paints with the non-dominant hand after being given the directive to “concentrate on the disturbing traumatic memory, while keeping the negative cognition and physiological sensation in mind (Talwar, 2007, p. 30).” The client subsequently paints the new images and memories as they emerge on a new sheet of paper. Phase 3 consists of the client continuing to paint, switching hands and using a new sheet of paper each time. In this way, the client works through the target memory until there are no longer feelings of disturbance at the recall of the traumatic event.

The use of the ATTP is delayed for clients with serious trauma and a separate protocol is used for each trauma. In contrast to Gantt and Tinnin’s (2007) model, Talwar’s (2007) protocol calls for the use of paint and large brushes on large pieces of paper, a painting procedure inspired by McNamee’s (2003) bilateral art and the painting style of Cassou (2002). The process itself is set up so that the client has to walk a few steps between the easel and the paints rather than having the art materials within arm’s reach of the canvas. In the single client case example included in her article, the act of walking from canvas to paint, using both dominant and non-dominant hands in the art making combined with the series of paintings
involved in the protocol seem to create an effective combination in the treatment of traumatic memory and PTSD. No formal research has been done with this protocol, but Talwar (2007) has experienced success in her private practice.

An advantage to this approach is the kinesthetic experience of painting on a large surface. The movement of walking between easel and painting table combined with movement in making large brush strokes will create a feeling freedom and release for the client, while containing his or her experience on the painting surface. Another advantage to this process is the use of positive and negative cognitions, thus serving to make the client aware of his or her thoughts and the situations that affect the client most. The addition of the cognitions increases the element of awareness in the client’s daily life. The inclusion of the affect log adds a real-life application to the isolation of individual therapy. With this log, the client can also record his or her therapeutic experience for later review. The main disadvantages of this approach are the time it requires for preparation and the additional training that is needed in EMDR, both elements that will prevent its exact replication in the current study.

In analyzing the ATTP (Talwar, 2007), it is well grounded in theory and takes into account a wide range of elements that should be covered in trauma work. Because most trauma victims will have some level of depression, the identification of positive and negative cognitions and the identification of affective response are key to the long-term improvement of a client’s functioning.

Tobin

In consideration of psychotherapy and the role of the visual image, Tobin (2006) proposed a combination of the methods of art therapy interventions and Shapiro’s (2001) EMDR into a 13-step procedure. His protocol connected the physical visual images of art therapy and the mental visual images used in EMDR.

Tobin’s (2006) compared EMDR and art therapy techniques as well as both approaches’ focus on imagery over the spoken word. Tobin (2006) posited that EMDR and art therapy share four fundamental beliefs. These four beliefs are that both approaches: 1) hold the conviction that “voluntary, intentional, explicit acts of imagination and image processing” (p. 33) are of central importance to healing emotional distress, 2) therapists in both approaches direct the focus of and respond to the client’s image material most relevant to the client’s pain, 3) both believe that images are emotionally charged in the client’s mind, and 4) both hold that
the healing transformation occurs in focusing on and exposing the self to the disturbing image rather than intellectualizing and interpreting the meaning of the image.

Tobin (2006) presented a simplified example of an EMDR session with a client and having practiced both approaches, listed several reasons why EMDR is in some ways more beneficial than art therapy techniques due to its use of mental images over physical images. This list included the EMDR’s shorter series of sessions, “there’s no physical art-related garbage at the end of the session” (Tobin, 2006, p. 34), EMDR requires no equipment and is therefore portable. With EMDR there is not the issue of the client’s reluctance or lack of artistic confidence to delay session work, and the mental images used in EMDR remain more private for the client, theoretically creating less resistance from the client as the therapist does not have to see the image.

Tobin (2006) then presented a 13-step process that combined the techniques of EMDR and art therapy as he has used it in workshops with art therapists as well as with clients. The initial step gives the client an opportunity to focus on positive imagery before the negative problem image. The client is given two cardboard disks, 8-10 cm in diameter and is invited to create a mandala on each disk. The first disk represents inner focus including inner health and strength. The second mandala represents outer focus as the client’s safe place. Markers are used for this step, and the directive includes asking the client to fill the entire disk with color.

The next step asks the client to hold one completed disk in each hand and to “breathe slowly and easily for a few moments as you look at your mandalas in your hands. Feel their connection to you as if their strength can flow through your fingers and through your body” (Tobin, 2006, p. 34). The third step directs the client to decide on a target memory for the remainder of the process. The fourth step involves placing 5 pieces of 12 x 18 inch drawing paper stacked in a neat pile in front of the client and directing the client to place the created mandalas on either side of the provided paper. The fifth step asks the client to begin drawing or painting a picture that represents “the trauma situation as a whole” or “the worst part of the situation.” The therapist is to say: “Work on the picture for one minute, then stop. You may stop earlier if desired. Then fold the bottom 3 cm of the page up” (Tobin, 2006, p. 35).

The following step asks the client to develop a negative self-statement about the emerging picture. Specifically, the therapist says, “What is the negative statement about yourself that most goes with this picture? Write the negative I-statement along the bottom of
the picture on the folded up strip” (Tobin, 2006, p. 35). The seventh step asks the client to develop the alternate positive self-statement about the picture, specifically directing the client: If you had a choice, what self-statement would you rather have true about yourself in relation to the picture? OK, fold back the strip on the bottom of the page to its original position. Write the more desirable self-statement on the strip beneath the crease. How true does the positive statement feel right now? OK, using a felt pen, make a scale from 1-10 across the top of the page. Now using a felt pen, draw a green line on the scale to show how strongly that positive self-statement feels true to you right now. Let 0 be 'It doesn’t feel true at all’ and 10 be ‘It feels completely true.’ Now fold the bottom strip up again to show the negative self-statement (Tobin, 2006, p. 35).

The subsequent step involves leading the client through self-assessing the level of disturbing emotions he or she is feeling using EMDR’s Subjective Units of Disturbance (SUD) scale. The therapist’s part in this is: Look at your picture. On your scale of 0-10, how strong are the disturbing feelings that you are aware of right now as you look at your picture? Make a mark with a black crayon on your 0-10 scale that shows how strong these disturbing feelings are. Let 0 be ‘not disturbing at all’ and 10 be ‘disturbing to the max’. Where in your body are you most aware of these disturbing feelings? (Tobin, 2006, p. 35).

The ninth step encourages the client to continue working on the picture. The therapist’s directive is: You can add in any way you like to what you already have on your page-you can change it. Let the picture change if it wants to. If the picture wants to change more than you can change it with your felts, you can tear out as much of your existing image as you would like to, revealing a layer of fresh paper underneath that you can draw on. Continue working on your image until you notice that the SUD rating has gone up one unit or begins to decrease by one unit (Tobin, 2006, p. 35).

The tenth step involves eye movement desensitization once the client’s SUD rating has changed by one unit. The therapist directs the client, “OK, sweep your eyes back and forth across your picture between your two mandalas” (Tobin, 2006, p. 35). The therapist counts the client’s eye movements, and when the count reaches 25, the therapist stops the client and asks, "What were you aware of while you did the eye movements?" (Tobin, 2006, p. 35). This
question serves as a check-in and a debriefing procedure for the client. The client repeats the eye movement sets and debriefs until the SUD rating is reduced by 2. If necessary, the client’s sense of control can be improved by the therapist allowing the client to turn the picture over during eye movement breaks and the client may be encouraged to do relaxation breathing. The eleventh step is to repeat steps nine and ten until the client’s SUD rating is between 0 and 2 and the picture feels finished to the client. The following step is to invite the client to fold the bottom of the paper so that the positive self-statement is showing rather than the negative statement, but this step is only completed after the client’s SUD rating is between 0-2.

The final step of this procedure is to lead the client through eye movements across the picture with the positive self-statement showing. The eye movement sets are repeated until the positive self-statement rating increases to 8-10, and the SUD rating stays between 0 and 2. Occasionally during this process, the therapist checks in with the client’s progress and directs the client to record his or her ratings on the 0-10 scale at the top of the picture (Tobin, 2006).

Tobin (2006) made a couple of notes for adaptations after listing these 13 steps. The first of such adaptations was that if in the discussion of the initial target memory the client indicated that other images have emerged, the client should draw the new image(s) on a new sheet of paper, and the new or secondary images should be processed as stated in the steps. When the secondary images have been processed, the client and therapist could then return to the primary image to be processed. The second adaptation addressed the session that is too short for the full resolution of the target memory. If the client’s image is not fully processed in one session, Tobin stated that the image should be retained for the next session’s work. Tobin also suggested that if the client needed additional closure, the therapist could invite the client to use a crayon and a sheet of paper and in an attempt at tension reduction, the therapist would direct the client,

Take another sheet of paper. Choose a crayon. Imagine that all the tension in your body can drain out through your drawing arm as you move your crayon on the page. Keep moving it until you have drained all that tension out of your system (Tobin, 2006, p. 36). When using this technique in workshops, he followed the procedure with feedback probing questions, such as:

How did they [the cardboard mandalas] affect your encounter with your negative image through this whole process? How does your experience of your paper-based image
compare with a mental image having the same content? What role did the eye movement play in the resolution of the traumatic issue using a physical picture of the negative situation? How helpful was the visual scale of 0-10 across the top of the picture for rating the positive self-statement and the SUD? (Tobin, 2006, p. 36).

Some of these questions asked by Tobin could also be applied to the post-protocol discussion between the researcher and the participant in the current study.

Also included in Tobin’s (2006) article was some of the feedback he has received about the 13 step process. The included feedback was positive, one participant narrated her progress through the steps, her initial image and the subsequent changes she made during the process and finally her relief and resolution she experienced when the procedure was over. The second piece of feedback cited was from an individual client who had undergone Tobin’s approach as well as EMDR and expressed how the client felt more in control during the art therapy procedure due to the manipulation of the art materials.

Tobin (2006) explored the strengths of using the proposed protocol combining EMDR and art therapy techniques. The strengths he listed were: 1) the paper-based image of this procedure is a clearer image than a mental image, leading to a more intense encounter with the disturbing image or target memory; 2) the paper-based image creation is a way to release the inner material in that it becomes the “objectification” or “externalization” of the memory, allowing the client to gain distance; 3) the therapist is not doing anything to the client, so the client is able to reserve some control; 4) the containment of the paper suggests that the image has boundaries, making it finite and manageable to the client; 5) along similar lines, the paper-based image’s energy can be contained; it can be contained in a thick border, it can be left with the therapist when the work is complete, or it can be destroyed when the protocol is complete; 6) the physical image created during this protocol can be saved as a sign or souvenir of victory or success on the part of the client.

By utilizing Tobin’s (2006) procedure (focusing on the visual image of the past trauma) the client is able to not only reframe the event but also change the image of that target memory. In changing the disturbing images, a new image emerges that represents the newly reframed and processed image or memory. After this protocol is performed with a client, it seems that the recall of the traumatic event or the images remembered will more closely
resemble the images created in response to the actual event rather than the disturbing, original target memory.

Many of the techniques he used in his process seem feasible for inclusion in the current research study protocol. Although a lot of planning and theory went into its creation, Tobin’s (2006) protocol seems to lack the over-complicatedness that some of the other protocols have. The multidisciplinary approach Tobin used in the creation of this protocol most likely added to its success in that he took successful elements from both EMDR and art therapy and in the combination of these elements, created a new approach that was more accessible to a wider range of clients and clinicians. It retained some of the hypnosis feelings EMDR sometimes has; however, the art element takes away some of the apprehension a client may have about eye movement and hypnosis. This is a procedure that can be done in one or two sessions, but as with the other procedures, a good deal of rapport must be developed with the client rather than being able to use this procedure in a short-term relationship. Even though Tobin (2006) did not specifically state that his protocol requires EMDR training, it most likely requires it for successful use.

Tripp

Tripp’s (2007) trauma therapy approach employed elements of both EMDR and art therapy interventions in a way that combined dual attention focusing using bilateral auditory and tactile stimulation, heightened somatic awareness, art making and narrative. Like Gantt and Tinnin’s (2007) model, this protocol accesses somatic and sensory-based images quickly, but Tripp’s (2007) process is not a short, intensive process. The steps for replication of Tripp’s (2007) model begin with the client’s identification of a disturbing or traumatic memory to be processed, then selecting an image, a negative self-referencing belief and finally the emotions and sensations that are associated with this target memory. The art making begins once the client is given headphones with tones and sounds alternating in the left and right ears as well as hand-held pulsating devices that are placed under each knee, creating bilateral stimulation. The client then focuses on the chosen traumatic memory and subsequently creates a series of art pieces while simultaneously focusing on bodily sensations, meant to keep the client grounded, feeling safe and in the here and now.

The first drawing of the session is of the image representing the targeted traumatic event from which the negative cognition developed. After this, a series of bilateral sounds and
taps are performed while the client focuses on the image, reporting any associations that come to mind. The goal of this process is to aid the client in recognizing the irrational aspects of his or her negative cognition and to express present feelings as well as reframe the negative belief into a positive, realistic self-belief.

Tripp (2007) did not state what the next step in her procedure was from here, but it seems that new drawings were made from the new associations that emerge from each series of taps and sounds. Tripp stated that most sessions using this model resulted in four to six drawings that could be used to track the progress made by this client. When a session such as this is complete, the images created serve as a tool for further exploration through verbal processing.

The goal beyond the processing and alleviation of trauma and posttraumatic stress on the client’s life is to help the client recognize the irrational aspects of his or her negative cognitions and in creating consecutive drawings, these cognitions can be tracked as they improve while new, positive cognitions emerge. This process is very complicated and involved for both client and therapist. Tripp’s (2007) approach calls for the therapist to stop the client at opportune times to ask about the piece or to interject.

The EMDR elements utilized in this approach are more numerous, and much of the art making process is geared toward bilateral stimulation rather than the relatively few techniques pulled for use in Talwar’s (2007) protocol. Tripp’s (2007) approach more closely resembles an EMDR session in which art is created as an addition to EMDR rather than an even combination of the two. This model is used in addition to verbal or talk therapy, rather than representing a model that attempts to stand alone or be the central element in the therapeutic experience. Tripp’s (2007) approach discourages any use without several years of experience in trauma work and also requires training in EMDR techniques, creating an accessibility weakness for inexperienced art therapists.

Synthesizing the Research into a Short-Term Art-Based Protocol

From the research conducted for the current study, the elements of a new short-term art-based protocol can be formed. The elements essential to this trauma treatment protocol include the following steps: 1) inventory of experiences; 2) development of a safe place; 3) instillation of grounding techniques; 4) debriefing or bearing witness to the experience; 5) application of positive and negative cognitions to the traumatic experience; 6) rating cognitions;
7) bilateral stimulation and 8) assigning a distinct ending to the traumatic event. The elements of the new protocol were chosen for their consistent proven effectiveness in previous studies and for their ability to be replicated in the current research setting.

The first element, the inventory of experiences (Shapiro, 2001; Talwar, 2007 & Gantt & Tinnin, 2007) will be an inventory of traumatic and positive experiences to be reviewed and acknowledged by the researcher and the participant. The inventory of the positive experiences serves to remind the client that she has had these positive experiences, instilling the knowledge that the participant will experience more in the future. If the traumatic experience that brought the participant to therapy has not been identified at this point in the study, the inventory of experiences can serve as the time to discuss the traumatic event in more detail.

The development of a safe place or a feeling of safety (Gantt & Tinnin, 2007; Talwar, 2007; Tripp, 2007 & Rappaport, 2009) is essential in trauma treatment so that if the participant becomes overwhelmed by the trauma work, she will have a momentary escape route to her established safe place. Once the participant has stepped away from the overwhelming material, additional grounding techniques can be practiced or the material can be revisited anew. If safety and trust are established between researcher and participant, then the participant can look to the researcher for strength.

The practice of grounding techniques in trauma therapy coincide with the establishment of a safe place and the two can be used together, or the elements can stand alone. Shapiro (2001), Gantt and Tinnin (2007), and Rappaport (2009) used grounding techniques in their trauma work. These grounding techniques can include mindful awareness of the participant’s surroundings, focus on the exercise of breathing in and out, or awareness of the body in the present moment. For the purposes of this study protocol, breathing exercises will be used with and without art directives. If a participant needs additional grounding techniques, an adjustment can be made and additional techniques added.

Debriefing or bearing witness (Gantt & Tinnin, 2007; Rappaport, 2009) to the participant’s traumatic experience and suffering is therapeutic in that an objective listener is focused on the participant’s experience without judgment. The act of bearing witness to the participant’s traumatic experience begins to place it in the past, makes the event seem less “taboo” when the researcher fails to recoil in horror, and shows the participant that the researcher cannot be scared away by the experience the participant has suffered.
Assigning positive and negative cognitions to a traumatic event (Shapiro, 2001; Tobin, 2006; Talwar, 2007; & Tripp, 2007) can be a difficult task for the participant in that it requires placing a form of label on the experience. The negative cognition acknowledges the pain the client underwent, while the positive cognition forces the participant to think about what good can emerge from the traumatic experience. The participant will be supplied with a list of sample positive and negative cognitions (S. Talwar, personal communication, June 18, 2009), if needed, and the assigned cognitions will be revisited throughout the trauma work.

Rating the positive and negative cognitions (Shapiro, 2001; Tobin, 2006; Talwar, 2007; & Tripp, 2007) assigned to the traumatic experience adds a cognitive aspect to this portion of the trauma treatment. The positive and negative cognitions will be rated each time they are revisited or discussed in session on a scale of 0-10. 0 will represent that the cognition does not feel real or true to the participant in any way and 10 will represent that the cognition is exactly how she feels about her traumatic experience in that moment. Each time the cognitions are rated, the rating will be recorded. These recorded ratings will be reviewed and discussed at the end of the protocol work, in session as well as by the researcher in analyzing the data collected during the protocol work. These ratings will create a progression through the trauma work and will hopefully indicate improvement in the participant’s cognitions and functioning in regard to the traumatic event that brought her to therapy.

Bilateral stimulation or dual attention (Shapiro, 2001; McNamee, 2003; Tobin, 2006; Gantt & Tinnin, 2007; Talwar, 2007; & Tripp, 2007) was an element discussed in varying forms in all of the existing protocols researched for this study. EMDR uses directed eye movements, alternating hand taps or tones for bilateral stimulation. Tobin (2006) and Tripp (2007) mirror the eye movements of EMDR (Shapiro, 2001) in their art-based protocols. McNamee (2003), Gantt and Tinnin (2007), and Talwar (2007) create bilateral stimulation through the client’s use of both hands in their work. Bilateral stimulation will be incorporated into the current research study through the use of both hands in art making, as in Talwar’s protocol.

The final element of the short-term trauma protocol will be the addition of an ending to the traumatic event (Gantt & Tinnin, 2007). Traumatic events that cause PTSD symptoms and major life disturbances do so because they are relived by the victim of the trauma. These traumatic experiences are stored as current, ongoing events resulting in the symptoms of hyper-vigilance, increased startle response, and insomnia. By placing a distinct ending on the
traumatic event, the experience becomes a past event. The ending of the traumatic experience can be the day after the experience, the therapeutic experience, or an event in between, but a definitive ending will help the participant recognize and remember that the experience is now over.
CHAPTER 3
METHODOLOGY

Description of the Research Design

Action research is defined by research that is conducted to solve a specific problem and requires participation from the subjects of the study at varying levels, ranging from simple or providing information for the researcher to the more involved role of participating in problem specification and initiation of the study itself (Fraenkel & Wallen, 2006). This participant incorporation allows for additional feedback, which can then be used in the adjustment of the study, or in the current research, the protocol. The newly modified study can then be retested with new participants with little time in between, and the process begins again.

The steps in action research involve identifying the problem or question to be researched, then establishing what data needs to be collected in order to complete the needed research. In this study, the data to be collected will include the objective information determined through the administration of the Impact of Events Scale (Horowitz, Wilner & Alvarez, 1979; IES) as a pre- and post-test, the analysis of the video-taped sessions in which the protocol was used in addition to the initial interview and the follow-up discussion looking for changes in the participants’ affect, attitude, mood, and actions and finally participant feedback as to the effectiveness of the protocol application. This data will then be triangulated in its evaluation with the original research questions under consideration with the data collected. Once analyzed, this data will potentially be the basis for the adjustment of the protocol’s content and/or layout in order to make it more effective for the next application.

The action research model has been used successfully in a variety of applications. It has been used as a method for evaluating inclusion programs in elementary schools, allowing principals and other officials to be involved in the feedback process, something that other models would not take into account (Brotherson, Sheriff, Milburn & Schertz, 2001). In a compilation of numerous applications of the action research model, Cassell and Johnson (2006) compared and clarified the varying forms action research has taken. They acknowledged the argument that action research does not compare to traditional scientific
research and visa versa. Of importance in this compilation was the account that the central importance of action research was its cycle of deductive causal analysis: “a process of hypothesis building, testing and modification within organizational contexts so as to solve problems with reference to clearly defined goals and observable outcomes” (Aguinis as cited by Cassell & Johnson, 2006, p. 784). As such, this method of conducting research can be successfully applied to various forms of therapeutic research, including the current study. Where other research modalities evaluate black or white results, the action research model considers the finite possibilities and the gray area as items of importance, an element that will make this research study more successful.

Action research is also essential to this study due to the limited time and participants that will be available for the timeframe allotted. The time is limited so that there will only be 2 or possibly 3 applications of the protocol. The limited amount of applications causes the researcher to need the additional feedback and participation from the study participants that the action research model allows. Without participant involvement and feedback, the research data would only be from the perspective of the researcher and thus less valid and consistent. The action research model also allows for a more fluid research set-up, as such in the current study this means that the protocol can undergo the necessary changes that may arise from the participants’ feedback. If the protocol was to remain constant in this research study, valuable opportunities could be missed due to its unchanging nature.

Description of the Sample

The sample will be that of a small convenience sample; it will be 2-3 people that come to a university counseling center at a southern university in order to seek treatment or therapy after experiencing or suffering from a traumatic event. The participants in the sample may or may not exhibit symptoms of acute stress disorder, posttraumatic stress or posttraumatic stress disorder (PTSD). Women will be studied exclusively in this research study because “even when subjected to the same type of trauma as men, women still have approximately twice the risk of developing PTSD symptoms, and their symptoms are more likely to persist that symptoms among men” (Kessler et al. as cited in Nemeroff et al., 2006, p. 2). A study of the demographics of the clients who seek counseling at the university counseling center where the study is being conducted showed that women were more likely to seek counseling and comprise two-thirds of the client base at the counseling center thus creating an additional
reason for this studies exclusive sample. As a part of this study the participants will be asked to also aid in the evaluation of the current treatment model for its future successful use.

Description of Instruments Used

Analysis of the protocol in this study will include the initial interview with the client compared to the post-discussion and exit interview, the use of the Impact of Events Scale (Horowitz, Wilner & Alvarez, 1979; IES) as a pre- and post-test measure, and the in-session observations of the participant combined with the review of the video-taped sessions with the participant looking for changes in the participant’s mood, affect, attitude, and actions.

The initial interview (see Appendix A), prior to beginning work with the client, will consist of a discussion about the traumatic experience that brings the participant to therapy, how this experience has affected her daily functioning, and what she hopes to gain from therapy work, specifically how she hopes her life will change as a result of therapy. The client may need to debrief during this initial session, going through the exact details of the experience. The initial interview will also be a time that the researcher asks for the client’s participation in the current study and informs her as to the nature of the study including her role as the participant.

The discussion following the protocol application (see Appendix B) will ask the participant directly how the protocol experience has affected her functioning, whether it has helped her process the event and if her anxiety was lessened as a result of this protocol. The participant will be asked to reflect on the most beneficial parts of the protocol as well as the parts of the protocol that she felt were ineffective or did not result in any specific improvement.

The IES (Horowitz, Wilner & Alvarez, 1979) will be used as a pre- and post-test measure during this study in order to obtain objective information about any changes in the participant’s affect, mood or thoughts about the traumatic event that brought them to counseling. The IES was developed as a measure of the stress associated with traumatic events. It consists of 15 statements or comments compiled from statements people usually make surrounding stressful life events that are rated according to a 4 point scale with ratings of 0 or “not at all,” 1 or “rarely,” 3 or “sometimes,” and 5 or “often.” The ratings are considered by the client with the question, “how frequently was each item true for you in the past 7 days, for the event and its context, about which you are dealing in treatment” (Horowitz, Wilner & Alvarez, 1979 as cited by Fischer & Corcoran, 1994, p. 276). The scores of this instrument are divided into two categories: intrusive and avoidant reactions or symptoms of posttraumatic
stress. Items are rated according to these two categories. Ratings of the 15 statements are added up according to the category specifications and a cutoff score of 26 is suggested, above which the scale suggests moderate to severe impact of the traumatic event on the participant.

This instrument is simple to administer and has very good internal consistency as well as validity. Horowitz, Wilner, and Alvarez (1979) found the IES to have good test-retest reliability and empirical validity when used in assessing participants with symptoms of PTSD and "stress response syndromes." Upon testing the IES in its early stages as a testing instrument, the IES was revised to only include the items that showed consistent reliability, streamlining the IES for future applications. The IES is also a good measure to indicate changes in the participant throughout the course of treatment.

The participant will be observed by the researcher during the protocol administration and the art making. The researcher will record detailed session notes during the course of the protocol for later analysis. The sessions will also be video-taped. The session notes and videotaped sessions will be reviewed at the conclusion of the protocol administration. During this review, the researcher will look for possible patterns or changes in the participant's mood, affect, actions, or attitude. This review will also be a time when the researcher can critique her own performance in the administration of the protocol and strength in session.

The triangulation of this data: the participant feedback, the pre-and post-test IES results, the initial interview, and the post-protocol discussion with the participants will provide the basis for an evaluation of the protocol's effectiveness.

Explanation of Procedures Followed

The short-term art-based protocol for use in a university counseling center will be developed from the research of art therapy interventions utilized successfully with trauma victims, previously created art therapy protocols, techniques used in eye movement desensitization and reprocessing, bilateral stimulation and effective treatments of posttraumatic stress disorder as detailed in Chapter 2. Successful elements will be selected from the interventions, techniques, and protocols researched. Once this protocol is developed, the research study will be divided into four stages.

The first stage involves finding a participant for the first application of the art-based protocol. Potential participants will be students at a southern university that have come to the university counseling center either as a referral from another university department (victim
advocate program, residence life) or of her own free will, presenting with trauma, acute stress disorder, posttraumatic stress, or posttraumatic stress disorder. Before the protocol work begins in the second stage of the study, the chosen participant will complete a semi-formal initial interview with the researcher in order to assess for stress levels, nature of the trauma experienced, use of coping strategies, and current level of functioning. During this initial session, the participant will also be informed of the nature of the current study and her role in the study if she chooses to participate. The client will also have access to further counseling or EMDR after the completion of the protocol and research study in the university counseling center if she so chooses. If she agrees to participate, consent will be signed and the client will also complete the Impact of Events Scale (IES) as a pre-test measure.

The second stage of the research study will consist of the use and application of the short-term art therapy protocol over the course of next 5 1-hour long sessions. These sessions will be video-taped for later review and observation of the participants’ mood, affect, attitude and actions. The application of the protocol can also be observed and critiqued by the researcher as well as other university counseling center staff for analysis and feedback if needed.

After the 5 protocol sessions, the third stage of the study will consist of a follow-up session with the participant in which the IES (Horowitz, Wilner & Alvarez, 1979) will be completed as a post-test measure. This stage will then involve the participant aiding the researcher in evaluating the successful and unsuccessful elements of the protocol in order to improve the protocol for future use. This evaluation will be in the form of a follow-up discussion between the researcher and the participant in which the participant will be asked to specifically state which elements of the protocol she felt most beneficial, least beneficial, if there was an element that she felt was too difficult for her trauma processing or if she felt that she could have been pushed harder in the sessions. The evaluation will also encourage the participant to discuss whether the protocol as a whole was beneficial to her recovery or if it served as a hindrance in any way. Finally the participant will be asked to verbalize any changes or improvements she may have experienced after completing the process of a short-term art-based protocol. The results of this discussion will be combined with the self-reporting results obtained from the IES pre- and post-tests, and the video-taped session analysis and all of the information will be examined by the researcher once the final session is complete. The
information obtained during the course of the study will hopefully yield changes that need to be made to the protocol for its improvement in future applications.

The fourth stage of this study will then involve the potential alteration of the protocol according to the data collected during the sessions and study thus far. Unnecessary elements may be changed or omitted, existing elements may be emphasized more or less, and new elements may be added if the research results show the need for these changes.

If time allows, this process will be repeated with a new participant utilizing the amended protocol. The potential second participant will also evaluate the protocol used in session, focusing specifically on the successful and unsuccessful elements for the protocol’s further improvement. The sessions will also be videotaped for further evaluation of the proposed protocol’s success. Separate EMDR and/or counseling services will be available to the participants of this study through the university counseling center, if needed.

Short-Term Art Therapy Protocol Developed for Research Study

The five-session short-term art-based protocol described here has been compiled from the previous research of art therapy interventions, trauma treatment, EMDR, and existing art-based protocols for trauma treatment. This protocol has not been finalized because some of the later sessions will depend on the functioning of the client and on her status of trauma treatment. The protocol discussed here will be the protocol that is used with the first participant. After this initial use, its effectiveness will be analyzed and the protocol may undergo additional adjustments for improvement.

The first session with the participant will consist of the researcher’s determination of the potential participants’ interest in taking part in the research study, obtaining signed consent, the initial interview, the establishment of relationship between participant and researcher, and the administration of the IES (Horowitz, Wilner & Alvarez, 1979). As in Talwar’s (2007) ATTP, an inventory of traumatic experience and positive experiences will be taken, with special attention on the experience that brought the participant to therapy. The inventory of experiences may need to be completed by the participant as homework. The affect log, also used in Talwar’s ATTP, will be explained and begun during the first session. The participant will also be encouraged to react to the protocol sessions in the affect log, but this will not be required of the participant.
The second session with the participant will mark the beginning of the protocol administration. In this session, the completed inventory of traumatic experiences and positive experiences will be discussed briefly, and then the focus of traumatic event that brought the participant to therapy will begin. Specific details of the experience will be discussed, and grounding techniques will be introduced and practiced, as in Gantt and Tinnin (2007) and Rappaport’s (2009) work. The participant will be led through breathing exercises without art and then art will be added for an additional grounding technique. The art-based breathing exercise will direct the participant to focus on and draw her breath with chalk or oil pastels.

Grounding techniques will be practiced prior to the trauma work in the case that the participant becomes over-stimulated or overwhelmed by the work and the grounding techniques practiced will aid in calming the client. During this session, the affect log can be reviewed and discussed, reframing reactions to recent events if needed. The final part of the session will be spent discussing the concept of a safe place (Talwar, 2007; Tripp, 2007 & Rappaport, 2009) and as homework, the participant will be encouraged to consider what or where her safe place is. Using her affect journal, the participant will be asked to draw or write about her safe place, describing it with as much detail as possible so that its image or idea can be recalled easily.

The participant’s reaction to the previous session, her safe place, and any additions to the affect log will begin the third session. Positive and negative cognitions will be discussed with the participant (Shapiro, 2001; Tobin, 2006; Talwar, 2007; & Tripp, 2007). The participant will be asked to think about the traumatic event that brought her to therapy and assign a negative cognition to the event. The participant will then focus on the event and the negative cognition associated with the event and create an image, symbol, or scene that comes to mind using pastels and paper or clay (Tobin, 2006). As with Tobin’s protocol, the participant will be asked to consider the negative cognition in association to the traumatic experience and her art piece, and the client then will rate how true that negative cognition feels at the moment, on a scale from 0-10. 0 will represent not at all true, and 10 will represent that the cognition is exactly how the participant feels at that moment (Shapiro, 2001; Tobin, 2006 & Tripp, 2007). The cognition rating will be recorded on the back of the drawing or if the piece is clay, on a separate piece of paper.
The participant will then consider a positive cognition she would like to feel about the traumatic event. The participant will then focus on the event paired with the positive cognition and create the image, symbol, or event that comes to mind. The positive cognition will then be rated as before. If time remains in the session, the created pieces will be discussed briefly. If not, the researcher will plan to revisit the pieces in the next session.

The fourth session will begin with a discussion of the participant’s reaction to the previous session as well as any new additions to the affect log. The art directive in this session will be modeled after Talwar’s (2007) ATTP and the painting method of Cassou (2002). The researcher will ask the client to focus on the traumatic event and the negative cognition associated with it from the previous session and in focusing on these, paint what comes to mind using the provided materials that include several large paint brushes, 1 inch wide and bigger, newsprint paper attached to standing easel, and assorted colors of tempera or acrylic paints. With the set-up of this directive, the participant will have to walk a short distance between the easel and the table where the art supplies are set up, adding to the reflection and cognitive aspect of the art making. The participant will be directed to paint what comes to mind, using about 3-5 minutes on each painting and using alternating hands with each painting. The researcher will monitor the direction of the painting series and, if needed, will encourage the client to think of the positive cognition after about 3-4 paintings; considering the path that would need to be traveled in order to reach the positive cognition using the series of paintings. The final goal of this painting process is an art piece that represents the traumatic event, combined with the associated positive cognition.

The fifth session depends on the client. As before, the participant’s reaction to the previous session will be discussed, any additions to the affect log will be reviewed, and the paintings from the previous session will be discussed. The ratings from the previous session will be compared to those from other sessions. The participant may need to further explore her traumatic experience, in which case the researcher can adjust to this need. The participant’s possible intrusive thoughts can be discussed and normalized. The participant may benefit from the art directive in this session involving the creation of a clay vessel, in which the participant can symbolically externalize, but contain her anxiety and sadness from the traumatic event. The use of clay also introduces multiple therapeutic aspects into the creative process through the kinesthetic movement, the constructive, expressive, and problem-solving elements, and its
deconstructive nature (Sholt & Gavron, 2006). Whatever the directive chosen, the participant’s needs will be assessed and the directive choice will be discussed with the participant to further determine their readiness. This session will end with a discussion of the art piece created and of upcoming termination from the research study.

The sixth and final session of the actual protocol administration is still under consideration by the researcher. A variety of art materials will likely be introduced in this session including watercolor paints, collage materials, drawing materials and clay, but the goal of the art piece for this session will be that of increased connection and permanence for the participant. The art piece resulting from this session, as the final piece of the protocol, will be a symbol of strength and accomplishment for the participant. The art directive for this session will encourage the participant to reflect on the traumatic experience that brought her to counseling and on her feelings about the traumatic experience, after having been a part of the art-based protocol. The participant will be asked how her ideas or perception of the event changed after her time in counseling. Along these lines, the participant may be asked to reflect on the therapy experience over the last couple of months and in reaction to this reflection, create a piece that embodies these thoughts and perceptions. In trauma work, it is important to give an ending to the event for the participant’s processing of the event (Gantt & Tinnin, 2007). The ending of the story can be the participant in her current life, or it can be what she hopes to gain from the experience. In either case the directive in the sixth session may direct the participant to create an art piece that represents the ending of her traumatic experience.

The participant will be reminded that the protocol is coming to a close and that the next session will be the follow-up discussion and examination of her experience. The researcher will encourage the participant to use her affect log as a way to respond to the counseling experience and to consider recording the positive and negative aspects of her experiences for review in the final session.

The seventh and final session will consist of the review of the treatment protocol and a follow-up discussion exploring the effectiveness and benefit the participant experienced with the protocol. The participant will be encouraged to critique the effectiveness of the protocol and her perceptions of the various elements. The researcher and participant will examine possible changes in the participant’s mood, affect, actions and attitude in session as well as elements or changes the participant has noticed in her daily life outside counseling session. The art
pieces from the protocol sessions and the ratings of the positive and negative cognitions can be reviewed during this session as a comprehensive and chronological series of changes that may have taken place.

All of the protocol sessions will be video-taped for later review by the researcher. With the video-taped sessions, the researcher will be able to re-examine sessions for elements the researcher may have missed in the session notes, but the researcher will also be able to critique her own performance in session. Limited but additional counseling sessions will be available to the participant through the university counseling center where the protocol was administered following the completion of the protocol.

Discussion of the Internal Validity

The validity of the results of this study depends on the self-reporting of the participant and her honesty in reporting feelings and the status of her healing process. Several threats to the internal validity of this study exist. The threats to the internal validity of this study are attitude, mortality, and history.

Attitude may be a threat to this study if the participant feels that she is receiving special treatment as she may report a false sense of improvement or may report what she thinks the researcher wants to hear. Preventing this threat will be difficult in that it will be impossible to keep the participant blind to the purpose of the study. The participant is not only a part of the research study in this case, but a part of the evaluation. The way to reduce this threat may be to make the participant clear that her feedback will be essential to the study and will be taken objectively; in this way the subject may feel both important to the study while being less concerned with pleasing the researcher. Giving the participant the task of evaluation after taking part in a new study may in fact empower her, making the experience a more positive one.

After a traumatic event the subject may want to move away from the physical location where the event occurred to avoid reminders; for this reason mortality would be a threat to this study. To try and prevent subject mortality, the researcher will need to remind the participant that if she moves away she may still suffer from the same thoughts and fears, but if she remains she will have the opportunity to receive services and assistance. The threat may also be reduced in making the participant feel like she is a crucial part of the research study as discussed previously.
History will be a threat to this study because if the participant suffers an additional traumatic event during the application of the study, the results of the study could change considerably. Unfortunately this threat will be uncontrollable; the researcher will just need to remain patient and ready for change, logging anything that deviates from normal progress in continuing the study.

Discussion of the External Validity

Because the sample of participants for this study will be so small, the results of this study will not be generalizable without further replication. The hope is that further studies can be formed from this one and in the replication and subsequent improvement of the protocol model and a successful protocol will result for use in a short-term therapeutic setting.

This study will have external validity in the triangulation of the data collected per its examination of the video-taped sessions and follow up discussion including in-depth feedback from the participants, the consideration of the changes in the participants’ affect, mood, attitude and actions, as well as the objective information collected in the pre- and post-test IES.

Description and Justification of the Analytical Techniques Used

In each of the measures used for subjective analysis in this research study, including the initial interview, observation of the video-taped sessions with the participant and the post-protocol discussion, the researcher will assess changes in the participant’s affect, mood, attitude and actions. During the post-discussion, the researcher will obtain information from the participant as far as what she felt was effective in the process of the protocol, what elements the may have thought were ineffective, what changes she noticed in herself since the beginning of the protocol sessions and in her interactions with friends, family and others. The researcher will ask whether or not the participant felt the whole of the protocol was effective and beneficial to her trauma processing. This is also subjective data that will be collected, but as self-report data rather than from the observations of researcher. The data collected from both the researcher observations and the self-report data will then be compared for consistencies and possible inconsistencies.

The objective data collected in this research study will consist of the Impact of Events Scale (IES), used in this study as a pre- and post-test measure. This measure has established good internal consistency in its past applications and has also been found to be a good measure to use during therapy as a check-in with the clients current status in relation to the
affect of the traumatic event that is being processed in session. The 15 items of the IES are rated on a 4 point scale and then added in a way that indicates the affect the featured traumatic event has on the participant.

This objective information will then be combined with the subjective data collected per the participant-researcher discussions and the examination of the video-taped sessions in a triangulation of the research data. The triangulation of the research data will create a more valid and reliable data set to examine and improve the protocol formed in the beginning stages of this study for future replication. In collecting this data set and using it towards the improvement of the protocol, future replication studies will not have to start from the beginning stages of protocol formation; they will be able to pick up where this study left off.
CHAPTER 4
RESULTS

The course of this research study began with three research questions and the formation of a research protocol to be applied in practice and then hypotheses could potentially be established from the research findings. The research questions established in this research study were:

1. How can elements of art therapy, eye movement desensitization and reprocessing (EMDR), and bilateral stimulation be successfully combined to create an interdisciplinary treatment protocol for use in the short-term setting of a university counseling center?

2. In what ways did the participant respond to the protocol?

3. Did the protocol improve the client’s functioning?

The proposed protocol consisted of seven sessions in which pre-/post-test and pre-/post-protocol discussions were conducted as well as five sessions of art therapy interventions. Originally the study was designed to administer the study protocol to a single individual, gather feedback from the participant, examine the findings, potentially revise the protocol sessions according to participant feedback and the research findings, and then re-administer the protocol with a new participant. In this design, the research protocols were to be administered consecutively. Due to time constraints and difficulty in finding willing participants, the participants began the treatment protocol concurrently. Also, the protocol session times were lengthened so that only six sessions were needed to complete the contents of the treatment protocol. The study began with three participants and two of these participants completed the full protocol while the third dropped out of the study after two sessions. The sessions and results of the two participants who completed the protocol will be discussed first and the third participant will be discussed later in this chapter.

*Formation of an Art-Based Interdisciplinary Treatment Protocol*

The first research question addressed the formation of the protocol itself, while the second and third questions were directed more towards the participants’ responses to the
treatment. The first research question was initially examined through the background research and literature review conducted for this study. Through the examination of literature on posttraumatic stress disorder (PTSD), the nature of traumatic memory storage, proven successful treatments of PTSD (including cognitive and cognitive behavioral techniques, EMDR, bilateral stimulation, and art therapy interventions), and finally the study of existing art-based protocols specifically used for the treatment of PTSD, the research protocol was formed. Elements from the literature that were considered for the research protocol were common amongst multiple successful interventions, were theoretically able to address the needs of a client presenting with impaired functioning due to traumatic memory or PTSD, were able to be used in a short-term therapy model, and/or were able to be combined with other treatment modalities such as art therapy. These elements were then aligned in a way that rapport could be built in session, grounding techniques could be established early, and each intervention built upon the previous session in topic and in art media to be used.

Because a brief-therapy model was used at the counseling center where the research protocol was administered and the brief nature of the research protocol, “homework” assignments were introduced into the treatment sessions. These pieces were completed in the participant affect log and were intended to reinforce the information learned in session. Homework assignments including recording automatic thoughts as situations emerge, reacting to protocol sessions, conducting an inventory of traumatic events in addition to an inventory of positive events, and writing associations to positive and negative cognitions assigned to the traumatic event, were given in order to raise the participants’ self awareness, identification of triggers, possible avoidance of triggers, maladaptive thoughts and actions, and to identify possible patterns of behavior and functioning serving as hindrances to their recovery.

The research protocol pre- and post-test measures included an initial interview and a short test of the client’s functioning, and after the protocol’s application a follow-up interview and discussion during which the participants’ feedback was gathered and the second application of the short test used in the first session. The Impact of Events Scale (Horowitz, Wilner & Alvarez, 1979; IES), as discussed in the previous chapter, is a 15-question assessment of the avoidance and intrusive symptoms in association with a traumatic event. The IES is simple to administer and has been shown to be consistent and valid.
Each client that comes to the counseling center where the protocol was conducted undergoes an “intake” which gathers information about the client’s family history, presenting issues, history of treatment, and an assessment of functioning. For this reason, much of the background information needed from the participant would already be gathered, leaving only the need for a brief interview before the start of the protocol. The questions included in this initial interview are listed in Appendix A. To gather feedback and information about the participants’ functioning following the completion of the protocol, the questions listed in Appendix B were asked in the post-protocol discussion after the post-test IES was administered.

As stated previously, the research protocol sessions were adjusted slightly from what was reported in the research proposal. The first session involved gathering consent from the participant, the initial interview, the pre-test application of the IES (Horowitz, Wilner & Alvarez, 1979), the introduction of the affect log (Talwar, 2007), an art-based grounding technique (Shapiro, 2001; Gantt & Tinnin, 2007; Rappaport, 2009) which consisted of asking the participant to focus on her breathing and then draw what her breath might look like, and the discussion of an inventory of events (Shapiro, 2001; Talwar, 2007 & Gantt & Tinnin, 2007) to be completed as a homework assignment.

The second session began with a discussion of any reactions the participant may have had from the first session, a review of additions to the affect log, and a discussion of the inventory of events if completed by the participant. The participant was then directed to consider a safe place and draw this safe place (Talwar, 2007; Tripp, 2007 & Rappaport, 2009), in order to instill a sense of security in the therapeutic space and in the participant’s life. The safe place was discussed and then the participant was given a list of negative cognitions and a list of positive cognitions (S. Talwar, personal communication, June 18, 2009). With these lists, the participant was asked to assign a negative and positive cognition to the traumatic event that brought them to seek counseling (Shapiro, 2001; Tobin, 2006; Talwar, 2007; Tripp, 2007). Once the cognitions were assigned, the participant rated how true each cognition was to her on a scale of 0-10 (Shapiro, 2001; Tobin, 2006 & Tripp, 2007). At the close of the second session, the participant was given the “homework assignment” to record any associations she had to the cognitions in her affect log.
A discussion of the previous session began the third session, including any associations the participant had with the cognitions assigned to the event. The art directives in this session involved the participant creating an image or a symbol representative of the negative cognition assigned to the event as well as an image or symbol representing the positive cognition (Tobin, 2006). When each piece was completed, it was discussed. Each cognition was rated as in the previous session.

The fourth session consisted of a similar painting series as that used in Talwar’s (2007) art therapy trauma protocol (ATTP). After the previous session was processed and any new additions to the affect log were discussed, the painting series began. The directive was presented as a series of paintings, short in duration that was more focused on the participants’ inner process during the creative experience than on the finished product. These paintings were completed with ½-1 inch wide paint brushes, various colors of paint, and 18X24 inch pieces of newsprint paper. This series of art directives began with the initial directive for the participant to focus on the traumatic event that brought them to counseling and the negative cognition or thoughts associated with the event and then “paint what comes to mind.” The next two directives instructed the participant to paint “what comes next in this series.” The final 2-3 paintings were increasingly focused on the positive thoughts and cognitions associated with the event. After the painting series was completed, the pieces, the series, and the participant’s experience were discussed. The participant was encouraged to record any other reactions to the fourth session in her affect log.

The fifth session began with a study and follow-up discussion of the painting created in the previous session. The participant’s reaction to the directive was addressed and then the options for the art directive of the fifth session were introduced. The directive in this session was not set as it allowed for adjustment according to the participant’s needs. In both of the protocol’s applications, the creation of a clay vessel and the creation of a piece that signified an end to the traumatic event were discussed as art directive options for the fifth session. Both participants chose to create a vessel that could symbolically externalize and contain anxiety and other negative emotions associated with the traumatic event, stating that the creation of a vessel would enhance their experience. This session ended with a discussion about the vessel created and then a brief conversation about the termination of the research protocol in the next session.
The sixth and final session of the research protocol consisted of a discussion of the participant’s reaction to the previous session, any possible additions to the affect log, the participant being given the option to review previously made art pieces in a portfolio review before or after creating the art piece, and a discussion about the art directive. The art directive was originally left open for this session as with the fifth session, in order to determine the participant’s needs. In both applications of the research protocol, the art directive in this session asked the participant to create an art piece that represented an end to the traumatic event, placing it in the past (Gantt & Tinnin, 2007). The reasoning behind the importance of this directive was discussed with the participant so she did not perceive that the researcher was trying to force her to “get over it” as both participants felt pressure from others to do. When complete, the art piece was discussed and if not done so already, a portfolio review was completed with the art pieces made in earlier sessions. The participant was then asked to rate the negative and positive cognitions a final time on a scale of 0-10. This session then concluded with the application of the post-test IES (Horowitz, Wilner & Alvarez, 1979), the post-protocol discussion gathering participant feedback about the protocol experience and changes in functioning, and a discussion of the participant’s needs after the completion of the protocol including self care, counseling, etc.

Through the literature review compiled in chapter 2, the research protocol was formed and then tested in session with willing participants. These various elements created the short-term art-based protocol that addresses the first research question. The next section will discuss each study participant and address the second two research questions through the in-session work completed by the participants.

Participant #1: Lila

The first participant, “Lila” (pseudonym), was referred to the research study by a victim advocacy program at the university where the study was being conducted. This participant had also been a member of the “Surviving to Thriving” group (a time-limited theme group specifically for women who have been adult victims of sexual assault) in the previous year. Lila was a 21 year old Caucasian female and was enrolled in her third year of study at her university. Lila came from a strict Christian background and she identified strongly with her religion. In November of 2008, Lila was sexually assaulted by a stranger while visiting a beach town with a friend. Lila reported that she had no sexual experiences or intercourse prior to this
assault. Lila agreed to and began the research study in late February 2010. The research protocol was intended to be run weekly for 6 weeks, but Lila’s health complications and the university’s spring break caused the 6 sessions to extend over the course of 8 weeks.

Throughout the application of the protocol Lila came to sessions on time, well groomed, was compliant, made regular eye contact, was attentive, and open in conversation. In the beginning sessions of the protocol, Lila laughed and smiled while talking about sad or hurtful elements of her experience and spoke in a high-pitched voice. Lila denied any history of depression, anxiety, or other mood disorders in her past or in her family history. Lila reported in the initial interview that she slept an average of 10-12 hours each night, experienced difficulty trusting others, was unable to cry about her sexual assault but watched “sad” movies in order to make herself cry, felt shame and self-blame in association with her rape, reported having multiple triggers, frequently attempted to deny that the event happened in rationalizing the assault as “something that I wanted” and avoided thinking about the assault. Lila also reported that she felt as though she had “no voice”, and was unable to assert herself or establish and maintain boundaries with others.

Response to the Protocol

In examining the outcome of the protocol sessions as related to the second research question, the pre- and post-test IES, Lila’s art created in session, her feedback, and the researcher’s observations of the participant from the review of the video-taped sessions will be taken into consideration. Lila exhibited some apprehension when approaching art directives in the first few sessions, making comments that her drawings often resembled “a kindergartener’s artwork”. Although nervous, Lila was open to the art directives and followed instruction.

Pre-Test and Session 1. During the initial session of the protocol, Lila completed the IES in 2 minutes. Table 1 displays the specific results of this application of the IES. The 15 items on the IES are rated with either a 0 (not at all), 1 (rarely), 3 (sometimes), and 5 (often) for how frequently the given comment was true during the past seven days.

Lila scored a total of 59 on the IES, the subcategories of which were scored as follows: avoidance (A) 28, intrusion (I) 31. According to the rating system of the IES a total score of over 43 is considered “severe.” Lila’s IES results indicated that she was in the severe category in the occurrences of avoidance and intrusion symptoms of PTSD at the start of the research protocol.
The art directive in this session began with a relaxation exercise asking the Lila to focus on her breathing. She was then directed to use oil or chalk pastels and 12X18 inch paper to draw what she thought her breath might look like. This was also a way to show Lila that the art created in session did not have to look a certain way, but could be more of a visual reminder of the process she experienced while making the piece. Lila used light pressure with long slow movements to “draw her breath” during this exercise and she worked for 2.5 minutes to complete the directive. The final product of the breath-drawing directive is not pictured.

**Session 2.** Art materials were used in the second session to prompt Lila to consider and create a safe place. Before Lila began to draw her safe place, she was asked to consider a

<table>
<thead>
<tr>
<th>Comments true during the past seven days:</th>
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<th>A/I</th>
</tr>
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<tr>
<td>1. I thought about it when I didn’t mean to.</td>
<td>5</td>
<td>I</td>
</tr>
<tr>
<td>2. I avoided letting myself get upset when I thought about it or was reminded of it.</td>
<td>5</td>
<td>A</td>
</tr>
<tr>
<td>3. I tried to remove it from my memory.</td>
<td>3</td>
<td>A</td>
</tr>
<tr>
<td>4. I had trouble falling or staying asleep, because of pictures or thoughts about it came into my mind.</td>
<td>3</td>
<td>I</td>
</tr>
<tr>
<td>5. I had waves of strong feelings about it.</td>
<td>5</td>
<td>I</td>
</tr>
<tr>
<td>6. I had dreams about it.</td>
<td>3</td>
<td>I</td>
</tr>
<tr>
<td>7. I stayed away from reminders of it.</td>
<td>1</td>
<td>A</td>
</tr>
<tr>
<td>8. I felt as if it hadn’t happened or it wasn’t real.</td>
<td>3</td>
<td>A</td>
</tr>
<tr>
<td>9. I tried not to talk about it.</td>
<td>3</td>
<td>A</td>
</tr>
<tr>
<td>10. Pictures about it popped into my mind.</td>
<td>5</td>
<td>I</td>
</tr>
<tr>
<td>11. Other things kept making me think about it.</td>
<td>5</td>
<td>I</td>
</tr>
<tr>
<td>12. I was aware that I still had a lot of feelings about it, but I didn’t deal with them.</td>
<td>5</td>
<td>A</td>
</tr>
<tr>
<td>13. I tried not to talk about it.</td>
<td>5</td>
<td>A</td>
</tr>
<tr>
<td>14. Any reminder brought back feelings about it.</td>
<td>5</td>
<td>I</td>
</tr>
<tr>
<td>15. My feelings about it were kind of numb.</td>
<td>3</td>
<td>A</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>59</strong></td>
<td></td>
</tr>
</tbody>
</table>
place where she felt safe and comfortable. Lila was instructed to imagine the specific details of such a place including smells, colors, objects present, etc. Lila used chalk pastels and a 9X12 inch piece of white cardstock to complete this directive. Lila worked silently and intently for just under 11 minutes and used 8-9 different colors in the piece, pictured in Figure 1.

![Figure 1: Lila’s Safe Place Drawing](image)

Lila reported that her safe place was near Mount Rainier, where she visited with her family when she was a child. Lila stated that she often envisions this place as her “happy place” and further indicated that the enjoyment of nature created a relaxing and therapeutic experience for her. Lila did not include human figures in her drawing, but stated that she envisioned her family present in her safe place and reported sensing a strong, positive connection to this place.

After the completion of the safe place art piece, Lila was directed to assign a negative and a positive cognition to her traumatic experience. These cognitions were representative of Lila’s thoughts about the experience and about herself. Lila chose “I am unworthy” as her negative cognition and the counterstatement, “I am worthy” as her positive cognition. Lila rated these cognitions on a scale of 0-10 for how true she felt they were, 0 indicating not true at all and 10 indicating very truthful. Lila rated the negative cognition a 9 and the positive cognition a
Lila’s university spring break followed this session, so she was given a “homework” assignment of recording her associations with these cognitions in her affect log.

Session 3. In the third session, Lila discussed her associations with the assigned cognitions and was then directed to create an art piece that represented the negative cognition of the event (see Figure 2) and an art piece representative of the positive cognition (see Figure 4). For these directives, Lila was given the option to use clay or drawing materials. She chose chalk pastels and 9X12 inch pieces of cardstock paper.

![Figure 2: Lila’s Negative Cognition Drawing](image)

For the first directive, Lila used 8 minutes to draw silently (see Figure 2), she drew herself as the small, unheard figure in the middle amongst taller figures that represented people in Lila’s life who have made careless, derogatory, or hurtful statements toward her. Lila’s cry of “Help me” in the piece is blurred and unnoticed by the other figures. Lila reported that the statements included in the “word bubbles” added to her feelings of shame and inadequacy surrounding her sexual assault. Through this art piece, Lila was able to separate the statements of others apart from her negative self-talk. This piece appeared to improve her awareness of how others’ statements relate to her automatic thoughts and feelings which in turn lead to sadness, self blame, and diminished self worth.
During the discussion following Lila’s completion of the first art directive, she reported maintaining a “wall” or a barrier as a method of attention deflection. Lila’s “Disney persona” acted as the projection of this. Lila reported that this wall kept others at a safe distance, separating herself from potential harm and from others seeing Lila as vulnerable. Lila reported that when in the presence of other people, she rarely let this wall down due to the negative thoughts kept there. To address the need of identifying specific cognitions and self-talk maintained behind this wall, Lila was asked to use the art materials (chalk pastels and 9X12” paper) to create a piece that represents this wall, what she keeps behind the wall, and to contain these elements in some way. Lila worked silently on this piece (see Figure 3) for just under 8 minutes.

Figure 3: Lila’s “Wall” Drawing

Lila drew a large heart with thick layers/barriers to represent the wall while on the outside of this wall she represented her happy projection as “pretty, sunlight” or “radiating light." On the inside of Lila’s wall, she depicted representations of her negative self-talk and negative thoughts that corresponded with her assigned negative cognition, including: shame (indicated by the letter S), feeling dirty and disgusting (brown shape), thought that she was undeserving of love or would never find love (broken heart), lack of a voice or feeling unheard (crossed-out mouth), need for tears (cloud, rain), feeling like she was “in a black hole looking...
for the light” (black circle), and mixed emotions, confusion, and sadness (indicated by the scribbled lines filling the rest of the heart). Examining the detail with which Lila was able to depict these elements and to verbalize them, it appeared that Lila engaged in self analysis in various interactions. A brief discussion of Lila’s ability to build upon successes followed before the final directive was introduced.

The final directive asked Lila to create an art piece that represented the positive cognition she assigned to her traumatic event (see Figure 4). Lila created this piece in 4 minutes and she used chalk pastels and a 9X12 inch piece of yellow card stock. Lila only used a portion of the paper, drawing a tube of lipstick, a makeup brush, a “smiley face”, an ear, and a heart. The tube of lipstick and make-up brush represented a situation in which Lila felt she was successfully heard by others. Other positive qualities represented her abilities to make others laugh (the smiling face), listen (the ear), and empathize with others’ pain (the heart). The limited size of this piece reflects Lila’s inhibited self-worth and partial belief in the positive cognition. The inclusion of generic, superficial images may also reflect a sort of defense mechanism or the superficially happy persona Lila traditionally shows others.

Figure 4: Lila’s Positive Cognition Drawing

Lila spoke in a serious tone during the discussion involved with these art pieces. With each piece, Lila was intent on the art piece and able to verbalize her inner process during the art creation and appeared more at ease with the art creation itself. Lila reported thinking that
she was incapable of helping herself, but was receptive to the idea that she was taking an active stance in exploring ways to seek help. At the conclusion of the session, Lila was asked to rate her negative and positive cognitions as in the previous session. She rated the negative cognition a 9 and the positive cognition a 6.

The discussion in this session raised the need for an additional art directive apart from the research protocol’s plan. Due to the nature of the protocol and its dedication to answering the participants’ needs, the researcher felt it appropriate to follow Lila’s present need to explore her “wall” through art. This addition did not alter the integrity of the research protocol. Perhaps it enhanced Lila’s ability to explore the multiple facets of her negative cognition before moving forward.

Session 4. This session involved a painting series similar to that of Talwar’s (2007) art therapy trauma protocol (ATTP). Before the initial art directive was given, Lila was reminded that the importance of this painting series was not on the finished product, but on her inner process throughout the experience. Lila was instructed that the paintings would be quick paintings but the researcher would not force her to move on to the next painting if she appeared intent on the current painting. She was further instructed that the first would be painted with her dominant hand, the second with her non-dominant hand, the third with her dominant hand, and continue along this pattern. A standing easel with 18X24 inch newsprint paper was placed about two steps away from the table where the paint and paint brushes were displayed, to force walking movement between brush strokes and color changes. Lila created six paintings during this session, pictured in Figures 5, 6, 7, 8, 9, & 10, and she painted silently and intently throughout the painting series, talking only during the time between paintings.

Lila was directed to think about her assault and the negative cognition she originally assigned the assault then paint what comes to mind. Lila painted for 7.5 minutes (see Figure 5) and used only red and black paint. Lila first painted the word “Shame” then “alone.” Next she painted a broken heart, then the clock, and finally the black outline in several layers of paint.

For the second painting, seen in Figure 6, Lila was directed to paint a “continuation of the first piece” with her non-dominant hand. Lila painted for 7.65 minutes, was thoughtful about her first color choice, and used slow brushstrokes to paint multiple layers on each brush
stroke. Lila began with red paint, then black, white paint, yellow, and the painted “Torn” in blue over the other colors.

Figures 5 and 6: Lila’s Painting Series Pieces 1 (left) and 2 (right)

Figures 7 and 8: Lila’s Painting Series Pieces 3 (left) and 4 (right)
The directive for the third painting was similar to that of the second, to paint the “continuation of this piece” with Lila’s dominant hand. Lila painted for 11.25 minutes and she used faster, kinesthetic movements than in previous paintings (see Figure 7). Lila first painted the white cloud-like outline, then blue on the outside of the white lines, then the sun shape, and the green hill forms. Lila then painted details on the objects included inside the white outline. Lila’s final brushstrokes were used painting an additional layer on the cloud outline. What emerged for this piece was Lila’s safe place drawn in the second session, perhaps Lila’s method of self-soothing during this painting series.

For the following painting (see Figure 8), Lila was directed to begin to think about the assigned positive cognition of “I am worthy” in addition to focusing on the assault and the negative cognition. Lila painted with her non-dominant hand for 9.5 minutes. Lila was thoughtful about the first color choice, clarified the directive, and began painting after 60 seconds of thought. Lila first painted “(un)worthy” in purple paint, applying multiple layers to worthy. She then painted the divider between un and worthy. Next she painted the piece around un, black first and then the red detail. Lila completed the piece by painting yellow details around worthy. Lila was focused during the creation of this piece and appeared to use the art piece to visually combine the positive and negative cognitions while separating them in a contained and safe way.

The fifth directive was given as a continuation of the fourth, with increased focus on the positive cognition (see Figure 9). Lila painted for 9.5 minutes with her dominant hand. Lila first painted in blue “I am”, in pink “worthy”, and next the red heart-shaped outline around this statement. Lila then painted the brown object (present also in the previous session’s art piece depicting her “wall”) or as Lila described, a “dirty spot.” She then painted the question marks around the brown object, then “No, you’re not!...” and the partial black outline of the piece. Lila completed the piece by painting the blue outline around the piece.

Lila was prompted to create a sixth painting without the use of words, instead using only lines, shapes, and colors for the final piece of the series (see Figure 10). Although she appeared somewhat fatigued by the painting series, she agreed to create a final piece. With this piece, Lila was able to use both dominant and non-dominant hands and she painted for 9.25 minutes. Lila began by painting a thick black circle in the middle of the page. She then
Figures 9 and 10: Lila’s Painting Series Pieces 5 (left) and 6 (right)

painted a red heart around the black circle, followed by the orange rectangle band-aid over the heart. Lila then painted the blue lines above and below the heart and band-aid, the yellow “caution” sign, and the blue-green lines surrounding the caution sign. In association with the final piece, Lila stated that she envisioned her sexual assault as being a “hole in my heart”, but “I can tell I’m starting to heal” which she indicated with the band-aid. Lila appeared to conceptualize this piece as the visualization of her healing process in addition to a warning for the future, indicated by the caution sign.

In the discussion that followed this painting series, Lila denied having any negative emotions or anxiety emerge during the process, reporting instead that she was relaxed and calm. Lila stated that she felt the most connected to the fourth and fifth pieces (Figures 8 and 9, respectively). Lila was encouraged to reflect on the painting series further in her affect log and this session ended with a discussion about what Lila’s needs were for the following session.

Session 5. This session began with Lila reporting disappointment and annoyance with her family due to their lack of support for Lila’s continued need to talk about her sexual assault. Lila stated that her parents have been supportive of her other ventures, but when she attempts to discuss her assault or the changes she hopes to make in her life as a result of her attack,
they change the subject of the conversation. Lila reported feeling empowered by the thought of changing her academic major to criminology or another field of study that would allow her to help victims of sexual assault. Lila had received increased support from friends during this time, and she stated that in learning more about sexual assault and others’ experiences she was further able to help herself heal.

Lila reported feeling a sense of relief and calm after the previous session and the painting series, she was engaged in conversation, and she exhibited an open posture. Lila was given the option of creating a vessel to externalize, but contain painful elements of her traumatic event or to create piece that symbolizes an end to the traumatic event. She chose to create a vessel (see Figures 11 and 12). Lila was given white Crayola® model magic clay that

Figure 11: Lila’s Clay Vessel

Figure 12: Lila’s Clay Vessel
could be colored with markers. Lila worked silently and methodically for 24.5 minutes. Lila used a pink marker to give the clay a marbled appearance, then later a blue marker for additional marbling. Lila kneaded the clay for an extended amount of time, rolled the clay into a ball, a bowl shape, and then the final piece emerged.

In the discussion following the vessel’s completion, Lila reported the inclusion of two openings due to her varying needs on different days. These openings also reflected Lila’s exposure and openness surrounding her assault and perhaps the lack of protection she experienced. To counter this lack of protection, the walls of the vessel were tall and took on the appearance of a castle wall.

Lila reported reluctance to allow emotions to emerge from this vessel or wall, fearing that others may see her as vulnerable or misinterpret her low moods. Lila’s vessel took many forms during its creation, reflecting the ever-changing nature of her experience during this process. Lila’s vessel had a vaginal element to it, a resemblance that was not discussed in session.

Post-Test and Session 6. The final session involved an art directive that asked Lila to create a symbolic end to her sexual assault in order to place the event in the past (see Figure 13). Before beginning the art piece, Lila reported an increased sense of empowerment and

Figure 13: Lila’s Ending Collage
assertiveness due to positive experiences outside of the treatment sessions. Lila had experienced continued resistance from her parents, but she refused to allow their lack of support to alter her drive towards helping others and herself. The researcher led Lila through a review of the art pieces created thus far in the research protocol sessions and a brief discussion of these pieces.

The art directive was introduced and Lila was given art materials including tissue paper, magazines, glue, paper, markers, pastels, clay, feathers, watercolor paints, and scissors in order to create this piece. Lila worked for just under 45 minutes on this piece, first looking through magazines, cutting, and gluing selected words to her piece, then tearing and gluing tissue paper pieces around the selected words, and finally gluing yellow feathers around larger grouping of words and tissue paper.

Lila described this piece as representative of her new ability to focus on the positive growth she has experienced including increased assertiveness, confidence, and her emergence from behind her wall. Lila reported that the green tissue paper represented this growth, the purple was self-worth and value, and the yellow feathers were “radiating out” (light similar to Lila’s “wall” drawing from the third session). Lila reported that her reasoning for tearing pieces of tissue paper and then arranging them on the paper resembled her process of “putting the pieces back together.” Lila also separated the negative aspects of her assault from the positive growth. These negative elements were encased in red tissue paper and she included the words damaged, absence of comfort, pain, and dirty. Lila also stated that this final piece reflected how she hopes to continue in the future, towards healing and focus on the positive. The inclusion of the negative elements may act as reminders or a caution for the future as in the final painting of the previous session.

Lila was asked to rate the assigned negative and positive cognitions a final time during the last session of the protocol. Lila rated the negative cognition a 3 and the positive cognition a 6. Lila explained that these ratings could change from day to day, but she considered these final ratings as an average of how true she perceived them in her current experience.

After the art directive was complete, the IES was administered and Lila used 2 minutes to complete the post-protocol test. This test totaled 54, with an A score of 26 and an I score of 28. Table 2 displays the specific results from the second application of the IES (starred items indicate changes from the previous test). The results of these pre- and post-tests were not
discussed with Lila in session, but the comparison of the test scores indicate a slight reduction in both avoidance and intrusion symptoms. According to the post-test IES, Lila remained in the “severe” category which conflicted with her self-reported improvements in functioning at the close of the protocol.

Table 2: Lila’s Post-Test Impact of Events Scale

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<th>A/I</th>
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<td>5</td>
<td>I</td>
</tr>
<tr>
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<td>5</td>
<td>A</td>
</tr>
<tr>
<td>3. I tried to remove it from my memory.</td>
<td>3</td>
<td>A</td>
</tr>
<tr>
<td>4. I had trouble falling or staying asleep, because of pictures or thoughts about it came into my mind.</td>
<td>3</td>
<td>I</td>
</tr>
<tr>
<td>5. I had waves of strong feelings about it.</td>
<td>5</td>
<td>I</td>
</tr>
<tr>
<td>6. I had dreams about it.</td>
<td>0*</td>
<td>A</td>
</tr>
<tr>
<td>7. I stayed away from reminders of it.</td>
<td>1</td>
<td>A</td>
</tr>
<tr>
<td>8. I felt as if it hadn’t happened or it wasn’t real.</td>
<td>5*</td>
<td>A</td>
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<td>I</td>
</tr>
<tr>
<td>11. Other things kept making me think about it.</td>
<td>5</td>
<td>I</td>
</tr>
<tr>
<td>12. I was aware that I still had a lot of feelings about it, but I didn’t deal with them.</td>
<td>3*</td>
<td>A</td>
</tr>
<tr>
<td>13. I tried not to talk about it.</td>
<td>5</td>
<td>A</td>
</tr>
<tr>
<td>14. Any reminder brought back feelings about it.</td>
<td>5</td>
<td>I</td>
</tr>
<tr>
<td>15. My feelings about it were kind of numb.</td>
<td>3</td>
<td>A</td>
</tr>
<tr>
<td>Total</td>
<td>54</td>
<td></td>
</tr>
</tbody>
</table>

**Participant Feedback.** Lila recounted her experience as a positive one, stating that she was surprised that it had been helpful as she was initially doubtful. Lila reported being able to use the art to express internal processes that she could not verbalize. Lila reported responding most to the assignment of negative and positive cognitions to the sexual assault, then
reflecting on these cognitions. Lila stated that reflecting on these cognitions raised her awareness of how these cognitions affected her self esteem and self worth, and thus enabled her to revise her way of perceiving the world. Lila also reported that the examination of her negative and positive cognitions resulted in increased instances of self care. Lila stated that the protocol sessions were able to give her an outlet to talk about her assault and as she reported, gave her a sense of relief and empowerment to practice and find her “voice”. When asked to rate her experience with the protocol on a scale of 1-10, 1 indicating poor and 10 indicating excellent, Lila rated it a 10.

**Researcher Observations.** In the early research protocol sessions, Lila presented with an affect that was incongruent with the content of discussion. Lila described her outwardly happy presentation as her “Disney persona.” As the protocol sessions progressed, Lila appeared more relaxed in session. By the third session and thereafter, Lila had a decreased amount of inappropriate, nervous laughter. Lila was open in conversation and in her posture, she was compliant with directives, and she followed through on “homework” assignments. At times Lila exhibited ambivalence in discussion. This ambivalence can be conceptualized as a form of resistance, but Lila remained an active and compliant participant in the study which in turn suggests that the ambivalence may be attributable to Lila’s slowly increasing assertiveness skills, boundary testing, and feelings of empowerment.

**Changes in Functioning**

Addressing the third research question requires examining if changes in functioning occurred for the participant during or at the close of the research protocol. The participant’s reported functioning and functioning apparent in protocol sessions will be discussed in addition to the changes that occurred after the completion of the study. In order to do this, Lila’s reports and researcher assessments of Lila’s functioning will be analyzed.

At the start of the research protocol, Lila reported that she had no outlet in her personal life for talking about her sexual assault or the difficulties she had experienced since. Lila was a member of a small Christian organization and had discussed her assault with other members at some point in the recent past, which Lila reported many members exploited by frequently asking Lila to “give her testimony” to groups of people. Lila felt violated and had repeated negative experiences in talking about her assault. As reported earlier, during the semester prior to the research treatment, Lila was a member of the “Surviving to Thriving Group,” but
had not been an active member of the group. She was often quiet and only spoke when prompted by one of the group leaders, becoming flush and uncomfortable during times of speaking to the group. During this time she also refused offers for individual counseling. This earlier experience may have offered Lila the opportunity to witness others’ experiences and their ability to talk about their own assaults. According to Lila’s report, the research protocol gave her a safe outlet to talk about her assault in ways she was unable to find previously.

As the protocol sessions progressed, Lila became increasingly interested in learning more about and helping other victims of sexual assault. She reported that learning about other women’s experiences helped her own healing process, and she perceived that helping other victims would have a similar effect. Lila talked more frequently about changing her academic major to criminology or one of the helping fields rather than her current studies in Italian and fashion. In the week between the fifth and sixth sessions of the protocol, Lila attended a “Sex Symposium” held as a part of “Stop Rape Week” at the university where she was a student. Lila asked some friends to attend this symposium with her. Upon noticing a discrepancy between her own experience and something the symposium panel reported, Lila raised her hand and asked for clarification. Lila reported that she was unsatisfied with their answer; she proceeded to engage the panel further, discussing her own experience and how this differed from their report. This event marked a change in Lila’s social functioning, speaking in front of a large crowd about her sexual assault. From this experience, Lila received support and encouragement from crowd members who approached her after the symposium and contact information from one of the panel members who has since been in regular contact with Lila on the subject of Lila’s rights as an assault victim. Lila was empowered by this experience and reported sensing a stronger connection with the friends who attended the symposium with her.

As Lila became more comfortable in session and adjusted to having successful outlets for talking about her assault, she also began to talk about her experience more openly with her family. Lila reported that this and discussion of the changes she hoped to make in her life due to experiencing a sexual assault, were met with resistance. In Lila’s earlier experiences, before the application of the protocol, this resistance caused Lila to discontinue her attempts to communicate. At the termination of the protocol, Lila reported being “devastated” and saddened by her parents’ avoidance of her attempts to discuss her assault, but she was not
deterred. Instead Lila was able to look at her interactions with others objectively, empowered by her increased assertiveness and self awareness.

In an early session, Lila reported that she had created a profile on a dating website through which she was able to make contact with men, usually several years older than herself. Lila reported meeting these men in person and remaining in contact with them for a short time before suddenly ending the relationship. Lila attributed this behavior pattern to her need to hurt men, or her attacker, and as a way of controlling men. This behavior appeared to also be a way for Lila to exert her control over the entire relationship however brief and meaningless it was to her, thus also creating a new ending to relationships with men. In the last session, Lila reported that she had deleted her online profile and discontinued this behavior.

Lila’s sleeping patterns also changed during the process of the research protocol. At the start of the protocol, Lila reported sleeping an average of 10-12 hours a night, was tired throughout the day, and could easily take 2-3 hour naps. Lila reported in the final session that she was experiencing difficulty falling asleep due to excitement about the future and thinking about events to come. A portion of the changes in sleep patterns can be attributed to the timing in the academic semester, but Lila’s report also indicated a change in thought patterns.

Lila reported discomfort in verbalizing negative events and triggers with those around her at the start of the protocol’s application. As Lila became more comfortable in session and in using the affect log for recording her experiences and automatic thoughts, she also became more comfortable discussing triggers and negative reactions to experiences with trusted friends. Lila was able to verbalize her fear of allowing others to see her vulnerability and her need to hide this vulnerability with her “Disney persona”. In the post-protocol interview, Lila reported improvements in her ability to verbalize things that trouble her to trusted friends as issues or triggers emerged, thus improving her ability to move past troubling material rather than dwelling on it. Lila appeared to be more comfortable showing her vulnerability with trusted friends, a change in functioning that had so far been met with support from friends.

**Summary of Lila’s Case Study**

Lila was able to use the protocol sessions as an outlet to discuss and process her sexual assault and the experiences that resulted from this assault without the fear of exploitation or judgment. Lila also exhibited openness to the art creation process, using the art
to identify and access specific triggers, stressors, and negative self talk. Lila appeared to identify more with the cognitive elements of the research protocol which may have been related to the disconnection between the event and her emotional expression. At the conclusion of the research protocol, Lila exhibited motivation to explore resources on her own, to continue her path towards healing, and to make positive changes in her life that may lead her towards helping other victims of sexual assault.

Although Lila’s pre- and post-test IES scores indicated only minor changes in her avoidance and intrusion symptoms associated with her sexual assault, the changes in her daily functioning, social and familial interactions, improvements in her positive self talk and cognition ratings, the reduction in the superficiality of her affect presentation suggest that her functioning was improved through the course of the research protocol. Lila responded well to the protocol sessions and was able to incorporate new learning, and increased awareness of self and her surroundings into her daily life.

Participant #2: Carolyn

The second participant, "Carolyn" (pseudonym) was referred to the research study by a clinician at the counseling center where the study was being conducted. Carolyn was a 20 year old Caucasian female and in her second year of undergraduate study. In October 2009 Carolyn had been sexually assaulted by an acquaintance in her college dorm room. She reported that she had agreed to allow this acquaintance to stay overnight in her dorm room on her couch and that this acquaintance was a friend of her romantic partner at the time. Carolyn was asleep when the acquaintance began assaulting her. She stated that she woke up in the middle of the assault and was unable to stop her attacker once she awoke.

Carolyn agreed to and began participation in the research study in early March 2010, and sessions ran weekly for 6 weeks. Carolyn reported history of depression, anxiety, and prior counseling. Carolyn reported that she currently had a prescription for Prozac, although she had not taken the medication in 6 months. Carolyn reported problems with her primary support group and a family history of depression.

Carolyn attended the research protocol sessions on time, casually groomed, was compliant with directives, and she was open in conversation. In the early sessions, Carolyn exhibited an ill at ease posture, constantly changing her seating and making agitated gestures while talking. Carolyn made infrequent and fleeting eye contact in the first session, instead
looking around the room or focusing on plucking the threads in her clothing. Carolyn was tearful at times in the first session, but was also able to laugh at appropriate times and she exhibited self reliance. In the initial interview, Carolyn reported difficulty completing academic coursework and had taken “incompletes” in several courses during the previous semester. Carolyn reported that she had isolated herself socially since her sexual assault due to frequent interactions in which others questioned whether she had been sexually assaulted. She reported experiencing anxiety attacks and frequent nausea with some vomiting. Carolyn had been experiencing difficulty sleeping since her assault, and reported having auditory hallucinations when falling asleep. Carolyn reported experiencing difficulty trusting others, having a quick startle response to sudden loud noises, was frequently tense and “stressed out for no reason”, but expressed excitement and openness to the idea of being a part of an art-based research protocol.

Response to the Protocol

As with the first participant, the second research question will be addressed by examining the pre- and post-test IES, Carolyn's art created in session, her feedback, and researcher observations of the participant. Carolyn reported excitement to begin an art-based research study and to work with art materials in a therapeutic setting.

Pre-Test and Session 1. During the first session of the protocol, Carolyn completed the IES in 1.5 minutes. Table 3 displays the specific results of this application of the IES. As stated previously, the items on the IES are rated with either a 0 (not at all), 1 (rarely), 3 (sometimes), and 5 (often) for how frequently the given comment was true during the past seven days.

Carolyn scored a total of 57 on the IES, the subcategories of which were scored as follows: avoidance (A) 32, intrusion (I) 25. A total score of over 43 is considered “severe”. Carolyn’s IES results indicated that she was in the severe category in the occurrences of avoidance and intrusion symptoms of PTSD at the start of the research protocol.

As discussed in the previous case study, the directive in the first session began with relaxation exercise asking the participant to focus on breathing in and out. Carolyn was then directed to use oil or chalk pastels and 12X18 inch paper to draw what she thought her breath might look like. Carolyn focused on her breathing without drawing for about 1 minute, then
Table 3: Carolyn’s Pre-Test Impact of Events Scale

<table>
<thead>
<tr>
<th>Comments true during the past seven days:</th>
<th>Rating</th>
<th>A/I</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I thought about it when I didn’t mean to.</td>
<td>3</td>
<td>I</td>
</tr>
<tr>
<td>2. I avoided letting myself get upset when I thought about it or was reminded of it.</td>
<td>1</td>
<td>A</td>
</tr>
<tr>
<td>3. I tried to remove it from my memory.</td>
<td>5</td>
<td>A</td>
</tr>
<tr>
<td>4. I had trouble falling or staying asleep, because of pictures or thoughts about it came into my mind.</td>
<td>5</td>
<td>I</td>
</tr>
<tr>
<td>5. I had waves of strong feelings about it.</td>
<td>3</td>
<td>I</td>
</tr>
<tr>
<td>6. I had dreams about it.</td>
<td>3</td>
<td>I</td>
</tr>
<tr>
<td>7. I stayed away from reminders of it.</td>
<td>5</td>
<td>A</td>
</tr>
<tr>
<td>8. I felt as if it hadn’t happened or it wasn’t real.</td>
<td>5</td>
<td>A</td>
</tr>
<tr>
<td>9. I tried not to talk about it.</td>
<td>5</td>
<td>A</td>
</tr>
<tr>
<td>10. Pictures about it popped into my mind.</td>
<td>3</td>
<td>I</td>
</tr>
<tr>
<td>11. Other things kept making me think about it.</td>
<td>5</td>
<td>I</td>
</tr>
<tr>
<td>12. I was aware that I still had a lot of feelings about it, but I didn’t deal with them.</td>
<td>5</td>
<td>A</td>
</tr>
<tr>
<td>13. I tried not to talk about it.</td>
<td>3</td>
<td>A</td>
</tr>
<tr>
<td>14. Any reminder brought back feelings about it.</td>
<td>3</td>
<td>I</td>
</tr>
<tr>
<td>15. My feelings about it were kind of numb.</td>
<td>3</td>
<td>A</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>57</strong></td>
<td></td>
</tr>
</tbody>
</table>

Figure 14: Carolyn’s Breath Drawing
used light pressure and slow movements to draw her breath for 2.5 minutes (see Figure 14). When discussing the directive, Carolyn stated “I was thinking about how stupid this was, but then I realized that it was working!” Carolyn laughed as she said this and appeared both relieved and calmed that a simple directive created a positive effect.

Session 2. In this session, Carolyn was directed to think about a safe place and then to use the art materials to create a visual reminder of such a place in order to instill a sense of safety and give her an outlet for calming visualization. Carolyn was instructed to imagine the specific details of such a place. Carolyn used chalk pastels and a black piece of 9X12 inch piece of construction paper to complete this directive. She worked quickly for one minute before laughing and stating that her safe place had quickly turned into an onion. She worked for another minute and then reported the piece complete (see Figure 15).

![Figure 15: Carolyn’s Safe Place Drawing](image)

Carolyn described this piece as a representation of her how her mind works in addition to its representation of her safe place. She stated that it “smells bad” indicated by the green fumes omitted by the onion, it has multiple layers making it “too hard for people to get to you”, and has a pink “force field” around the outside. She stated that the horizontal lines across the onion were “levels” through which she only allowed certain people. She described the inner enclosure and the figure inside this enclosure as herself and the inner part where no
one is allowed. Carolyn’s multiple protective factors served as a way to protect her from harm and to isolate her from others.

Carolyn was given an additional directive to create an art piece that focused on the inner enclosure of her safe place piece. Carolyn drew for 2 minutes with chalk pastels on a 9X12 inch piece of card stock and the product of this directive is pictured in Figure 16. Carolyn reported that this piece depicted her mind, included her stream of consciousness across the middle of the page, and the black shape in the middle represented the one true idea. Carolyn attributed the influence of this piece to the philosophy books she had begun to read between the first and second sessions. As both pieces contain enclosures and circular forms, the barriers and Carolyn’s need for protection were discussed along with the importance of the circle or mandala as the traditional symbol of wholeness and rejuvenation.

![Figure 16: Carolyn’s Safe Place Detail Drawing](image)

Carolyn was asked to assign and rate a negative and positive cognition for the traumatic event that brought her to the study, at the conclusion of this session. She assigned the statement “I should have known better” as the negative cognition and “I am capable” as the positive cognition to her assault. Carolyn rated these cognitions on a scale of 0-10 for how true she felt they were, 0 indicating not true at all and 10 indicating very truthful. She rated the negative cognition a 10 and the positive cognition a 4 or 5. Carolyn was then given the “homework” assignment to use her affect log to record her associations to these cognitions to be discussed in the next session.
Session 3. A discussion of Carolyn’s associations to her chosen negative and positive cognitions began the third session. She was then given the choice to work with chalk pastels and paper or Crayola® model magic clay to create a piece representing her negative cognition associated with the assault (see Figure 17) and then create a piece representing the positive cognition (see Figure 18). Carolyn chose the model magic clay, working for 8 minutes on the negative cognition piece and 9 minutes on the positive cognition piece.

For the first art piece, associated with her negative cognition (Figure 17), Carolyn created what she described as a “cage/mouth/eyeless creature just gnawing at me.” Carolyn also described how she inserted a fetus form coiled into a ball inside the “cradle.” She reported that the fetus form reflected how she physically reacted to her assault, by curling up in the fetal position in her floor. Carolyn recounted how she felt trapped afterwards, unsure what to do next, and was “stuck in a cage where no one believed me.” This piece contains teeth-forms creating a threatening element. Carolyn also included the orange bars as a protective measure to keep harm out, but stated that these bars also isolate her and keep her away from others, while their brightness also attracts unwanted attention of others. Carolyn reported that as the fetus form, she wanted to be left alone to heal. To her, this piece symbolized the assault and
her attacker’s dominance over her. She stated that this piece represented how she felt just after the assault and that she was “glad I’m past that now.”

Carolyn created a tree to represent the positive thoughts she had or wanted to feel about her sexual assault (Figure 18). In the creation of this tree, Carolyn tore pieces of the clay away from the solid base to form the branches. She stated that she originally wanted the tree to have two main branches that appeared to reach for the sky like arms raised above one’s head. She did not state what the motivation for this early idea was, but during the creation of the tree, while only two branches were formed, she said to the form, “Ok tree, you don’t have to be that happy.” This statement, in the context of Carolyn’s reports about how her parents expected her to be happy again and return to her old self, appeared to be a regulating and soothing self statement, reminding herself that how she was currently was acceptable. She later reported that she wanted the branches to appear somewhat “droopy”, perhaps reflective of her need to remain true to herself.

Figure 18: Carolyn’s Positive Cognition Clay Piece

Carolyn exhibited some difficulty and frustration in the creation of this piece. Due to the wetness of the clay and the method Carolyn chose to use in the tree’s creation, her attempts to make the branches thin and “droopy” caused the tree’s branches to curve and droop to the table. She attempted to add a support arm for one of the main branches unsuccessfully and
eventually lay the tree flat onto the table in order to complete it. As finishing touches, Carolyn added flower bud pieces to the tips of the branches in order to represent her “potential for life.” She described this tree as coming “back from winter” as she sensed that she too was returning from a phase of winter, hibernation, and isolation in her life. For Carolyn, this tree represented growth she wanted to experience and stated that at this time, she had not yet identified all of the meanings associated with it.

Carolyn discussed her associations with the cognitions and reported that in many ways she had resolved these cognitions. She stated the negative cognition was “not true at all now” and that she now knew the positive cognition to be true. A discussion followed of what negative thoughts remained for Carolyn regarding her assault and what she wanted to feel in association with this event. Carolyn stated “I don’t want to feel so helpless…like people have control over me.” Instead she stated that she hoped to turn the event into something different, a positive influence in her life rather than “a black spot in my life that I want to forget.” Although the new cognitions of “I am not in control” and “I am now in control” were not discussed until after the creation of the art pieces, these positive and negative thoughts were reflected in the art piece. These changes in the cognitions did however change the researcher’s ability to use the cognition rating changes across the span of protocol sessions as diagnostic information.

As Carolyn reported resolving her original negative cognition before the beginning of this art piece, thus this piece was representative of the range of negative associations with her assault. Carolyn was able to create a piece that represented many different elements of her assault and her experiences surrounding the assault and as such was able to externalize many of the negative thoughts she held about herself.

Session 4. The fourth session of the research protocol involved the painting series. The directive was presented to Carolyn as it was presented to Lila, discussed in the previous case study. The set-up for the series and the art materials were the same as with Lila’s painting series. Carolyn worked silently and intently throughout this painting series (see Figures 19, 20, 21, 22 & 23), rarely holding the page as she painted, instead letting the unused arm dangle beside her body.
Carolyn was directed to begin the first painting while focusing on her assault and the associated negative cognitions or thoughts (see Figure 19). Carolyn painted for just under 5 minutes, using only black paint. She first painted the jagged outline of what she later described as a cave. She then painted the barbed wire forms inside this outline, the looping top of the fence taking up the bottom half of the painting and the fencing below this.

When this piece was complete, Carolyn was given the next directive of painting what comes next in the series with her non-dominant hand. Carolyn painted for 4.75 minutes and used blue, black, and magenta paint in this piece (Figure 20). She began the piece by painting the blue wave outline at the top of the paper and then with more kinesthetic movements, painted blue waving lines vertically down the page. Next Carolyn used black paint to fill in the initial wave outline and paint what she later called an “oil spill” in the middle of the page. She then used blue paint to fill in more of her ocean and with limited paint on her brush; she made wide brush strokes over the middle half of the page. As the final addition to the piece, Carolyn painted the magenta fish shape.

For the third piece in the series (see Figure 21), Carolyn was directed to switch to the use of her dominant hand and paint “what is next in this process.” Carolyn painted for 12 minutes. She began by painting the red outline of the stop sign in thick layers of paint. After
filling in the stop sign, she painted a black outline around it, the pole of the sign and “Just Stop” on the face of the sign. Carolyn then stepped away from the painting, gaining some reflective distance. She then returned to the piece and painted the looping barbed wire top and chain links of a fence. Carolyn painted the gray atmosphere around the stop sign by mixing white and black paint on the page. Next she blurred the edges of the stop sign before painting “graffiti” on top of the “Just Stop” sign to finish the piece.

Carolyn’s instructions for the next painting were to begin to think about being in control and the positive thoughts she wants to have about her assault. Carolyn painted for just less than 14 minutes with her non-dominant hand, using quicker, kinesthetic brushstrokes in this piece than in the other paintings (see Figure 22). She began by painting long blue lines which began in the top right corner and trailed down the page. Next she made similar brushstrokes with magenta and purple paint. Carolyn then painted a yellow star in the top right corner and added yellow, orange, and red lines to the lines painted previously. Carolyn painted a thick black line across the bottom of the piece, then stepped back from the painting and appeared to study the piece for about 1 minute. After this, Carolyn added thick white paint to what she later

Figures 21 and 22: Carolyn’s Painting Series Pieces 3 (left) and 4 (right)
called the "shooting star tail", then added white paint between the end of the tail and above the black line. She then mixed purple and white paint on the page to add light purple details, before using long, quick vertical and horizontal strokes of white paint to cover the entire tail painted thus far. She applied several thin layers of white paint in this way. Carolyn then repainted the yellow star with pink paint. Carolyn finished this piece by applying white paint on top of the black line in swirling brushstrokes, creating the gray effect at the bottom of the completed art piece. Carolyn then stepped back from the piece, studied it, and stated that the piece was finished.

The fifth painting in the series was Carolyn’s final piece, pictured in Figure 23. It was created from the directive of focusing more on the positive thoughts and cognitions she wanted to have about the assault. Carolyn painted for 8.5 minutes, using both dominant and non-dominant hands. She stood looking at the blank paper without choosing a paint color for about 40 seconds before beginning. Carolyn began the painting by holding a paintbrush in each hand, one with red paint and the other with black paint. She painted the black and red hexagon shape in the top right section of the paper first. Next she painted pink around the hexagon, then pink lines traveling down and across the page in thick coats of paint. Carolyn then

![Figure 23: Carolyn’s Painting Series Piece 5](image)
painted the various weather elements around the page and finished in painting a light pink color to fill the space between the objects painted on the piece.

In the discussion that followed the painting series, Carolyn processed what each piece meant to her. She reported connecting strongly with each of the pieces, excluding the fourth piece. Referring to the first piece in the series, Carolyn stated that it represented her stifled, stuck feeling as if she were living in a cave, isolated from others indicated by the fence and barbwire.

In the next piece, Carolyn stated that she included herself in the piece swimming in the ocean as the pink fish. She described the large black spot painted on the ocean as an “oil spill” which represented “people’s greed and need to know everything.” She further discussed this oil spill, and the people it represented as a “smothering” entity standing in the way of her recovery.

Carolyn’s associations with the third painting involved her thwarted attempts to regain control over her situation and to silence the negative messages from others. She reported that after the assault, she just wanted to be left alone to heal, but the people around her ignored her requests, indicated by the “graffiti” painted onto her stop sign. She stated that the barbed wire and fencing painted in this piece was more protective than indicated in the first piece. Carolyn associated this fencing with more control, but “failed control” as others were still able to get through and disrespect her.

In the discussion of the fourth piece, Carolyn stated that her intent was to “blend everything I have together and be able to rise above it, but keep it with me at the same time.” She considered this piece to be a “process piece” indicating the process she had to go through, although she stated that she was not looking forward to it and perhaps that was why she did not connect with it. She stated that the entire piece was a representation of herself, as the shooting star, the chemicals omitted from the star, and further stated that she sensed currently being in the middle of the “process” mentioned earlier. Carolyn stated, “I guess I’m there now and I’m not very happy about it.” She noted that she was rising rather than sinking, creating a positive connotation.

Carolyn described her final piece as something she perceived that she was moving towards, the incorporation of her sexual assault into her life. She stated that the bright colors of the piece represented her nature to experience emotions with great passion. She reported
wanting to keep her life “just as vibrant” rather than allowing this assault to numb her future experiences. In this piece, Carolyn stated that the assault was indicated by the black and red shape which represented bruising, bleeding, and crying. The pink around this form and the lines connected to it represented Carolyn holding, accepting the assault, and controlling it. She stated that she wanted to keep this piece bright and “happy” rather than making it dark, indicative of her hopes for how she will heal.

Session 5. This session began with a check-in after the previous session’s painting series. Carolyn recounted the painting series as a positive experience. Carolyn also reported having infrequent contact with her attacker in this session. As reported earlier, the motivations of this communication were discussed at length before the session moved to art creation. Carolyn was given the option to create a vessel in which she could symbolically externalize and contain some of the painful elements from her assault or to create a piece that represented an ending to her assault, placing it in the past. She chose to create a vessel (see Figure 24 and 25), stating that she “feels pressure to see an end” from others, especially her parents. Carolyn was given Crayola® model magic clay and markers to create her vessel and worked for 29.5 minutes.

Figures 24 and 25: Carolyn’s Vessel (left) and Vessel Bottom View (right)
She began by pulling multiple quarter-size forms from the large piece of clay, then colored these forms with either brown, dark green, or light green. She kneaded these pieces to create a marbled effect and rolled each into a long coil. She arranged these coils into a basket form. Carolyn added coils until a half-dollar sized hole remained on the side of the form which she covered with a “false lid”. Carolyn left a small hole in the bottom of her vessel, through which she could fit her finger to manipulate the exterior of the form. Carolyn also held the form to her mouth and blew air into the form as if it were a balloon. Carolyn made two small red hearts, a gray key, and a yellow “smiley face” and inserted all of these pieces into the hole at the bottom of the vessel. She then made a thin coil and affixed it over the hole to keep the pieces inside and added reinforcements around the bottom of the form to stabilize it.

Once the vessel was complete, Carolyn reported that her original intention was to create a tree form which she associated with childhood experiences when she and her sister would hide in trees while on camping trips with her family. She also discussed the similarity in the vessel’s shape to that of the onion safe place drawing from the second session and the head/cradle piece created in the third session. She reported that the lid placed over the side hole of the vessel was a “distraction” which created a protective factor for herself and the contents of her vessel. In connection to the decoy lid and the hidden opening, Carolyn stated, “Maybe I’ll let you in, if you’re smart enough to figure it out.” Carolyn stated that she would not place herself inside the vessel, only the items she wished to keep safe and protected.

Although this piece only included one small, slightly covered opening, it lacked the bars and fences depicted in Carolyn’s earlier pieces. She stated that she considered the vessel more of a hiding place than a place where she was contained or isolated from others. She associated this piece with more control, positive feelings, reduced chaos, and increased stability. Carolyn described the swirling colors of the piece as indicative of the changes she has made in her life thus far and hopes to continue making.

Post-Test and Session 6. The final session began with a follow-up discussion following the conversation about Carolyn’s contact with her attacker. She reported reading back through their communication messages then reported sensing that she had received the closure she sought. Carolyn was then given the option to review the art pieces created throughout the protocol sessions first or to complete a closing art piece. She chose to create an
art piece first and then review her art pieces. The art directive was discussed as an art piece that symbolized an ending placing the event in the past rather than an end forcing her to “get over it.” Carolyn stated that she was comfortable with this idea. As with Lila’s final art piece, Carolyn was provided a variety of art media to complete the art directive, including feathers, glue, tissue paper, magazine images, construction paper, watercolor paints, markers, glitter glue, oil and chalk pastels. Carolyn worked on this piece for 39.5 minutes (see Figure 26 and 27).

While working, Carolyn talked about recent frustration in her relationship with her mother. She described her mother’s sudden decision to buy a new house without consulting Carolyn’s father, sister, or herself. She recounted how Carolyn had traditionally been the “black sheep” in her family and the alienation she felt from the rest of her immediate and extended family due to her parents’ treatment of her. Carolyn folded a large white piece of paper in various ways while she spoke. While talking about her mother, Carolyn folded a red piece of construction paper and after a few minutes stopped and said, “I don’t know why I’m doing this;
it’s all angry and red because I’m talking about my mom.” This exchange indicated an increased mindfulness of her actions and how these directly relate to her thoughts.

Carolyn worked intently while she folded and cut white paper, tore and twisted various colors of tissue paper, and then glued the paper and tissue paper to the larger piece of white paper that she had folded into an open origami-like flower. Next she glued feathers inside the piece and painted with various colors of watercolor paints. Finally, Carolyn used the glitter glue pens and markers to add details to a front piece and declared the piece complete.

Carolyn described this piece as indicative of how this assault followed by the research protocol experience “opened up a whole new crazy world of chaos for me.” She stated that the new experiences were “not bad, but crazy.” In finding an outlet to process her sexual assault and resolve some of the issues arising from it, her family of origin issues became more apparent. She stated that these issues had become her new hurdle for counseling, which she planned to continue after the research protocol. Carolyn reported that this piece contained multiple paths, indicated by the folded white pieces of paper affixed to the larger piece, leading in different directions. Some of these paths were good and some bad. She stated that she did not yet know where they led.

Carolyn reported liking the openness of this piece, as it became more open when she included each new element. She had purposefully taken a piece of the red paper she folded while discussing her mother and glued it inside the piece, representing her ability to control the elements in her life. She stated that she was “definitely in control now” and associated the openness of this piece to the progress she had experienced over the course of the protocol sessions. The theme of control emerged throughout the sessions following Carolyn’s reassignment of negative and positive cognitions, but the cognitions were never officially rated on a scale of 0-10. Carolyn’s statement about the final piece of being in control appeared to be an indication of her increased belief in the positive cognition reassigned to her assault.

Following the discussion of the art piece, the IES was administered for the post-test. Carolyn completed the assessment in just under 2 minutes. This test score totaled 21, with one of the 15 items unmarked. Carolyn’s post-test IES measured an A score of 11 (not including the unrated item) and an I score of 10. Table 4 displays the specific results from the second application of the IES, starred items indicate changes from the previous test and the double starred item indicating the missing rating.
The comparison of the pre- and post-test scores shows a significant drop in both the avoidance and intrusion symptom categories of PTSD. The unmarked rating could have affected the final score by 5 points, resulting in a score of 26 and still creating a significant change from the pre-test IES. According to the IES rating guide an IES score in the range of 9-25 is considered “mild” and in the range of 26-43 “moderate.” Excluding the unmarked item, all but one item on the post-test IES was reduced in frequency and indicates further a significant drop in Carolyn’s PTSD symptoms.

Table 4: Carolyn’s Post-Test Impact of Events Scale

<table>
<thead>
<tr>
<th>Comments true during the past seven days:</th>
<th>Rating</th>
<th>A/I</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I thought about it when I didn’t mean to.</td>
<td>1*</td>
<td>I</td>
</tr>
<tr>
<td>2. I avoided letting myself get upset when I thought about it or was reminded of it.</td>
<td>0*</td>
<td>A</td>
</tr>
<tr>
<td>3. I tried to remove it from my memory.</td>
<td>0*</td>
<td>A</td>
</tr>
<tr>
<td>4. I had trouble falling or staying asleep, because of pictures or thoughts about it came into my mind.</td>
<td>3*</td>
<td>I</td>
</tr>
<tr>
<td>5. I had waves of strong feelings about it.</td>
<td>1*</td>
<td>I</td>
</tr>
<tr>
<td>6. I had dreams about it.</td>
<td>0*</td>
<td>I</td>
</tr>
<tr>
<td>7. I stayed away from reminders of it.</td>
<td>3*</td>
<td>A</td>
</tr>
<tr>
<td>8. I felt as if it hadn’t happened or it wasn’t real.</td>
<td>3*</td>
<td>A</td>
</tr>
<tr>
<td>9. I tried not to talk about it.</td>
<td>3*</td>
<td>A</td>
</tr>
<tr>
<td>10. Pictures about it popped into my mind.</td>
<td>1*</td>
<td>I</td>
</tr>
<tr>
<td>11. Other things kept making me think about it.</td>
<td>1*</td>
<td>I</td>
</tr>
<tr>
<td>12. I was aware that I still had a lot of feelings about it, but I didn’t deal with them.</td>
<td>1*</td>
<td>A</td>
</tr>
<tr>
<td>13. I tried not to talk about it.</td>
<td>1*</td>
<td>A</td>
</tr>
<tr>
<td>14. Any reminder brought back feelings about it.</td>
<td>3</td>
<td>I</td>
</tr>
<tr>
<td>15. My feelings about it were kind of numb.</td>
<td>**</td>
<td>A</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>21</td>
<td></td>
</tr>
</tbody>
</table>
**Participant Feedback.** Carolyn was emphatic that her experience had been a positive one. Carolyn reported that the affect log aided in her ability to address PTSD symptoms as well as family of origin issues. Through the use of the affect log, she was able to form connections between her parents’ behaviors and messages to her patterns of perception. The process of using the affect log in such a way increased her self awareness in social and familial situations, and the discovery of the roots of her dysfunctional automatic thoughts from the messages she received from her parents.

Carolyn stated that she connected the most with the painting series and the piece she created in the third session that represented her negative cognition. She reported sensing that new thoughts and thought patterns emerged after the painting series, and enjoyed the use of both hands. She also stated that several of her pieces involved not only the directive and process she underwent in creating the art piece, but many other aspects of her life experience that she had no words for. Carolyn stated that there were some art pieces she created in session that she disliked, but that this was either due to what it represented or due to her attempt to “force the art process.” Carolyn was able to use the art creation process to enhance her ability to visualize and reframe various aspects of herself and her life. She reported that this experience had inspired her to learn more about art therapy in the future. When asked to rank her experience with the protocol on a scale of 1-10, 1 indicating poor and 10 indicating excellent, Carolyn rated it a 10.

**Researcher Observations.** In the first two research protocol sessions, Carolyn exhibited agitated gestures, an ill at ease posture, frequently fidgeted with her clothing, spoke with a fast pace, and made little eye contact during conversation although she spoke openly about her experience and agreed to participant in the study. Carolyn exhibited some ability to access emotional expression, crying at times during the first session. In early sessions, when Carolyn discussed her agitation or irritability in various situations, she tended to have sudden vocal outbursts, yelling in session as if the person or situation were a present threat. As the sessions progressed Carolyn’s agitation decreased, resulting in increased eye contact and length of eye contact, slowed speech pace, more relaxed body posture, and a reduction in sudden vocal outbursts.

Throughout the protocol sessions, Carolyn was compliant with directives, followed through on “homework” assignments, and was able to use humor as a successful coping
strategy for stressors in her life aside from her assault. She was also able to use art creation as a means to access non-verbal elements of her experience, to express emotions, to find new meanings to experiences, and enhance her ability to conceptualize characteristics of herself. Carolyn was willing to take risks with new art materials, while maintaining her ability to exert control over the media. As sessions progressed, Carolyn enhanced her ability to gain reflective distance during her art creation process and mirroring this improvement, she increased her ability to look at her experiences more objectively. Carolyn was then able to develop her ability to incorporate new information and new meanings into her personal relationships and ways of looking at her environment. As she internalized new learning, she began to feel less threatened by people and situations around her. This resulted in improved mindfulness, emotional regulation, and self confidence.

Changes in Functioning

As with the first participant, the third research question will be addressed through the review and examination of Carolyn’s reported functioning, her functioning in the protocol sessions, and changes that occurred at the completion of the study.

Carolyn exhibited difficulty in primary, academic, and social functioning at the start of the protocol. Carolyn reported having a loss of appetite and nausea when she ate causing some considerable weight loss on her already thin frame which then led to an irregular menstruation cycle. Carolyn also reported difficulty falling asleep and staying asleep since her assault. She reported that she was asleep when her attacker initiated the sexual assault, thus adding to her level of anxiety associated with sleep. Carolyn reported that she had frequent auditory hallucinations when falling asleep, causing her to wake again.

In the first session, Carolyn stated that she was two semesters behind in her academic coursework. She had taken several “incompletes” in her classes in the fall. In the following session, occurring after the university’s spring break, she reported that she had used the break to catch up on much of her academic work. She was also able to use this time to examine her self talk and made the connection between her negative self-talk and the messages she received from her family members while growing up. Carolyn visited her family briefly during the break and used this time to observe her family members’ interactions with each other, increasing her awareness between their communication styles and her own negative self talk. Carolyn reported realizing that she was consistently invalidated by her mother and told that her
decisions and thoughts were “wrong.” This increase in awareness resulted in the beginning of Carolyn’s acknowledgement of her own strengths. She was empowered by these new thought patterns and reported the realization that she had the ability to change and make things better for herself.

By the third session, Carolyn reported that she was completely caught up on her academic coursework. Although coursework continued to be a stressor in Carolyn’s experience during the rest of the research protocol, she remained current in her assignments and by the end of the protocol was considering changing her major to a double major of sociology and philosophy with a minor in religion.

Carolyn had experienced multiple negative interactions with others since her sexual assault. Friends and acquaintances questioned the truth of her assault, some were unsupportive, and she felt pressure from others to be “over it” soon after the event. Carolyn reported that she had responded by isolating herself and discontinuing relationships with people who were unsupportive. Carolyn exhibited further maladaptive behaviors in reporting that she engaged in communication with her attacker.

Carolyn used protective elements in her art pieces, as she did in her personal life, for a means of isolation from others. She reported being able to reconnect with “forgotten” friends in the third session. Carolyn stated that she was so consumed by her assault that she had completely forgotten about some of her supportive friends. She reported that in making an effort to reconnect with these friends, she had experienced positive interactions and in turn, they were receptive to her. Carolyn was surprised to learn that these lost friends thought that she was mad at them during the time of disconnection. As Carolyn increased her ability to successfully reconnect with others, her frustration and irritability with others decreased and she noticed that others began to engage her more as well. Carolyn stated “I feel like I’m crawling out of a hole.”

During the final sessions of the research protocol, Carolyn reported improved social functioning and continued positive interactions with others in social relationships. This was also the time when she discussed her communications with her attacker in more detail. She stated that she felt in control of their communication because she told her attacker that he could only contact her in a specific way and only if she contacted him first. She reported that her motivation for such contact was to learn his point of view, attempt to change the nature of the
event, and to learn what messages she gave him that made him think that Carolyn “wanted” this to happen. Carolyn exhibited difficulty in verbalizing her reasoning for this communication, but was able to identify that she also wanted her attacker to know how much he hurt her and that talking to him about the assault made her less afraid of him. From this discussion, Carolyn was able to examine her motivations behind the communication and sensing that further conversations were not necessary and potentially a re-victimization of herself, she terminated the communication.

Carolyn continued to use protective elements in her art pieces and in her personal life, but a shift emerged in that the protective elements were no longer measures for isolation from others. Carolyn reported an improvement in her ability to communicate successfully with others. She exhibited increased self awareness and as such an improved ability to regulate her emotions through regular self-care and use of outlets for expression.

Throughout the course of the protocol sessions Carolyn experienced negative interactions with her mother, but in the final two sessions she reported setting successful boundaries with her mother which resulted in an alleviation of some of the tension in their relationship. Carolyn planned to continue counseling in order to address family of origin issues with the original referring clinician.

**Summary of Carolyn’s Case Study**

Carolyn responded well to the art-based research protocol. She was able to utilize the sessions as an outlet for verbalizing and expressing her traumatic experience and her struggles since the assault. She appeared to identify more with the artistic and creative elements of the protocol versus the cognitive elements. The art directives gave her a safe way to externalize her anger, anxiety, and negative emotions associated with her assault. From her experiences in session, she was able to gain new realizations about herself, build a sense of self worth and mastery through successful art pieces, and reframe negative cognitions and self talk. Through the art process, Carolyn also increased her ability to gain an objective view of experiences and her sense of control. At the close of the research protocol, Carolyn expressed an interest in learning more about art therapy through academic study. She also exhibited motivation to continue counseling with the original referring clinician to focus on resolving family of origin issues.
Participant #3: Jenny

Jenny (pseudonym) was the third participant to begin the protocol, but she chose to drop out of the research study after two sessions. Jenny was referred to the research study by a clinician at the counseling center where the study was being conducted. She was a 24 year old Caucasian female and was enrolled as a junior at her university of undergraduate study. Jenny reported that on December 31st, 2009, after spending time and drinking alcoholic beverages with friends at her favorite bar, Jenny had been physically and sexually assaulted while sitting in her car waiting for a friend to take her home. Jenny reported being able to escape her attacker before being raped by starting her car and driving away, but she sustained some cuts and bruises from the physical attack. After escaping in her car, Jenny was pulled over by police and was arrested for driving under the influence (DUI) when she failed a field sobriety test. Jenny reported that the arresting officers did not believe her story about being physically and sexually attacked. Since her attack, Jenny stated that the legal ramifications of her arrest had become a regular reminder of her assault and that these legal ramifications were far from over. Jenny agreed to and began participation in the research study in mid March 2010.

In the initial interview, Jenny reported a history of prior counseling and three previous sexual assaults. Jenny also reported that her mother had recently been diagnosed with terminal cancer. In session Jenny was casually groomed, compliant with directives, and she was open in conversation. She exhibited a relaxed posture, made some eye contact, and was tearful throughout the first session. Jenny also reported experiencing anxiety attacks since her assault, difficulty sleeping, avoidance of triggers, frequent nightmares, but reported that she had support from her mother and friends. Jenny returned for one session following the initial session, and then chose to drop out of the study.

Response to the Protocol

Due to Jenny’s choice to discontinue participation in the research study, her response to the protocol will be examined through the pre-test data from the IES, the researcher’s observations, and Jenny’s art, but her feedback could not be gathered and any changes in functioning remained undetermined.

Pre-Test and Session 1. Jenny completed the IES in 2.5 minutes, see results listed in Table 5. The items on the IES are rated with either a 0 (not at all), 1 (rarely), 3 (sometimes),
and 5 (often) for how frequently the given comment was true during the past seven days. Jenny scored a total of 49 on the IES, the subcategories of which measured a score of 24 for avoidance (A) and 25 for intrusion (I) symptoms. A total score of over 43 is considered “severe” according to the rating system of the IES and thus Jenny’s IES results indicated that she was in the severe category in the occurrences of avoidance and intrusion symptoms of acute stress disorder or PTSD at the start of the research protocol. Jenny’s discontinuation of the research study prevented the opportunity to gather post-test data.

Table 5: Jenny’s Pre-Test Impact of Events Scale

<table>
<thead>
<tr>
<th>Comments true during the past seven days:</th>
<th>Rating</th>
<th>A/I</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I thought about it when I didn’t mean to.</td>
<td>5</td>
<td>I</td>
</tr>
<tr>
<td>2. I avoided letting myself get upset when I thought about it or was reminded of it.</td>
<td>3</td>
<td>A</td>
</tr>
<tr>
<td>3. I tried to remove it from my memory.</td>
<td>3</td>
<td>A</td>
</tr>
<tr>
<td>4. I had trouble falling or staying asleep, because of pictures or thoughts about it came into my mind.</td>
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<td>5. I had waves of strong feelings about it.</td>
<td>3</td>
<td>I</td>
</tr>
<tr>
<td>6. I had dreams about it.</td>
<td>5</td>
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<tr>
<td>7. I stayed away from reminders of it.</td>
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</tr>
<tr>
<td>8. I felt as if it hadn’t happened or it wasn’t real.</td>
<td>5</td>
<td>A</td>
</tr>
<tr>
<td>9. I tried not to talk about it.</td>
<td>1</td>
<td>A</td>
</tr>
<tr>
<td>10. Pictures about it popped into my mind.</td>
<td>3</td>
<td>I</td>
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<td>11. Other things kept making me think about it.</td>
<td>3</td>
<td>I</td>
</tr>
<tr>
<td>12. I was aware that I still had a lot of feelings about it, but I didn’t deal with them.</td>
<td>1</td>
<td>A</td>
</tr>
<tr>
<td>13. I tried not to talk about it.</td>
<td>5</td>
<td>A</td>
</tr>
<tr>
<td>14. Any reminder brought back feelings about it.</td>
<td>3</td>
<td>I</td>
</tr>
<tr>
<td>15. My feelings about it were kind of numb.</td>
<td>1</td>
<td>A</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>49</strong></td>
<td></td>
</tr>
</tbody>
</table>
Jenny reported being open to the experience of art therapy in counseling and trauma processing, but appeared calm and apathetic when approaching the art materials and directives. The art directive in this session asked Jenny to focus on her breathing, then draw what she thought her breath might look like with oil or chalk pastels and a 12X18 inch paper. This was also a way to show Jenny that the art created in session was not necessarily product-based. Jenny followed instruction and focused only on her breathing for about 1 minute before using a chalk pastel to “draw her breath”. Jenny used light pressure, slow movements, and chose blue and purple pastels to complete the directive. She drew for 3 minutes. The final product of the breath-drawing directive is not pictured.

Session 2. In this session, Jenny was directed to think about a safe place and then to use the art materials to create a visual reminder of such a place as the art directive in this session. She was instructed to imagine the specific details of such a place. Carolyn used chalk pastels and a teal colored piece of 9X16 inch piece of construction paper to complete this directive. She worked slowly and intently on the art piece for 10.5 minutes (see Figure 28).

![Figure 28: Jenny’s Safe Place Drawing](image)

Jenny reported that the safe place she depicted in her art piece was a real place. She indicated that her drawing represented the tree house she and her roommate had in their current back yard. She reported that this was a place she was able to visit when she needed time alone, to meditate, or time to reflect on her day. She included her dog in the piece as he
provides her with comfort. She also depicted her roommate and another close friend in the tree house with her, while an additional best friend from childhood stands at the base of the tree. Jenny stated that nature had always provided a sense of comfort for her, further attributing her inclusion of a campfire and the moon in this piece as fond childhood memories of camping. While describing her piece, Jenny also appeared to analyze the drawing without input from the researcher, reflective of her self-analysis in other situations.

Jenny included elements that were important to her and made her feel comfortable. She was thoughtful and intentional about what and how she drew various elements. She also exhibited some problem solving skills with the addition of the ladder, although she admitted that this element was almost forgotten. This piece also appeared to be missing an element of warmth or safety as a whole. The objects in the piece were not engaged together, merely placed in the piece. Jenny represented herself only with the protective factors of friends, reflective of her experience in life, but again these people were depicted at a distance from her. This piece appeared to reflect Jenny's nature to surround herself with support and love, but keep it at a safe distance.

Researchers Observations. Jenny arrived to the initial session 30 minutes late. She was attentive in session and initially made consistent eye contact, but as the session progressed she made less eye contact. She spoke openly in the first session with a fast speech pace. Jenny appeared to analyze her thoughts and actions frequently, verbalizing concerns that she "could have done so many things differently." Jenny reported that in addition to attending academic classes, she maintained work schedules for two jobs. She stated that keeping a busy schedule helped her feel normalcy in her life, although it allowed her little time for self care.

Jenny reported that when she told her father about her assault, he did not believe her and blamed her for putting herself in a dangerous situation. She stated that she did not remember all of the details from her assault and she hoped that at some point she could clarify what happened. After reporting her previous assaults and discussing her most recent traumatic event, Jenny stated that she felt like a target for rape and assault. Jenny was able to verbalize some strengths and successful coping strategies during the first session. Jenny was compliant with the art directive and able to use the breathing exercise as a means of relaxation.
Jenny did not attend the next scheduled appointment, later reporting that she forgot about the appointment and therefore overslept. She attended the next scheduled appointment, reporting that she had suffered from a sinus-related illness between sessions and was still sick. In the second session, Jenny had followed through on part of the discussed “homework” assignment by examining her automatic thoughts in situations. Jenny appeared to avoid talking about her assault in the second session, instead discussing academic coursework, her recent illness, and familial and social relationships.

Jenny was able to complete the art directive of creating a safe place and verbalized her associations with her safe place. She was also compliant with the directive to assign a negative and positive cognition to her traumatic event. She was focused while reading through the list of cognitions provided for her. She chose “I should have known better” as her negative cognition and “I did the best I could” as her positive cognition. She rated the negative cognition a 9 on a scale of 0-10, where 0 indicated not true at all and 10 indicated absolutely true. She then rated the positive cognition a 3 on the same scale. The second session concluded with the discussion of a “homework” assignment of Jenny recording her associations to these cognitions in her affect log.

Jenny requested that the researcher call and remind her before the next session so that she would not forget again. When the researcher called Jenny to remind her about the upcoming third session, Jenny appeared hesitant to attend the appointment. Jenny and the researcher discussed Jenny’s busy schedule and that perhaps her schedule did not allow for the weekly time commitment. Jenny made the decision to discontinue her participation due to time limitations.

**Summary of Jenny’s Case Study**

This research protocol was intended to process single traumatic events due to its brevity. The treatment and processing of multiple or repeated traumatic events creates an increased need for extended treatment or more intensive therapy. In Jenny’s case, she had experienced multiple traumatic events over the course of the past few years in addition to her mother’s terminal illness. The numerous stressful events in Jenny’s life may have attributed to her hesitation to complete the research protocol. Her most recent assault occurred two months before the beginning of her participation in the study. The timing of the research protocol participation may have been too soon for Jenny to successfully process her assault. It was
also possible that Jenny maintained the mindset that an additional assault was inevitable in her life and therefore questioned the benefit any counseling or trauma processing would serve. Without further information or feedback from Jenny, it is impossible to know all of the motivations behind her decision to discontinue participation in the study.

A Review of Participant #1: Lila

This section will review Lila’s case study and her progression through the research protocol according to the data gathered in session and through participant feedback. As discussed previously, Lila’s behavior patterns and functioning improved during the time when the protocol sessions ran. The improvements included a reduction in her avoidance of triggers and instances of self blame, an increased ability to verbalize concerns and difficulties, increased assertiveness and altruism, a decrease in her affect incongruence and superficiality, and changes in her sleeping patterns.

Lila’s pre- and post-test Impact of Events Scales (IES) yielded results indicating a slight reduction in her avoidance and intrusion symptoms (see Figure 29). In discussion, Lila reported more of a reduction of her symptoms that reflected in these results. Lila’s sexual assault occurred over one year before the application of this protocol and in this time she had experienced ambivalence in her need to seek counseling for her subsequent PTSD, as such the results of these tests indicate more significance than the numerical values suggest. The reduction indicated in these results represents a shift in her thought processes, cognitions, and self-worth.

Figure 29: Lila’s Pre- and Post-Test IES Results Graph
Lila identified with the protocol’s emphasis on the negative and positive cognitions assigned to the traumatic event as this emphasis caused her to focus on her specific thoughts about herself and the event. Between the session in which the cognitions were assigned and rated for the first time and the second cognition rating after the creation of the cognition art pieces in the third session, Lila’s positive cognition rating rose 3 points from the initial 3 rating to a 6. In the final session, when these cognitions were rated again, Lila rated her negative cognition a 3, 6 points lower than in the previous two ratings when it was a 9.

Lila’s behavioral and functioning changes were mirrored in the creation of the art pieces in session. In the first session she made self-deprecating remarks about her art skills, reflective of her low self-esteem. In completing the art directives of the next two sessions she used chalk pastels, paper, and many stereotypical images perhaps as defense mechanisms, but became increasingly more experimental in the art pieces i.e. detail inclusion and smudging the pastels. As Lila’s comfort level in session increased, so did her ability to use the art material in more expressive ways and her inclusion of stereotypical images decreased (hearts, smiley face, "stick figures" in the place of human figures).

The fluidity and complexity of the art materials increased in the fourth session’s painting series, which Lila completed with silent focus. Lila was the most experimental with the art media in the fifth and sixth sessions, using clay in the fifth and multiple materials in the final art piece. These changes in art material choice somewhat driven by the materials presented by the research protocol directives, but Lila exhibited less apprehension in approaching new art materials as the sessions progressed. Lila’s experimentation and comfort with the art creation in these sessions reflected her improved ability to focus on and express her inner process in non-verbal ways. The art gave her an outlet to externalize her shame, anxiety, sadness, etc. in a safe way and one that she was able to use to gain new insight. Lila’s final two sessions were also when she exhibited increased amounts of behavioral and functioning changes in comparison to the other sessions.

At the conclusion of the research protocol Lila responded in an increased sense of empowerment and self-confidence in “finding her voice.” She improved her ability to verbalize her concerns to others and in doing so appropriately releasing anxiety. Lila was able to identify her negative thought patterns and enhanced her ability to challenge the maladaptive thoughts through the use of the affect log. Lila’s interest to learn about and help others through similar
situations increased indicating an increase in altruism, a healthy coping mechanism. Lila improved her ability to self-soothe when she became overwhelmed.

Despite her improvements, Lila still exhibited a disconnection between her sexual assault and the release of appropriate emotions. She was able to identify appropriate emotions, but appeared ambivalent about channeling or releasing such emotions other than in controlled ways of art or limited discussion. Lila’s primary support system resisted her attempts to discuss her assault, causing frustration and sadness on her part. Future plans for self care and continued counseling were discussed with Lila at the conclusion of the protocol and she exhibited good motivation to continue counseling after the summer break from her university.

A Review of Participant #2: Carolyn

Carolyn’s case study will be reviewed here, assessing her progress in the research protocol from the data gathered through the art pieces created in session, her pre- and post-test scores, and her changes in functioning. Carolyn’s academic and social functioning improved during the course of the research study in addition to her thought and behavior patterns. Her progress included a reduction in her avoidance and intrusion symptoms of PTSD, a significant decrease in her agitated gestures and speech, an increased ability to exert control in her life due to the changes in her thought patterns, an enhanced ability to self-evaluate and assert needs, an increased level of empowerment, and changes in her appetite and sleeping patterns.

While Carolyn was agitated and ill at ease during conversations in the early sessions of the research study, the art making process calmed her to the point that her fidgeting stopped. Carolyn identified with the art creation process and as such she was able to use the creative process to enhance her ability to conceptualize her self, experiences, and relationships. Carolyn was consistently able to derive new meanings from her art creations. Her approach to examining her art products was philosophical and analytic with little input from the researcher. She reported that many of the art products she created encompassed more meaning than her traumatic experiences, and she appeared to identify closest to the pieces which she assigned multiple layers of meaning (i.e. the negative cognition piece and the third painting in her painting series).

In session discussions, Carolyn verbalized a perceived lack of control in her life, but she was able to control the art materials during the art making resulting in an increased sense of
mastery. Carolyn’s need for control in her life emerged in her art pieces as the enclosures, barriers, fences, bars, and other protective elements which isolated and shielded her from potential harm. As Carolyn sensed more control in her life, the restrictive and isolating elements of these protective factors diminished in her art pieces and she replaced them with the “paths” of the final piece or containers for items she wished to remain safe (i.e. the vessel piece or the hands holding the symbol of her assault in her fifth painting of the painting series).

Carolyn assigned a negative and positive cognition to her assault in the second session, but in the next session reported that she had resolved these cognitions. After the completion of the protocol, it appeared that her second choice in cognitions (feeling out of control and wanting to be in control) was more applicable to her experience.

Carolyn exhibited self-reliance, intensity, and impulsivity in her ability to experiment with the art materials in early sessions. She also tended to begin the art piece quickly, take a moment to inspect what she had created, and then embellish and complete the art piece. This was reflective of how she approached the research study, her healing process, and her personal life. With this approach, Carolyn also experienced frustration in her personal experiences and in the art creation process. When this frustration emerged in the art making, Carolyn worked through the frustration without discarding the piece. This frustration was exhibited during the making of her positive cognition piece and in the fourth painting of her painting series. In discussions following the art making, Carolyn verbalized this frustration and admitted that it was a necessary part of her healing process.

Carolyn’s pre- and post-test Impact of Events Scales (IES) yielded a reduction in her avoidance and intrusion symptoms with a pre-test score of 57 and a post-test score of 21 (with one missing rating on the post-test). These results (shown in Figure 30) indicated a significant drop in the severity of her symptoms and were further reflected in her functioning changes. The reduction in Carolyn’s avoidance and intrusion symptoms shown in her IES results were further reflected in her affect, mood, attitude, and functioning improvements. Carolyn was also able to use the affect log in this research protocol as a way to address her specific thought patterns and then form connections between the origin of her negative thought patterns and the messages her family gave her while growing up.

Through this research protocol, Carolyn was able to gain a sense of mastery in her life and acknowledge her strengths, creating a sense of empowerment that she had not
experienced before. She was able to develop successful means of self-regulation through addressing her negative thought patterns and was able to use the art creation process to externalize and address her internal experience, anxiety, sadness, and anger. At the close of the protocol Carolyn and the researcher discussed her continued need for counseling to address her remaining family of origin issues that the protocol was unable to address and she made arrangements to see the original referring clinician. In order to continue her improvements, Carolyn will need to continue addressing her negative thought patterns and counter such thinking through success-oriented activities that enhance her feeling of self-worth and empowerment.

Conclusion

In practice this protocol underwent several changes due to time limitations and to participant needs. As discussed, the protocol was completed by two participants, Lila and Carolyn, while a third (Jenny) participant began the study and dropped out after two sessions. Lila and Carolyn reported and exhibited improvements in their functioning, personal relationships, and a reduction in the severity of their negative symptoms at the close of the research protocol. Both had areas of their functioning that still needed to be addressed at the conclusion of the protocol, but these issues remained somewhat outside of the scope of the study’s focus on the traumatic experience. As such, both participants exhibited motivation to address these issues with further counseling as needed.

In both applications of the full 6-session protocol, the participants were able to use the art directives to enhance their experience in session and in their healing process. The art
creation allowed a safe, controlled, and contained way for the participants to externalize, visualize, and address their traumatic experience and inner process. The cognitive aspects increased the participants’ ability to address their negative thought patterns in session and in their lives outside the session. Both participants completing the protocol reported excellent experiences with the protocol, while such data could not be gathered from the third participant who dropped out of the study. According to the data collected in these applications of the protocol, the research study yielded successful results and as of yet no changes to the protocol have been suggested by the participants or the data.
The purpose of this research study was to develop an effective short-term interdisciplinary protocol for the treatment of posttraumatic stress disorder (PTSD), combining art therapy interventions, elements of eye movement desensitization and reprocessing (EMDR), bilateral stimulation, and grounding techniques. The literature review that preceded the development of the research protocol studied PTSD and its symptoms, course, and effective treatments in addition to art therapy interventions used in the treatment of PTSD, and existing art therapy protocols that have been used in therapeutic settings for PTSD and related mental health treatments. From this literature review, knowledge was gained about the nature and treatment of PTSD. Effective elements from the studied treatments of PTSD were combined to create a 7 session art-based research protocol to be tested in the therapeutic setting with consenting participants. The research study began with three participants, two of which completed the study while the third dropped out after two sessions.

The research study will be discussed further in this chapter by addressing an overview of the study, the research questions associated with the study, the procedures used to gather results, and a summary of the results. The implications of this research study on the current literature will be explored as will its limitations and then considerations for future applications.

Overview of the Study

The research for this study was conducted at the university counseling center where the researcher was a pre-masters art therapy intern for a two semester term. The study began with finding three individual participants in the spring academic semester. Two participants were referred through clinicians at the counseling center and the third was referred to the study by the university’s victim advocacy program where the participant attended academic classes. Two of the three participants completed the study, while one dropped out after two sessions.

The original intention was to conduct the research protocol with a single participant, gather data and feedback from this application, amend the protocol according to this data, and
then run the research protocol with a new participant. Due to time constraints, the protocol applications ran concurrently.

Once consent was obtained, the first session of the protocol consisted of the application of the pre-test measure and initial interview, the affect log was introduced and an initial grounding technique was established. The research protocol was then scheduled to run for five additional sessions. Each session contained art therapy interventions combined with trauma processing, reframing maladaptive cognitions and behaviors, discussions of participant strengths, personal relationships, and the importance of self-care. The post-test measure and the post-protocol discussion took place in the final session after the completion and verbal processing of the final art directive.

The final stage of this research protocol was to examine the pre- and post-data, participant reports and feedback, researcher observations, and client art in order to determine what, if any changes were needed for the protocol’s improvement and to conclude what benefits the participants experienced as a result of their involvement in the research protocol. From this information the future of the protocol can be determined.

**Summary of the Research Questions**

**Question 1**

The first question of this research study asked how multiple therapeutic theories and elements could be combined to form a short-term art-based protocol for use in a university counseling center for the treatment of PTSD and traumatic memory. The study addressed this question through research of existing literature associated with the nature and storage of traumatic memory, the course and treatment of PTSD, the use of art therapy with clients presenting with PTSD, research of the various elements and theories being combined into the research protocol, and the research of appropriate pre- and post-test measures for use in the protocol’s testing phase.

Theory and research of the literature only provided part of the information needed to address this question; the rest of the information came from testing the initial research protocol in the therapy session with consenting participants. Three participants began the research protocol; two completed the study while one was unable to continue the study after two sessions. Both participants who completed the study reported a reduction in negative
symptoms and an improved level of functioning at the conclusion of the research protocol, which will be discussed in more detail with the other research questions.

The application of the research protocol in session created a need to change the original format of the protocol sessions. In the original layout of the protocol called for the inventory of traumatic and positive events to be completed in session and the establishment of a safe place was a “homework” assignment. The initial set-up of the protocol was established before the researcher had experience working in the therapeutic setting with college-aged clients. Once more experience with this population was accrued; it became apparent that not all college-aged clients have time in their schedule to complete “homework” assignments while others may be in too much distress to do so. For this reason and due to the importance to have the therapeutic session as the environment where safety could be established, the in-session intervention was altered so that the establishment of a safe place was completed in session and the inventory of events was discussed in session, but given as a “homework” assignment.

Through the use of the research protocol, it also became apparent that 7 sessions were not needed. The testing, interviews, discussions, and therapeutic interventions could be completed in 6 sessions without altering the integrity of the research protocol or the participants’ experience. The 6 session format may have been a more appealing idea to the targeted population for this study due to the time constraints they face with their academic obligations. The university counseling center where the study took place allowed for students to receive 10 free counseling sessions per academic year, so the 6-7 session protocol allowed for the initial intake session, the application of the research protocol, and then further counseling, if needed, apart from the research protocol.

At the conclusion of two completed applications of the research protocol, neither participant suggested the alteration or omission of an intervention. Both reported connecting strongly with elements of the protocol, and each with different elements of the protocol which suggested that the variety of the elements in the research protocol enhanced its ability to reach and resonate with a wider client base than if it was formed from a single theory. Without further testing and applications of the research protocol, further changes that may be needed remain undetermined.
The second research question associated with this study examined in what ways the participants responded to the protocol. This question was addressed through the pre- and post-test results, the participants’ feedback, and researcher observations of the participants. These results will be discussed in the context of the two participants who completed the study while the third participant will be addressed later in this section.

Both participants who completed the study arrived to the sessions on time, were compliant with directives and “homework” assignments, and were engaged and open in session discussions. Their pre- and post-test Impact of Events Scale (IES) results were compared in the previous chapter and both participants’ post-tests indicated a reduced level of avoidance and intrusion symptom occurrence of PTSD symptoms. The first participant’s (Lila) post-test score was reduced by 5 points from a 59 to a 54. According to the IES rating guide, both scores indicate that Lila remained in the “severe” category of avoidance and intrusion symptoms. The second participant’s (Carolyn) post-test score indicated a significant reduction in avoidance and intrusion symptoms. Her post-test score of 21 (with one missing item rating) was a 36 point reduction from her pre-test score of 57. The missing item could cause at most a 5 point difference in the post-test rating. The post-test score placed Carolyn in the “mild-moderate” range of avoidance and intrusion symptoms measured in the IES.

Lila and Carolyn gave positive feedback during the post-protocol discussion. Each reported receiving multiple benefits from their participation in the study including having an outlet to discuss their traumatic experience, an improved sense self-worth and empowerment, increased amount of positive self-talk and self awareness, and the emergence of new thought patterns. Lila reported connecting most with the protocol’s focus on negative and positive cognitions, stating that this emphasis enhanced her awareness of her thought patterns about herself and her environment. Carolyn connected with the painting series and the bilateral stimulation through body movements involved with the painting directives in addition to her negative cognition art piece. She reported being able to sense the changes in her memory and thought patterns through the stimulation created by using both hands. Carolyn also verbalized benefiting from the use of art as a way to externalize and better visualize her inner process and thus increase self awareness. When asked to rate their protocol experience on a scale of
1-10, 1 indicating poor and 10 indicating excellent, both participants rated their experience a 10.

Lila’s presentation at the beginning of the research study was superficially happy and incongruent with the internal processes she reported in session. She exhibited a disconnection between her traumatic event and an appropriate emotional response. During the course of the research protocol, she was able to explore her negative cognitions about the event, maladaptive beliefs about herself, and in exploring these was able to reframe them and identify appropriate emotional responses. At the close of the protocol, Lila’s presentation appeared more representative of her actual emotional state rather than a projection of what she thought others wanted to see, but she continued to exhibit a disconnection between events and an appropriate emotional response.

In the first sessions of the protocol, Carolyn exhibited an ill at ease posture, made agitated gestures when talking, spoke with a fast speech pace, and made little eye contact. She was able to use the art making to focus her anger and agitation onto the art piece and thus externalize it in a safe, controlled way. The protocol sessions improved Carolyn’s ability to conceptualize and verbalize her traumatic experience in addition to gaining understanding about herself in the context of her upbringing. In the final session of the protocol, Carolyn made consistent eye contact, her movements and gestures were calm, her speech had slowed to a normal pace, and she exhibited a strengthened sense of self.

The third participant (Jenny) who was unable to complete the research study appeared compliant with directives in session and was open to the art directives; intent on the art creation. Jenny reported a history of sexual assault and traumatic experiences in addition to the most recent assault that brought her to seek counseling. She was engaged in discussion and reported interest in being a participant in the research study, but ultimately was unable to fit sessions into her schedule of academic classes and two jobs. Her choice to discontinue participation may have also been related to the complicated nature of her assault history, as clients presenting with an extensive history of traumatic events often require more extensive counseling than this brief-therapy research protocol could offer.

Question 3

The final research question of the study addressed the ways in which the participants’ functioning changed as a result of the protocol’s application. These changes were determined
from the participants’ reported functioning at the start of the protocol, functioning in the protocol sessions, and changes that occurred at the completion of the study.

Lila reported inhibited primary and social functioning at the start of the protocol. She reported using sleep as an escape, sleeping 10-12 hours each night and taking frequent naps. She also reported using food as an attempt to suppress emotions. Socially, Lila reported repeated negative interactions with others and as a result she felt exposed and invalidated by others. In session she was engaged in discussion and appeared able to use the protocol sessions as an outlet for trauma processing in addition to verbalizing and expressing her frustrations and anger with others.

As Lila became more comfortable exploring elements of her assault, self, and relationships, she increased her ability to “find her voice” as she called it. Lila discussed an increased need to learn about sexual assault in order to help other victims as sessions progressed. She reported in the final session of the protocol an increased ability to trust close friends and verbalize when a trigger or situation was causing her discomfort. Lila also reported attending and speaking to a panel at a symposium specifically for sexual assault, a further indication of increased social functioning. Lila stated that she was sleeping less at the close of the protocol, and at times found sleep difficult due to her excitement in thinking about the future. Amidst these changes, Lila also reported a reduction in maladaptive behaviors; discontinuing her pattern of meeting men on websites and meeting such individuals in person.

Carolyn reported difficulties in her primary, academic, and social functioning at the start of the research protocol. She discussed her lack of appetite and nausea, then how this had caused weight loss and an irregular menstruation cycle. She reported sleep disturbances due to anxiety and auditory hallucinations scaring her awake. Carolyn reported being behind in her academic coursework. She discussed how she isolated herself from unsupportive friends, but in turn shut herself from everyone as a protective measure.

Carolyn was open in discussions during the protocol sessions, but made little eye contact and exhibited social functioning difficulties although she was able to use the art making as a way to channel and externalize these difficulties. Carolyn reported having contact with her attacker, but by the final session of the protocol, she reported terminating this communication. As the sessions progressed, Carolyn reported an increase in her social functioning as she was able to successfully reconnect with old friends. She was also able to complete past due
academic work and bring her work up to date. At the end of the protocol, Carolyn reported that she was sleeping more and her appetite had improved, indicating improvements in her primary functioning.

Jenny’s discontinuation of the research study prevented the gathering of any reports or observations of functioning changes. The post-protocol results of the first two participants indicated improvements in their functioning in all areas that exhibited deficits at the start of the research protocol.

Procedures Used

The procedures used in the data collection of this research study included the Impact of Events Scale (Horowitz, Wilner & Alvarez, 1979; IES), the initial interview, the post-protocol discussion, and the researcher observations. The IES was used as a pre- and post-test due to its administration simplicity and its proven consistency in accurately measuring the avoidance and intrusion symptoms of PTSD. The initial interview was a short discussion in which the researcher gathered information about the participants’ current functioning, their traumatic experience, and the events or perceived effects from this event. The post-protocol discussion occurred after the completion of the final art directive and was intended to gather feedback about the participants’ experience with the protocol, information about their current level of functioning, and what if any changes they would suggest for the protocol. Each session was video-taped to ensure the integrity of the researcher’s observations and the participants were monitored for changes in functioning and changes in mood, affect, attitude, and actions.

The information, data, and feedback were triangulated to determine the results of the protocol’s application. This information was further examined to address any possible changes to the protocol that may be needed after its initial applications.

Results

The results section will discuss the data obtained from the two participants who completed the study. The participants’ IES scores indicated a decrease in the avoidance and intrusion symptoms of PTSD. Lila’s pre- and post-test IES scores indicated a 5 point reduction in these symptom categories while Carolyn’s IES scores exhibited a 31-36 point drop (the range due to the missing score). Carolyn reported a reduction in other symptoms linked to PTSD apart from the IES items, such as her auditory hallucinations, sleep disturbances, and her hypervigilance.
Lila’s negative and positive cognition ratings changes indicated an improvement in her thought patterns during the course of the research protocol sessions. The rating of her assigned negative cognition was initially a 9 on a scale of 0-10 (0 indicating “not true at all” and 10 indicating “true”) and in the final session of the protocol, she rated the same cognition a 3 on the same scale. Lila’s positive cognition rating rose 3 points from her initial rating of a 3 to the final rating of 6. The changes in these ratings represented a significant change in her thought patterns and cognitions; a change she exhibited in conversation.

Carolyn reported that her thought patterns changed between the first and second sessions as a result of her use of the affect log. In the second session she assigned negative and positive cognitions to her traumatic event, but in the next session she reported having resolved these cognitions in processing her associations with the cognitions. Once the original cognitions were resolved for Carolyn, she was asked to identify new ones, but these changes eliminated the potential rating changes from offering diagnostic information.

The examination of the results for this research study revealed improvements in the participants’ functioning across all areas that exhibited deficits at the start of the protocol. They were able to use the protocol session discussions and the art creation as a way to identify and explore the triggers, thoughts, and experiences contributing to their functioning difficulties. The art also became a way to explore the protective factors they employed and how these protective factors served their needs or inhibited their functioning. From these realizations, new ways of functioning or coping with difficulties were identified. The art increased the participants’ ability to recognize patterns of thought and behavior and thus created agents for change.

Lila’s word inclusion in her art pieces appeared to increase her ability to conceptualize her inner process. Carolyn was able to use the art in enhancing her ability to visualize elements of her assault, her perceived lack of control, her familial and social relationships, and her current awareness into single art pieces. Both responded well to the art and as the sessions progressed became more comfortable with art creation in session. In middle to later sessions, both clients exhibited increased risk taking in their choice of materials and an improved sense of mastery, which further enhanced their feelings of empowerment and self worth.
Results as Related to the Literature

This section will relate the findings of the research protocol to the literature that was reviewed for the development of the protocol itself. In many ways the findings supported the inclusion of various elements pulled from other protocols. Without the ability to directly compare the results of the various existing art-based protocols reviewed in chapter 2 to the current protocol through testing, it cannot be determined if similar results were produced in the current short-term research protocol, but the elements consistent among the various protocols can be evaluated.

The findings of this research support Gantt and Tinnin’s (2007) position that trauma processing can be successfully addressed in a shortened time span, with less “recovery period” between sessions. Although their research and protocol addressed the needs of clients with multiple traumatic events in their histories and the current research focused on clients presenting with the need to process a single traumatic event, the results for both indicated that lengthy therapy may not be necessary for trauma processing.

The results also support the use of art therapy interventions in trauma processing, for their ability to safely focus and externalize the client’s inner process and further confining the experience to an art piece created in the therapeutic space. Tobin (2006) reported similar strengths in association with his protocol that were supported in the results of the current research protocol. These included: 1) the paper-based image is a clearer image than a mental image, leading to a more intense encounter with the disturbing image or target memory; 2) the paper-based image creation is a way to release the inner material in that it becomes the “objectification” or “externalization” of the memory, allowing the client to gain distance; 3) the therapist is not doing anything to the client, so the client is able to reserve some control; 4) the containment of the paper suggests that the image has boundaries, making it finite and manageable to the client; 5) the physical image created during this protocol can be saved as a sign or souvenir of victory or success on the part of the client. Art creation in session enhances the therapeutic work in the present session and it also creates a visual reminder and indicator of the client’s functioning during a particular session, for review at a later time.

Talwar’s (2007) ATTP targeted specific memories on a broader scale, addressing the affective distress experienced by the client, something that may not be able to be expressed by the words required with EMDR. Her protocol required initial work with the client in
developing a safe place, rapport with the therapist, positive and negative cognitions, an
inventory of all traumatic and positive memories, and finally directing the client to keep a daily
affect log. With the exclusion of the inventory of traumatic events (to be discussed later) all of
these elements were included in the research protocol. The results of which supported the use
of these elements in trauma processing.

The research protocol did not follow Talwar’s ATTP identically, instead integrating these
elements into sessions that addressed similar goals, but with a variety of art directives rather
than building towards one integral painting series. Her method combined client-centered and
cognitive behavioral techniques, emphasizing experiences, feelings, and values of a client,
while allowing them to maintain their individuality. These cognitive elements were addressed
successfully in the protocol’s focus on negative and positive cognitions, in the inclusion of the
affect log which allowed the client to increase awareness and apply new learning to real-life
situations, and in the automatic thoughts record provided with the affect log as a guide for the
client’s recording of triggers and situations. The results of the research protocol support
Talwar’s focus on the client’s affective distress and the cognitive elements that enhance the
client’s ability to adjust their self-perceptions and functioning.

Streek-Fischer and van der Kolk (2000) identified six essential issues that the therapist
should address in trauma treatment (as cited by Carey, 2006). These issues were addressed
in the current research study and their inclusion was supported by the positive results gathered
in the testing phase, they were: safety, stabilizing impulsive aggression against self and others,
affect regulation, promoting mastery experiences, compensating for specific developmental
deficits, and thoughtfully processing both the traumatic memories and the trauma-related
expectations.

The original protocol layout included an in-session directive for the client to create an
inventory of events, an element pulled from Shapiro (2001), Talwar (2007), and Gantt and
Tinnin (2007). Due to time constraints, this was introduced instead as a “homework”
assignment which none of the participants fully completed. The lack of this directive did not
appear to harm the participants, in fact they appeared to prefer to merely discuss the idea that
they had experienced both positive and negative events in their lives. Further testing may yield
different results, but the results of the research protocol did not support the inclusion of this
directive as an essential piece of the trauma processing.
Limitations of the Research Study

Several limitations to this research study exist. This research study was created for a small sample size due to the limited amount of time available for the testing phase. Of the small sample size, all three participants were Caucasian females, two having experienced sexual assaults and one experiencing a physical and sexual assault. This small sample size with multiple similarities created results that were not generalizable to a larger group without further testing with participants who have experienced various other types of traumatic events and participants from other cultural, racial, or socioeconomic backgrounds.

This study only evaluated the application of the developed research study. It did not compare the results to another method of trauma processing or to a control group. Such testing may be able to determine additional benefits or limitations of the research protocol and its effectiveness.

A third potential limitation is that because of the brief nature of this research protocol, a client or participant with a more extensive history of traumatic experiences or repeated traumatic experiences will most likely need more intensive therapy. The third participant who reported experiencing several traumatic events before the most recent assault did not complete study, possibly an indication of this limitation and of her need for more intensive treatment although her current schedule did not allow for it.

Suggestions for Clinicians

Now that the current research study is complete, it is necessary to address some suggestions for clinicians who are considering this research protocol or a similar research study of their own. These suggestions are discussed here and are reported in the hopes that they will help future researchers and clinicians in their planning, studies, and work with clients and research participants.

It was important to establish rapport and safety in the therapeutic space so the participant could speak freely about their traumatic event, emotions, concerns, fears, etc. Addressing the negative and positive cognitions was important to identify specific maladaptive thoughts the participant had about themselves or their traumatic event, and thus bring about change.

In a brief therapy model such as this research protocol, there exists a goal-oriented element which involves setting manageable and attainable goals for the client. In meeting
these goals they are further able to gain a sense of mastery in their environment, enhancing the therapeutic experience. With this protocol and in a brief therapy setting, as with any setting, the client’s needs must be assessed throughout the process. Empowering the client to be able to identify and recognize their needs in each session will make them feel an increased sense that they are a part of the process and perceive that they have choices for their treatment. This awareness is applicable to their daily experience and thus the therapeutic setting becomes another way in which the session mirrors what happens in the client’s life. The art directives of the final sessions remained flexible to allow for the participants to have some input in their treatment according to their needs.

Maintaining the therapeutic space as one of acceptance and unconditional kind regard was important in this research protocol and in therapy aimed at processing traumatic events. Challenging the client’s thinking and their potentially maladaptive behaviors was also an essential piece of their healing process in that all three participants exhibited and reported maladaptive behaviors associated with their traumatic events. While they are gaining self awareness in some areas, they may be overlooking it in others. Maladaptive behaviors that emerge should not be judged, but discussed in a way that the participant can gain understanding of their true motivations behind this behavior.

Both clients during the course of the protocol experienced shifts in their familial relationships. Because trauma victims need the help and support of their primary and secondary support systems, these systems will be an important piece of the processing, recovery, and client’s future and should be addressed in session.

Working with victims of trauma can be daunting for the clinician. As with any therapeutic work, it is important for the clinician to understand their own needs for processing a session or the secondary trauma experience from this work. Process art, self-care and journaling were helpful for the researcher as well as a way to lead by example for the participant.

Suggestions for Future Research

Further research is needed in order for the results of the potential effectiveness of this protocol can be more generalizable. This protocol could potentially be used with other populations rather than college-aged women, for example with men, adolescents, potentially veterans, and children with few if any changes. Expanding the study sample may yield a wider range of data, which in turn can suggest needed alterations to the protocol, create more
generalizable results, or it can create an inventory of diagnostic information about how various
different populations respond to traumatic events. In any of these possibilities, the more this
protocol is applied in practice, the more it will improve.

The protocol was only used with participants who had been the victims of sexual
assaults, but this was simply because they were the willing participants found first. The
protocol is applicable to clients who have suffered other traumatic events such as adolescents
or children who have been bullied, victims of car accidents or home invasion, physical assault,
or other instances of single traumatic events. Because this research protocol was developed
from multiple theoretical models and therapeutic elements, it resonates with individual
participants in different ways, as was evident in this study. Different elements may resonate
with one participant and not with another, but the various elements are arranged in a way that
each session builds on the last. Further testing is suggested with participants who have
experienced various traumatic events so that more information can be gathered as to whether
this protocol proves more effective for certain types of trauma or a range of traumatic
experiences. This protocol will only have limited improvements if it remains to be tested with
specific types of trauma.

It is also suggested that this protocol is also tested against other PTSD treatments and
trauma processing in order to further test its effectiveness. This protocol could be tested
against group therapy treatment for traumatic experiences that run for a similar time frame,
with and without art therapy interventions. This protocol could be tested against 6-7 sessions
of cognitive behavioral therapy for trauma and PTSD treatment. Art therapy sessions using
interventions that may or may not be a part of this research protocol can be tested against the
effectiveness of this protocol.

This research protocol could be tested against a control group receiving either no
therapy or only talk therapy for a 6-7 session time frame. This study may also yield different
results if it were conducted by a different therapist. With female participants, this research
protocol could be applied with a male therapist and with a female therapist in order to examine
if the sex of the therapist yields varying results. The same scenario could be tested with male
participants and a male or female therapist. Further testing against other models, and with
different therapists may discount or promote certain aspects of this protocol, and these
possibilities should not be a deterrent.
With the current state of mental health insurance coverage and managed care, brief therapy models that can address client needs, help the client return to more normal functioning, and assess for further treatment needs are becoming a necessary part of the mental health field. A short-term protocol such as the one discussed here, with extensive testing and positive results, can enhance the treatment’s effectiveness and its ability to be recognized as a viable treatment for PTSD. In furthering the research on this protocol and increasing its recognition as effective in the viewpoint of the insurance providers, it can become a treatment option financially covered by such providers.

If replicated, others may determine that additional elements are needed for the population they hope to work with. This protocol was formed from existing treatment protocols and the research of effective treatments of PTSD and traumatic memory storage, and as such other clinicians are encouraged to use this protocol in whatever capacity it fits their therapeutic work.

Conclusion

The underlying goal of the study was to develop a successful, short-term method for helping people after trauma through the formation of a protocol. The protocol combined the use of art therapy interventions, bilateral stimulation, grounding techniques, the recording of an affect log, and the CBT and/or EMDR techniques of positive and negative cognitions. This protocol was tested with two participants while a third discontinued the research protocol after two sessions. Both participants who completed the protocol reported improvements in their functioning and exhibited a reduction in their PTSD symptoms at the close of the study. The art created in this protocol enhanced the learning and therapeutic work done in session and the art pieces became symbols for the protocol experience in addition to the other elements in the participants’ lives affecting their functioning. The time limitations for this study only allowed for the protocol to be tested with 2-3 clients, but hopefully much more extensive testing can be completed in the future.
APPENDIX A

INITIAL INTERVIEW QUESTIONS
1) Have you previously had any counseling experiences?

2) What negative emotions or symptoms are you currently experiencing? If so, are you currently taking any medications for your negative symptoms?

3) Would you feel comfortable telling me about the traumatic event(s) that you have experienced that now bring you to seek counseling?

4) Have you experienced any traumatic events before the most recent event(s) that affected you in a similar way?

5) Have you experienced periods of depression, anxiety, or similar symptoms to what you are now experiencing, in the past?

6) Has your use of alcohol or other drugs changes since suffering this traumatic event?

7) In what other ways has this experience affected you negatively?

8) What do you hope to gain from counseling?
APPENDIX B

POST-PROTOCOL DISCUSSION AND FEEDBACK QUESTIONS
1) What feelings do you have about your experience with the art therapy treatment?

2) Was there a session or element of the treatment protocol that you felt was especially beneficial?

3) Is there anything that you feel was ineffective in the treatment?

4) Have you noticed any differences in your reactions to events or your daily experiences?

5) Have you experienced any differences in your personal relationships?

6) Reflecting back to when you began this process, what differences do you perceive in your emotions? Daily functioning? Sleep quality? Appetite?

7) What would you rate this experience on a scale of 1-10 where 1 indicates poor and 10 indicates an excellent experience?
APPENDIX C

UNIVERSITY COUNSELING CENTER APPROVAL LETTER
Tuesday, October 20, 2009

To: F.S.U. Institutional Review Board

From: David Gitlin, Ph.D., Associate Director, Licensed Psychologist
Nikki Pritchett, Ph.D., Director, Licensed Psychologist

Re: Research to be conducted at Univ. Counseling Ctr. by Laurie Brown

We have reviewed the art therapy research project proposed by Ms. Brown. We do not anticipate that this project will pose any significant risk to client safety above and beyond those normally posed by art therapy. We therefore feel her research/treatment will be safe, effective, and beneficial to clients who choose to participate. We approve of this project. We have informed Ms. Brown that neither video recordings nor any other form of confidential information or records of the therapy sessions (or copies thereof) can leave the UCC and that she must destroy the video recordings ASAP after analysis and by the end of Spring Semester 2010 at the latest.

Cc: Laurie Brown
APPENDIX D

HUMAN SUBJECTS COMMITTEE APPROVAL MEMORANDUM
APPROVAL MEMORANDUM

Date: 1/20/2010

To: Laurie Brown

Address: 103 Edwards Street; Tallahassee, FL 32304
Dept.: ART EDUCATION

From: Thomas L. Jacobson, Chair

Re: Use of Human Subjects in Research
Developing a Short-Term Art Therapy Protocol for a University Counseling Center

The application that you submitted to this office in regard to the use of human subjects in the research proposal referenced above has been reviewed by the Human Subjects Committee at its meeting on 01/13/2010. Your project was approved by the Committee.

The Human Subjects Committee has not evaluated your proposal for scientific merit, except to weigh the risk to the human participants and the aspects of the proposal related to potential risk and benefit. This approval does not replace any departmental or other approvals, which may be required.

If you submitted a proposed consent form with your application, the approved stamped consent form is attached to this approval notice. Only the stamped version of the consent form may be used in recruiting research subjects.

If the project has not been completed by 1/12/2011 you must request a renewal of approval for continuation of the project. As a courtesy, a renewal notice will be sent to you prior to your expiration date; however, it is your responsibility as the Principal Investigator to timely request renewal of your approval from the Committee.

You are advised that any change in protocol for this project must be reviewed and approved by the Committee prior to implementation of the proposed change in the protocol. A protocol change/amendment form is required to be submitted for approval by the Committee. In addition, federal regulations require that the Principal Investigator promptly report, in writing any unanticipated problems or adverse events involving risks to research subjects or others.

By copy of this memorandum, the Chair of your department and/or your major professor is reminded that he/she is responsible for being informed concerning research projects involving human subjects in the department, and should review protocols as often as needed to insure
that the project is being conducted in compliance with our institution and with DHHS regulations.

This institution has an Assurance on file with the Office for Human Research Protection. The Assurance Number is IRB00000446.

Cc: Marcia Rosal, Advisor
HSC No. 2009.3441
APPENDIX E

FLORIDA STATE UNIVERSITY BEHAVIORAL CONSENT FORM
FSU Behavioral Consent Form
Developing a Short-Term Art Therapy Protocol for a University Counseling Center

You are invited to be in a research study that tests the effectiveness of a short-term art therapy treatment protocol for processing traumatic memories or traumatic events. You were selected as a possible participant because of your recent traumatic experience that has prompted you to seek counseling help. I ask that you read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by Laurie Brown a second year graduate student in Florida State University’s Art Therapy program working towards her master’s degree and a pre-master’s student intern at the University Counseling Center, the Art Therapy Program in the Department of Art Education at Florida State University, and through the University Counseling Center (UCC). Laurie Brown, the research conductor, is overseen by her major professor Marcia Rosal, Ph. D. ATR-BC and her on-site supervisor at the UCC Barbara Davidov, Ph. D.

Background Information:

The purpose of this research study is to gather information that can be used to generate a hypothesis in order to develop an effective short-term treatment program using art therapy for the processing of traumatic events or memories. I have researched and developed a short-term art therapy protocol that serves to aid in the processing of traumatic events and memories so your potential participation will be working to process the traumatic experience(s) that brought you to seek counseling. The protocol combines art therapy interventions with cognitive behavioral techniques, bilateral stimulation (in the case of this study: the stimulation of both hemispheres of one’s brain through visual and creative arts), and elements from eye movement desensitization and reprocessing (a method of trauma treatment that stimulates both hemispheres of one’s brain through eye movements in addition to processing traumatic experiences using the memory of the event). This art therapy program is not intended as a short-cut to trauma treatment. If further counseling or treatment is needed at the completion of the art therapy protocol, it will be available for you here at the University Counseling Center free of charge as the UCC offers 10 free counseling sessions per academic year for FSU students. If more than the allotted 10 sessions are needed, then a treatment extension can be applied for and obtained from the director and associate director of the UCC.

Procedures:

If you agree to be in this study, I would ask you to do the following things:

1. To take part in 6 individual counseling session in addition to the current session. If possible, these sessions will be scheduled once each week for the next 6 weeks after today’s session. I will be able to work with your schedule or availability during the hours of operation at the University Counseling Center.

2. The nature of this research study is an action research model which means that you will not only be a participant in the study, but I will need you to play an active role in the evaluation of the protocol’s effectiveness in processing your traumatic memory or
memories. Your feedback is an important part of this study and for the improvement of the treatment for its future use.

3. This protocol will involve an initial interview, a short pre- and post-test measure, grounding techniques for calming and relaxation, art therapy interventions, a follow-up interview and an evaluation of the protocol’s effectiveness according to your experience.

4. The art you make in this research study will be considered your property to keep, but will be photographed for the records of the researcher and for use in the final research report, but a pseudonym will be used rather than compromising your confidentiality.

5. Sessions will be video-taped only for the review of the primary researcher; no one else will have access to the video-taped sessions as they will remain in the researcher’s office at the UCC. The sessions will be video taped for review so that the researcher will not risk missing details of the session or opportunities for observation, as these video taped sessions will also be reviewed for potential changes in behavior patterns, speech patterns, and in your body language. Because no one else will view these videos, your confidentiality will be kept at all stages in this research process.

**Risks and benefits of being in the Study:**

Although risks of the experimental art therapy intervention have not been evaluated in the context of treatment for PTSD, it is not expected to pose any greater risk than standard treatment approaches at the University Counseling Center undergoing a different trauma counseling or treatment plan. This research study offers an alternative to treatment utilizing expressive therapies, grounding techniques (deep breathing, relaxation, or calming activities for use if your anxiety rises in the session), cognitive behavioral therapy, and other methods for the treatment of traumatic memories or events. Risks of trauma treatment or trauma processing include increased anxiety in session and flashbacks from the event can be triggered.

The benefits to participation of this research study have not yet been established as it involves the development of a new trauma treatment plan.

**Confidentiality:**

The records of this study will be kept private and confidential to the extent permitted by law. In any sort of report we might publish, we will not include any information that will make it possible to identify a subject. Research records will be stored securely at the University Counseling Center and only the researcher will have access to the records. The sessions will be video-taped for the sole purpose of the researcher’s review, these videos will be stored in a locked cabinet on a flash drive, they will not be available for anyone’s use other than the researcher, and will not be permitted to leave the University Counseling Center. The video-taped sessions will be destroyed after their analysis, no later than 3 weeks after the completion of the research study.

**Voluntary Nature of the Study:**

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with the University of the University Counseling Center. If

FSU Human Subjects Committee approved on 1/20/2010 VOID after 1/12/2011 HSC# 2009.3441
you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

**Contacts and Questions:**

The researcher conducting this study is Laurie Brown, the faculty advisor of this research study is Dr. Marcia Rosal. You may ask any questions you have now. If you have a question later, you are encouraged to contact them at the University Counseling Center in the 201 SLB, Askew Student Life Building at 942 Learning Way, (850) 644-8880, lebrown@admin.fsu.edu (Laurie Brown) or at the Department of Art Education at 301 Frances Eppes Building, (850) 644-2926, mrosal@fsu.edu.

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher(s), you are encouraged to contact the FSU IRB at 2010 Levy Street, Research Building B, Suite 276, Tallahassee, FL 32306-2742, or 850-644-8633, or by email at humansubjects@magnet.fsu.edu.

You will be given a copy of this information to keep for your records.

**Statement of Consent:**

I have read the above information. I have asked questions and have received answers. I consent to participate in the study.

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<th>Participant Name (Print)</th>
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FSU Human Subjects Committee approved on 1/20/2010 VOID after 1/12/2011 HSC# 2009.3441
LIST OF REFERENCES


BIOGRAPHICAL SKETCH

LAURIE ELIZABETH BROWN

Education

Florida State University, Tallahassee, FL
Master of Science in Art Therapy 8/2010
Overall GPA: 3.97

Presbyterian College, Clinton, SC
Bachelor of Arts in Visual Art, Cum Laude 5/2004
Overall GPA: 3.6

Art Therapy Experience

Pre-Masters Art Therapy Intern
Florida State University Counseling Center, Tallahassee, FL August 2009-April 2010

- Completed 1-year comprehensive internship at a counseling center providing mental health services to a community of over 40,000 students at Florida State University
- Conducted intake evaluations, emergency walk-in services, and crisis calls
- Develop treatment plans combining counseling treatment modalities and expressive arts therapy interventions
- Completed clinical documentation in a timely fashion
- Individual case management and conduct individual therapy sessions
- Co-led “Surviving to Thriving” Group with on-site supervisor, a group for survivors of adult sexual assault or rape
- Attended weekly training sessions and meetings
- Attended ongoing clinical supervision in individual and group settings
- Participated in outreach services and guest lecture undergraduate classes when needed
- Utilized appropriate art therapy directives and interventions in individual and group sessions

Art Therapy Intern
Florida State University Multidisciplinary Center, Tallahassee, FL January 2009-May 2009

- Worked in nearby elementary and middle schools, counseling individual and small groups of clients using cognitive-behavioral based art therapy interventions for behavior modification and improved social functioning with clients from low socioeconomic backgrounds, many with histories of physical and/or sexual abuse
- Attended weekly clinical group supervision
- Co-led groups of 2-5 clients with interns from other backgrounds, i.e. social work
• Conducted stress reduction presentations with other interns for parent groups
• Maintained positive relationships with school officials and teachers in schools
• Planned activities for counseling sessions, recorded detailed notes for client records

Additional Experience

Graduate Assistant
Florida State University Art Education Department, Tallahassee, FL August 2008-April 2010
• Worked as the Office Assistant from 2008-2009 and currently as the Library Assistant
• Completed assorted tasks needed by Art Education Department
• Unpacked, organized, and catalogued books in library after department move

Property Manager
• Managed three student apartment communities, housing 500 residents
• Arranged and followed up on any maintenance issues with current residents
• Trained new employees on how to greet, accommodate, and lease to a potential resident, closing skills when leasing, phone skills, and how to prepare any lease paperwork included in the leasing process
• Remained on call 24 hours a day in case of emergencies

Summer Day Camp Counselor
Oconee County Parks and Recreation Department, Watkinsville, GA 2001, 2003
• Led groups of 20-35 children ages 6-14 in daily activities
• Planned and executed camp-wide games and trips
• Implemented behavior modification techniques

Memberships
• American Art Therapy Association member 2008-Present
• Florida Art Therapy Association member 2010
• Florida State University Art Therapy Association 2008-present -Vice President 2009-2010

Professional Development
• 2010, May: Presented “Developing a Short-Term Art-Based Protocol for a University Counseling Center” presentation at the Florida Art Therapy Annual Conference in Orlando, FL
• 2010, May: Presented Proposal for a Florida Art Therapy Writing and Focus Group at the Florida Art Therapy Annual Conference in Orlando, FL
• Attended Building Creative, Sustainable, Resilient Communities Conference in Colquitt, GA 2010
• Attended “Seasons of Grief” Big Bend Bereavement Conference in Tallahassee, FL 2009
• Attended Art and Social Justice Symposium at Florida State University 2009
• Attended American Art Therapy Association National Conference 2008