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Altered Book-Making for Children and Adolescents Affected by Traumatic Loss

Erin Huntley
ALTED BOOK-MAKING FOR CHILDREN AND ADOLESCENTS
AFFECTED BY TRAUMATIC LOSS

By

ERIN HUNTLEY

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Erin Huntley defended this thesis on June 30, 2015.
The members of the supervisory committee were:

David Gussak
Professor Directing Thesis

Marcia Rosal
Committee Member

Theresa Van Lith
Committee Member

The Graduate School has verified and approved the above-named committee members, and certifies that the thesis has been approved in accordance with university requirements.
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ABSTRACT

This research study sought to test the effectiveness of using art therapy, specifically altered book-making, to decrease traumatic grief symptoms in children and adolescents. The study hypothesized that altered book-making with children and adolescents, who had experienced traumatic loss, would be effective in decreasing traumatic grief symptoms. The six-week/six-session treatment design used a single group pre/post-test, utilizing the UCLA PTSD-RI and an open-ended post-research survey. The population involved in the research were children and adolescents who had experienced the death of a family member through traumatic means, such as homicide or suicide, within the past five years. Four participants began the study, and three participant, completed both pre and post-test. The overall outcome of the study supported the researcher’s hypothesis—participants reported increased understanding of grief responses, emotion identification, and self-reflection. Through altered book-making, participants also reported a decrease in anger, trauma symptoms and dissociation.
CHAPTER ONE

INTRODUCTION

In this study, an exploration of the therapeutic value of altered book-making for child and adolescent survivors of traumatic grief as a method of addressing trauma symptoms was examined. Traumatic loss, for the purpose of this research, encompasses experiencing the death of a loved one through traumatic circumstances such as homicide or suicide. This research utilizes an altered book approach, through which emotions are explored and the child or adolescent is provided a means of processing the narrative of their grieving experience (Cobb & Negash, 2010). Experiencing traumatic loss can significantly complicate a child or adolescent’s developmental process. Because child and teen development may have been affected by the traumatic loss, therapeutic interventions may be needed and art therapy, specifically altered books, can address a child’s range of symptoms and conditions (Chilton, 2007).

It was estimated that approximately 16,692 individuals were victims of homicide within the United States (Federal Bureau of Investigation, 2011). Also in 2011, within the United States, there were an estimated 39,518 suicides, making it the 10th leading cause of death within the nation (Center for Disease Control and Prevention, 2011). It is difficult to estimate how many individuals are affected by each homicide or suicide, but research has shown that each traumatic loss can leave behind an average of 7-10 close relatives, as well as numerous friends, acquaintances, and co-workers (Redmond, 1989). Among those who have been affected by the traumatic event there can be, and are likely to be, children and adolescents (National Child Traumatic Stress Network, 2011).
Purpose and Justification

Common psychological reactions to traumatic situations include post-traumatic stress disorder (PTSD), traumatic grief, depression, suicidal tendencies, and increased aggression (Miller, 2009), each of which can be visible in children and adolescents. These symptoms are more likely to occur if the traumatic loss is not addressed, affecting their moral reasoning, attachment systems, and concept of family structures (Vigil & Clements, 2003). Because of their evolving emotional and cognitive processes, children and adolescents who have experienced traumatic grief are at a high risk for developing negative psychological responses (Miller, 2009).

Through art therapy and altered book-making, concepts of coping skills, safety, and trauma integration can be addressed. The reactive trauma felt by the child or adolescent can manifest itself in ways that need to be identified in order to facilitate healthy recovery (Miller, 2009). Because of the developmental processes that may have been affected, art therapy, which has the capacity to address the child’s range of symptoms and conditions, can be utilized.

Hypothesis

The hypothesis for this study was that at the end of the art therapy sessions, members of the treatment group, children and teens suffering from the loss of a loved one through homicide or suicide, will demonstrate a decrease in traumatic symptoms upon receiving art therapy treatment with a focus on altered books. This decrease will be demonstrated through an improvement in scores.

In addition, this decrease will be demonstrated through use of the University of California Los Angeles Post-Traumatic Stress Disorder Reaction Index (UCLA PTSD-RI).
Definition of Terms

The following terms are used throughout this manuscript.

Altered Book.

Chilton (2007) described an altered book as any pre-existing book that has been changed into a new work of art. The alteration process itself utilizes a wide variety of artistic approaches, taking on the notion of “no rules” within the actual creation.

Art Therapy.

The American Art Therapy Association (2014) defined art therapy as a mental health profession in which clients, facilitated by the art therapist, use art media, the creative process, and the resulting artwork to explore their feelings, reconcile emotional conflicts, foster self-awareness, manage behavior and addictions, develop social skills, improve reality orientation, reduce anxiety, and increase self-esteem.

Child Traumatic Grief.

According to the National Child Traumatic Stress Network (2011), childhood traumatic grief is a condition in which children “…who lose loved ones under frightening or unexpected circumstances develop symptoms of post-traumatic stress that make it difficult to move through the typical grieving process. Symptoms like replays of frightening thoughts about the event, nightmares, anxiety, anger, withdrawal from friends and family, and emotional distance can hinder the child’s ability to grieve the loss fully.”

Homicide.

The National Child Traumatic Stress Network (2011) defined “homicide” as “the deliberate and unlawful killing of one person by another; murder”.

3
Suicide.

The Center for Disease Control and Prevention (2011) defined “suicide” as “death caused by self-directed injurious behavior with any intent to die as a result of the behavior.”

Trauma.

Defined by the American Psychiatric Association (2013), as an “emotional response to a terrible event like an accident, rape or natural disaster… Immediately after the event, shock and denial are typical… Longer term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea”.

Study Overview

The research study explored the use of art therapy through altered book-making with children and adolescents who had experienced traumatic loss through homicide or suicide. Through altered book-making, concepts of coping skills, safety, and trauma integration were addressed.

The research method was a one group pre/post-test with qualitative features and was conducted over a span of 6 weeks in a group art therapy setting. The group was initially comprised of four children or adolescents, each of whom has experienced a traumatic loss within the past five years. However, it is to be noted that one group member left the group following the first session. Before the sessions began, a pretest was conducted to measure the child or adolescent’s level of post-traumatic stress as well as traumatic grief. The measure selected for this study was the University of California Los Angeles Post-traumatic Stress Disorder Reaction Index (UCLA PTSD-RI) a scale for children between ages 6 and 17 that assesses symptoms for PTSD such as avoidance, intrusion, negative cognitions/mood, arousal/reactivity, and dissociation subtypes (Pynoos, Rodriguez, Steinberg, Stuber, & Frederick, 1998). Each art
therapy altered book session, focused on a different aspect of loss as the theme. After the six-week/six-session treatment period, a posttest (the UCLA PTSD-RI) was conducted to measure therapeutic change. After the conclusion of the treatment, each participant was individually interviewed to prompt additional information regarding the impact of the treatment.

Conclusion

It is estimated that 30,000 children and adolescents within the United States have experienced the death of a loved one due to traumatic circumstances such as homicide and suicide (Center for Disease Control and Prevention, 2011). Because of the nature of the loss, children and adolescents of traumatic grief are at risk for developing reactive psychological responses such as PTSD, depression, anxiety, and suicidal ideations (Miller, 2009). Since these young survivors are still developing their mental, emotional, and cognitive processes, they can be negatively affected by the traumatic grief (Miller, 2009). Through short-term group art therapy interventions, traumatic grief concepts can be addressed through a narrative approach using altered book-making directives.
CHAPTER TWO

LITERATURE REVIEW

According to Miller (2009) traumatic loss from homicide and suicide are serious traumatic events in which survivors report experiencing a sense of betrayal, distrust, anger, and guilt. Because of the sudden, unforeseen nature of the deaths, the families report more traumatic symptoms than those families who suffered the loss of an anticipatory deaths (Miller, 2009). According to Armour (2003) these families will frequently experience the grief and the pain of traumatic bereavement as intense, persistent, and inescapable. In addition, with homicide especially the grief is compounded with rage due to the malevolence of this intentional act as well as anxiety due to the violation of safety.

The young population affected by traumatic loss may include the biological children, nieces, nephews, brothers, sisters, cousins, or friends of the deceased (National Child Traumatic Stress Network, 2011). Because the cognitive and emotional faculties of a child or adolescent are still developing, they may experience complicated psychological reactions (Miller, 2009). As discussed by Cohen & Mannarino (2006), the brutality, violence, and personal violations associated with traumatic loss affect the juvenile survivors in that they are faced with struggles beyond those associated with childhood such as PTSD, complicated grief, anger, depression, and even suicidal thoughts. As children and adolescents attempt to make sense of their environmental and emotional upheaval, coping and adaptation are vital (Vigil, 2003). Children and adolescents recovering from traumatic loss may begin to question moral reasoning, consequences of one’s actions, and how to continue life without that family member, which at times lead to serious psychological repercussions (Cohen & Mannarino, 2006).
The loss of a loved one at a young age puts the child or adolescent at risk of delay or impairment of their developmental stages if interventions are not implemented swiftly and properly (Miller, 2009). These young survivors are at the stage of development where they are constantly integrating new experiences and learning schemas into their internal model of their environment (Di Ciacco, 2008). When homicide is integrated into the child’s evolving worldview, previously held (or not yet established) beliefs of social appropriateness, justice, and the value of life can be violated and impaired. According to Miller (2009) although each child or adolescent will react in different ways, there are common developmental factors that influence these reactions; these could include their evaluation of external threats, their cognitive and emotional skills for coping, their ability to endure intense emotions, as well as their ability to mentally and physically adjust to life changes. In addition to these developmental factors, Horowitz (1997) found there are personality characteristic factors that can affect the intensity of responses such as the survivor’s own resilience and maturity, the relationship the child had with the deceased, and the survivor’s previous experience with trauma. All of these elements should be considered when in the therapy setting with a child or adolescent survivor of traumatic loss in order to compile an entirety of the individual.

Coping and adaptation skills are directly related to cognitive development and thus differ according to the ages of children and adolescents (Vigil, 2003). Younger children have not yet gained enough life experience to demonstrate flexibility in the face of traumatic events. Di Ciacco (2008) noted the differences among the developmental age levels. For example, infants and toddlers generally have no concept of death and instead can notice the sudden absence of an important figure in their young lives. They may also be overly sensitive to the general sense of grief and turbulence now permeating into their familiar environment after the murder or suicide.
However, according to Di Ciacco (2008) the child would be incapable of verbally expressing their stress and anxiety, as well as cognitively comprehending the confusion around them, thus leading to regressive behaviors, tantrums, and other forms of acting out.

Miller (2009) found that school-aged survivors, who do not understand that death is universal, may believe that their family member may either come back or is “going to sleep.” In other cases, Miller (2009) stated the child may protect themselves by utilizing basic defense mechanisms like distraction and denial. Older children have the ability to distract themselves with their own lives and commitments such as school, friends, and sports. Rheingold, Zinzow, Hawkins, Saunders & Kilpatrick (2012) theorized that the social/cognitive developmental goal of middle childhood is to create a healthy personal identity, and experiencing a trauma can lead to issues of self-control and peer interaction. According to Rheingold et. al, in this situation adolescents understand the universality of death but may acquire a sense of personal immortality and may become involved in high risk behavior. In addition their growing concept of family may be compromised due to this disrupted developmental progression, stress and anxiety may result.

In the following sections, literature will be reviewed regarding common response symptoms, non-art therapy treatment methods, and art therapy approaches. The major symptom responses, explained do not constitute a complete list of possible responses reported by survivors; however, those in the review are the most common. In addition, both explained non-art therapy and art therapy treatments aim to address the common response symptoms associated with experiencing a traumatic loss.
Major Symptom Responses

Through research on traumatic loss responses in children and adolescents, several major symptoms appear regularly (Cohen, 2004). These psychological issues are not always present in every situation; however these conditions are the most likely to surface within the individual affected by the traumatic loss. The major symptom responses to be discussed include Post-traumatic Stress Disorder, Traumatic and Complicated grief, and depression and suicidal tendencies/ideations.

Post-Traumatic Stress Disorder (PTSD)

For children and adolescents who have experienced a traumatic event, the intensity of the trauma is based off the perception of the event (Cohen, 2004). When the situation is interpreted by the survivor as traumatic, Post-Traumatic Stress Disorder can develop; PTSD does not develop for every individual after experiencing the same stressful situation (Cohen & Fitzgerald, 2012).

The criterion for PTSD within the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2013) divides the diagnoses into one for those older than six years of age, and a separate one for those six years and younger. According to the DSM-5, diagnostic criteria for PTSD (above the age of six) includes a history of exposure to a traumatic event that meets specific stipulations and symptoms from each of five symptom clusters: intrusion, avoidance, negative alterations in cognitions and mood, and alterations in arousal and reactivity. The sixth, seventh, and eighth criterion concerns duration of symptoms, functional impairment, and symptoms not consequent of substances or co-occurring medical conditions.
If the child under the age of six has experienced a perceived traumatic event, he or she can also be diagnosed with PTSD (American Psychiatric Association, 2013). However, the diagnostic criterion shifts slightly in the case with children aged six and below. Because these young children still are developing their mental processes and have emerging abstract cognitive and verbal expression capacities, communication of trauma cannot always be vocalized (Scheeringa, Zeanah, Myers, & Putnam, 2005). Instead, research has shown that the PTSD criteria for diagnoses are to focus more behaviorally and developmentally in preschool-aged children (Scheeringa et al, 2005).

Child and adolescent survivors commonly experience intrusive mental images of the traumatic loss, avoidance of any stimuli related to the deceased or the concept of death, hyperarousal, and emotional instability (Amick-McMullan, Kilpatrick & Resnick, 1991). These particular characteristics are experienced in individuals suffering from PTSD, with the symptoms aligning into three diagnostic clusters of re-experiencing the event, avoidance/emotional numbing, and hyperarousal (APA, 2012). Taking into account the traumatic nature of the death, those affected are highly likely to exhibit at least one of the symptom clusters (Amick-McMullen et. al, 1991). In fact, research shows that traumatic loss survivors more commonly report PTSD symptoms than any other population suffering from trauma (Zinzow, Rheingold, Byckiewicz, Saunders, & Kilpatrick, 2011).

The high prevalence of PTSD symptoms in traumatic grief situations can be due to the quick nature of the death (Zinzow et. al, 2011). These survivors will experience guilt, self-blame, and anxiety over the homicide, as well as facing the external stimuli of the media system (Asaro, 2001). It is because of these additional stressors that the individual is more likely to experience PTSD symptoms, as each situation demands new coping skills from the survivor.
Traumatic and Complicated Grief

The natural emotional progression of suffering the loss of a loved one includes grief and bereavement. In the early research of grief reactions, Kubler-Ross (1972) created her stage theory for bereavement. The theory was originally intended for those particular individuals preparing for death, but throughout the years the model has been shifted to reflect grief in people suffering a loss, including a traumatic loss. In her model, Kubler-Ross (1972) identified five phases through which the dying individual would progress: denial, anger, bargaining, depression and acceptance. She presented these stages in a set order, inferring that this was the progression of grief experienced among all grieving individuals. Kubler-Ross (1972) noted that people grieving a death of a loved one will first go through a period of initial shock, disbelief, and denial which can sometimes last for several weeks (Richardson, 2006). Then following the order of the stage theory, the individual will experience bargaining, intense feelings of despair, loneliness, and anger, all of which possibly lasting the duration of months. Ultimately, there is a feeling of resignation, the intense grieving emotions subsiding and stabilizing, eventually allowing the individual to explore new relationships and personal developments.

Richardson (2006) argued that newer models of grief should be considered as they take into account the cultural and individual variations of the process. She explained that there are multiple factors of the grief process that should be addressed when confronting issues with grieving individuals. Richardson (2006) further developed Kubler-Ross’s stage theory to take into account the manner in which the loved one died, their attachment to the deceased, as well as the individual’s degree of preparation. She argues that these characteristics can influence the stressors contributing to the grieving individual’s coping skills. Based on Richardson (2006), one
can assume that if an individual experiences the homicide of a family member, their grief process would take into account the multitude of traumatic traits associated with the murder.

However, when the death of the loved one is perceived as traumatic, traumatic grief may result (National Child Traumatic Stress Network, 2013). Traumatic grief is a particular type of grief that exhibits specific characteristics different from non-traumatic grief. The main difference is that the experienced trauma symptoms will interfere and prevent a healthy grieving process; the combination of the grief and trauma responses become so overwhelming that the individual is physically and mentally unable to move beyond the loss (Figley, Bride, & Mazza, 1997). Expressed emotions during traumatic bereavement include increased rage and intent for revenge, extreme guilt and fear, and even possible suicidal ideations (DiCiacco, 2008). The higher the level of distress in the survivor, the greater the chance that the individual will experience symptoms of traumatic grief. While some researchers will argue that the Kubler-Ross (1972) model of grief inaccurately describes the process of grief (Parkes 2002), the overall emotions that are described within the model are ones felt by the majority of people in bereavement. However, when one experiences grief and bereavement from a perceived traumatic situation, these reactions can be combined with attributes reflective more of traumatic grief.

**Depression and Suicidal Tendencies**

Because depressive symptoms are usually present during the grief process, it can be difficult to differentiate between normal grief responses and major depressive disorder (Zisook & Kendler, 2007). Oftentimes, clinicians will avoid a major depression diagnosis within the first year of bereavement to clinically confirm depression or grief-related depression (Hensley & Clayton, 2008). Depressive symptoms are normal and expected reactions to grief and bereavement, as individuals report responses such as trouble sleeping, low mood, loss of
appetite, fatigue, and low interest in previous activities (Hensley & Clayton, 2008). The somatic, physical symptoms, gradually decrease in intensity after a span of weeks to months, but psychological symptoms frequently persist (Zisook & Kendler, 2007). These periods of depression are generally at their most severe during the first several weeks or couple of months following the death of the loved one; however they may appear sporadically for the following years (Zisook & Kendler, 2007).

Depression as a symptom of grief is not considered pathological and thus does not require immediate attention or treatment (Zisook & Kendler, 2007). In normal conditions, major depression is diagnosed when either or both depressed mood and loss of interest in regular activities is frequently noted for at least two weeks. Grief is the only situation when the two-week stipulation is not upheld. In situations of grief and bereavement, since depressive symptoms are common after the death, diagnosing major depression can only occur when severe markers are present or if at least two months have passed since the death and depressive symptoms are still prominent (Zisook & Kendler, 2007). Severe markers of major depression can present themselves as psychomotor retardation, feelings of worthlessness and hopelessness, very low interest in regular, daily activities, or even suicidal ideation (Hensley & Clayton, 2008).

Suicidal intentions can arise when life stressors, especially traumatic loss, trigger and elicit an emotional response—as the individual can become overwhelmed by the situation, they can react to the circumstance with a range of negative emotions (Conger, 1988). When processing traumatic loss, effected individuals may respond by desiring suicide as a way of solving the pain, confusion, and anger of the death. Five common emotional themes have been researched and noted among the suicidal population, these being helplessness, hopelessness, isolation, anger, and a sense of guilt or failure (Conger, 1988). When identifying potentially
suicidal individuals, these expressed emotions are generally high risk indicators for intervention. The suicidal characteristics of externally destructive behavior can disguise more primitive defense mechanisms among the unconscious emotional patterns (Rothwell, 2008). Each emotional characteristic can be used in evaluating suicidal intention of the individual, as each negative emotion is an attack turned inward on the client.

Since 2010, suicide has been the 10th leading cause of death out of all age groups, as well as the 3rd leading cause of death among 15-24 year olds (Center for Disease Control and Prevention, 2011). Freud (1920) believed that suicide was the ultimate result of extreme anger and aggression held internally, reflecting the belief that suicidal intentions form out of the conflict between the client and the various life stresses. These life stresses are especially magnified when the individual finds themselves in as traumatic a situation (Conger, 1988). Building on Freud’s theory, Hale (2005), felt that suicide more closely resembled murder in the sense that the act was carried out in order to punish hated self; the body of the suicidal adolescent then becomes identified as a separate object of which the attack can be finalized.

Common Treatments

Within the following section will address possible treatment modalities pertaining to traumatic grief and loss. These being Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT), Traumatic-Grief Cognitive-Behavioral Therapy (TG-CBT), and Narrative Approaches. In treating children and adolescents effected by traumatic grief and loss, there are other methods besides the three discussed here. The treatment modalities selected for this literature review most closely pertain and inform the treatment modality chosen for the proposed treatment protocol used in this study.
**Trauma-Focused Cognitive-Behavioral Therapy**

In experiencing an event that is interpreted as traumatic, children and adolescents can develop complex trauma or PTSD, post-traumatic stress disorder (Cohen et al., 2012). These conditions can affect the individual’s emotional processing, somatic reactions, developing worldview, cognitive abilities, and attachment (Cohen & Fitzgerald, 2012; Vigil & Clements, 2003). Of the treatments designed for addressing the issues of trauma, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is described as one of the most widely used and most successful evidence-based approaches (Cohen & Fitzgerald, 2012). Within this model of treatment is the focus of phase-based modalities. It consists of an initial stabilization phase to provide coping skills and a foundation of safety, a trauma-processing phase to understand their personal trauma experiences, and a final integration phase to consolidate safety and trust within the scope of the trauma experience (Ford & Cloitre, 2009; Ford et al., 2005).

Trauma-focused CBT interventions target those previously mentioned affected mental processes, focusing on affective expression skills, stress management skills, creation of the child’s trauma narrative, and cognitive processing (Cohen & Mannarino, 2004). However, because of the primitive coping mechanisms developed early in life due to the traumatic experience, Edgar-Bailey and Kress (2012) found it important to first enhance abilities to self-regulate and self-soothe, as seen in the first phase of treatment. According to Perry and Hambrick (2008) early trauma can lead to development of an oversensitive stress response, making successful CBT interventions difficult. In this young population, after issues of impulsivity, self-regulation, and attention are improved, further goals of developing relational issues, gaining insight, and shifting cognitions can receive focus (Edgar-Bailey & Kress, 2012).
In the timeline of therapeutic interventions, this stage of treatment may need to be prolonged for children and adolescents to develop emotion-regulation abilities.

Cohen et al. (2012) advocated joint parent-child sessions, with both child and parent/guardian receiving the same therapy, or parallel sessions, where the child and parent/guardian receive similar therapy but in different settings. Caregiving adults are included in the model of TF-CBT to build or rebuild the child/guardian relationship, focusing on joint understanding, trust and mutual respect (Cohen et al, 2012). According to Cohen et al., it is important that the child’s caregiver be involved in the therapeutic process to support the implementation of the skills learned in treatment in the home or other settings.

**Traumatic Grief Cognitive Behavioral Therapy**

Children and adolescents who experience the death of a loved one through traumatic circumstances face unique challenges in that they are forced not only to confront the traumatic event but also the grief and loss of their loved one (Cohen & Mannarino, 2011). It is this combination of traumatic stresses and grief that characterize childhood traumatic grief (CTG), a condition in which the affected children or adolescents develop trauma symptoms, similar to PTSD that infringe upon their ability to confront normal grief stages (Cohen, Mannarino, Greenberg, Padlo, & Shipley, 2002; Layne et al., 2001). Traumatic-Grief Cognitive Behavioral Therapy was thus derived from TF-CBT as an application of TF-CBT core principles to children who have experienced a traumatic death of a loved one (Cohen & Mannarino, 2011).

With TG-CBT the grief components are integrated in with the trauma components, and usually after the first phase of trauma treatment which focuses on self-care and emotion-regulation (Edgar-Bailey & Kress, 2010). When trauma symptoms have been addressed and the
first phase has been resolved, grief components can be adhered (Cohen & Mannarino, 2004). These components include grieving the loss of the loved one; resolving any ambivalent emotions towards the individual; preserving the positive memories of the loved one; redefining the relationship; committing to other relationships; meaning-making of the loss; and eventually telling the deceased’s life story, or their narrative, in a non-negative approach (Cohen & Mannarino, 2011; Cohen & Mannarino, 2004).

Similar to TF-CBT, TG-CBT utilizes parallel sessions/joint sessions with both the caregiver and the child, with some combined sessions (Cohen & Mannarino, 2004). As with TF-CBT, parent or guardian parallel sessions and joint sessions are crucial in TG-CBT. In including the caregiver with the therapeutic process with the child or adolescent, the therapist can provide psycho-education regarding emotional and age-appropriate cognitive developments. This approach benefits the parent in understanding the experiences of their grieving child (Cohen & Mannarino, 2011).

**Narrative Approaches**

Encouraging the child or adolescent who has experienced a traumatic event to create or express a trauma narrative has become a widely used technique in reduction of trauma and grief symptoms (Edgar-Bailey & Kress, 2010). The approach is commonly integrated into TF-CBT or TG-CBT as the construction of a verbal or physical narrative timeline can address topics of PTSD and CTG (Edgar-Bailey & Kress, 2010). In focusing on developing the trauma narrative, children and adolescents are encouraged to cognitively process the event(s) in order to increase their tolerance for experiencing the reality of the trauma (Edgar-Bailey & Kress, 2010). It is also important to approach the topic of the trauma narrative after the completion of emotion-
regulation and stress-management techniques to decrease the likelihood of the child responding to traumatic triggers (Cohen & Mannarino, 2004).

In narrative therapy, the therapist focuses on the life-story of the client as the catalyst for change (Cohen & Mannarino, 2004; Tuval-Mashiach et al, 2004). Through identification of the aspects of the timeline that disrupt continuity and coherence, such as trauma and grief, processing of the alteration can be addressed (Tuval-Mashiach et al, 2004). Through the creation of the narrative, three elements have been found effective in developing effective coping skills; continuity and coherence, creation of meaning, and self-evaluation (Tuval-Mashiach et al, 2004).

**Art Therapy as a Treatment Modality**

When integrating art therapy directives with individuals suffering the loss of a family member due to traumatic circumstances, it’s important to consider the constellation of possible symptoms and their intensity. Art therapy translates well into trauma situations because it allows clients to create an unspoken visual language to communicate their current emotions (Miller, 2009). Directives that elicit these emotions in an unobtrusive manner are seen as the most effective with individuals suffering from traumatic grief (Cohen et al, 2006). In some instances, narrative art therapy is utilized in order to encourage the client to retell their story (Chilton, 2007). The particular approach is used primarily in traumatic experiences as it gradually assists the client to remember their story and address selective aspects that are causing them trouble emotionally and mentally (Chilton, 2007). In addition, using the altered book method is a form of narrative art therapy that encourages the client to record daily thoughts in the book, and gives the option of closing the book thus closing the harmful feelings (Chilton, 2007).
In addressing common symptoms such as suicidal intentions and trauma, art therapy directives that include future goals are usually utilized (Wadeson, 2008). With art therapy with suicidal intentions, the client-therapist relationship itself can be one of great complexity and highly attuned focus (Wadeson, 2008). This concentrated foundational relationship will ideally encourage direct conversation between the client and art therapist regarding suicidal thoughts and plans (Wadeson, 2008). Conger (1988) felt that the art therapist-client relationship needed to establish trusting communication, then to reinforce the client with confidence and hope. Lack of communication is a major problem in the assessment of suicidal individuals and trauma clients (Hale 2005); thus when even the slightest suicidal or self-harm thought is expressed, the situation should be directly addressed.

Oftentimes, adolescents who have experienced trauma will refuse to communicate with loved ones due to their developing worldview and egocentric view that nobody understands their particular situation (Leenaars & Wenckstern, 1999). Therefore, it is the role of the art therapist to offer nonjudgmental support and unrestrained creative expression to facilitate positive objectives (Conger, 1988). The art therapist may engage in directives that allow the client to feel they have control, considering their concept of control may be skewed.

A commonly used art therapy directive with those clients that are experiencing feelings of depression, hopelessness, and even suicidal intentions is the Bridge Drawing (Hays and Lyons, 1981), or another variation of the concept. With this activity, the client could be asked to simply draw a bridge going from one place to another, then following the directive they would be prompted by the art therapist to explain certain characteristics about the bridge and its connected shores. This directive is primarily used for populations that are undergoing a life change, such as a loss of a loved one, and addresses goal-directed behaviors, problem solving.
and future orientation (Hays & Lyons, 1981). By analyzing the Bridge Drawing, attainable goals and measurable treatment objectives can be decided between the client and the art therapy, also increasing social interaction and decreasing isolation. In identifying goals with the directive, the individual may also experience a decrease in other suicidal or depressed emotions, such as lowered anger responses, more hopeful outlooks and a less destructive self-image (Wadeson, 2008).

Homicide or suicide losses may influence the worldviews of children and adolescents and contribute to complicated grief, which may disrupt their normal psychosocial growth and development (Wadeson, 2008). Child and adolescent survivors can experience problematic beliefs of uncertainty, inadequacy, and a dangerous worldview, as well as self-denial and a lack of control (Vigil & Clements, 2003). Art therapy techniques should address this shifting worldview through directives that encourage the child or adolescent to confront what it is exactly that is changing and adapting into their new “story” (Cobb & Negash, 2010). Cobb & Negash (2010) explain that a book is rich in symbols imagery without the fear of the blank page. Many individuals who participate in art therapy feel that the white canvas or paper is intimidating and not as inspiring for art than another material that is not as open-ended (Chilton, 2007).

With the altered book, clients are given the opportunity to find their own self-symbols within the words, or to create their own image out of the pages. With children and adolescents survivors of familial homicide the starkness of the blank page may be frightening, especially if provoked to illustrate a particularly traumatic aspect of the event, thus with the altered book, they are not faced with a blank page. The altered book is especially powerful with the young survivors in that it is allowing them to externalize their changed life story through the created story in the book (Cobb & Negash, 2010). With the altered book-making, individuals are
encouraged to create without rules, while the physical book and its pages are providing the framework and structure of the creative task. In addition, the book becomes a portable body of work, a container to store emotions or to open it and reveal them to themselves or others (Chilton, 2007). The book then takes on the role of this tangible record of mental states, as well as the individual’s experience in art therapy (Wadeson, 1980).

**Conclusion**

For children and adolescents, the future can be blurred by traumatic events happening in the here-and-now, surrounding the traumatic loss of a loved one (Miller, 2009). Because of where adolescents are in their developmental stages of cognition and emotion, they are not always capable of seeing the whole gestalt of a situation and responding to it without strong emotional reactions (Miller, 2009). Fairly normative life events such as this violent, sudden death of a loved one can be experienced by the adolescent as a major challenge to their developing persona. When the teen expresses these internal feelings of intense trauma through art therapy, physically looking at their emotions on paper can push the teens to cognitively understand them. Through externalizing intentions by art making there is the therapeutic capability of bringing to the surface denied or repressed aspects of the self (Levens, 1989). The mentally developing, yet still egocentric, adolescent is then encouraged to reach their own decisions about where to go with their life after being given the empowering ability to illustrate them independently.
CHAPTER THREE

METHOD

In this chapter a detailed description of the method for studying the effectiveness of children and adolescents using altered book-making in their grief and trauma recovery process will be explained. This research examined if art therapy, specifically altered book-making, is viable in treating negative symptomology found in children or adolescents who have experienced the traumatic loss of a loved one. The study focused on the participants’ shifts in mental and emotional well-being over the course of the six therapy sessions, and measured the change through both quantifiable and qualitative means.

By researching the effects of the particular art therapy process on this population, data was gathered that may contribute to the overall understanding of the effectiveness of art therapy with this population. There is a scarcity of research involving both art therapy and homicide and suicide survivors and this study provided data for professionals seeking to approach counseling with this demographic through art therapy.

Hypothesis

The hypothesis for this study was that at the end of the art therapy sessions, members of the treatment group, children and teens suffering from the loss of a loved one through homicide or suicide, will demonstrate a decrease in traumatic symptoms upon receiving art therapy treatment with a focus on altered books. This decrease will be demonstrated through an improvement in scores.
In addition, this decrease will be demonstrated through use of the University of California Los Angeles Post-Traumatic Stress Disorder Reaction Index (UCLA PTSD-RI).

**Research Design**

A one group pretest/posttest design with qualitative features was used to examine the hypothesis. This design was chosen as it allows for the participant group to be assessed at the start of the research, before art therapy treatment, and then after the six-week treatment. Following the post-test, interviews of each participant were conducted by the researcher. The interviews allowed each participant to discuss the treatment and identify aspects of the treatment that may have been useful or problematic.

The study was conducted over a six-week period, with one group art therapy session occurring each week. However, before the participants were to be involved in the research, they signed a consent form and completed the pre-test in order to gauge their state and range of traumatic emotions. In addition, the parents/guardians were given the same UCLA PTSD-RI to answer the same questions but regarding their child. After completing these first steps, the young participants engaged in the six-week/six-session art therapy treatment in which altered book-making and re-examination of their trauma narrative were explored. This group was small in number, with four participants beginning the treatment group and three participants completing the six-week protocol.

**Participants**

The subjects selected to participate in the research met the following criteria: (1) they were between 6 and 17 years old and (2) they had experienced the death of a family member due to homicide or suicide within the past 5 years. The group started with four members, three
female and one male, each between the ages of 11 and 14. However, through the course of the six-week treatment protocol, only three participants continued art therapy until the last session.

To protect the identities and enforce confidentiality of the participants, the researcher gave each individual a pseudonym. The four original participants were Kristine, Natalie, Amanda, and Darron. Kristine was 14 and her sister, Natalie, was 12. Kristine and Natalie were biological sisters, and their father had been murdered in August of 2009. Amanda was 11, and her father had committed suicide in September of 2014. Darron was 13 and his father had been murdered in March of 2010. Darron was present for only the first treatment group session, and did not return back after that meeting.

**Treatment Protocol**

The treatment protocol used in this research group was conducted within a six-week/six-session, group art therapy setting. Within the six-week time frame, the children and adolescents met with the researcher once a week, six times for one and a half hour sessions. The primary mode of creative expression and communication among the therapy group was through the use of altered book-making. Through the altered book, participants were encouraged to identify and process their different expressions of grief and how it affected their “story”, as well as to express integration of trauma and discomfort within a newly developing safety environment. Within the pages of a used book, the participants used paint, collage, tissue paper, or other artistic medium to tell the story of their grief. The art therapy group sessions took place at an established Florida children’s grief center. Each session included an introduction from the researcher about the theme of the weekly session, and was followed by an art therapy directive in the participants’ altered books that encouraged creative discussion of the topic. The latter part of each session was reserved for group processing led by the researcher.
The first session of the art therapy group focused on establishing notions of safety and of identity. The session began with a group discussion about altered book-making, as well as talking about similarities between stories and one’s life story. Participants were given the chance to select their book to alter for the next six weeks. The researcher provided roughly a dozen used books to choose from. After selecting the books, the concept of creating “your story” was discussed, and being the “author” of the story. This first session utilized collage materials and enabled participants to select images with which they identified.

The concept of safety continued through the second session but the goal included integration of discomfort, and addressing trauma within safety. Only one participant was in attendance. She discussed addressing negative grief thoughts, and how to integrate the trauma and the negative feelings into one’s self. The directive was to integrate an image of safety and an image of discomfort onto the same page of their altered book. There was also an opportunity for a “response piece” to be completed with the youth participant this session.

In the third session, the group discussed grief emotion identification. The participants were encouraged to identify words within the altered book that best described their most predominant grief emotion. The participants were then invited to illustrate these emotions in the altered book.

During the fourth session, the art therapy directive began with the participants creating “grief characters” which were clay creatures personifying their grief experiences. The second part of the session was for the participants to select a page within their altered book that would depict the “story” of their “grief character.” The group members were encouraged to skim the book page for words that best described their grief and their character and to “highlight” those
words. The final step of the art therapy directive was for the children to utilize the highlighted words to illustrate the “setting” where the character lives. Discussion and processing followed.

The objective of the fifth session was to integrate emotion identification and self-reflection. A discussion about internal emotions, feelings that people keep to themselves, and external emotions, those that people show to others, were discussed. Due to lack of time, the participants were prompted to illustrate what their “outside” looks like; what they project to other people about their grief. Discussion and processing followed.

Session six was the final session. The participants were encouraged to reflect on the previous sessions and what they had gained through the research group. This art therapy directive allowed the participants to illustrate and alter the covers of their altered books. The group session concluded with discussion about the art therapy treatment as a whole.

**Measures**

The range of symptoms after experiencing the loss of a family member due to traumatic loss is wide and no two reactions are going to be the same (Salloum, 2008). Often a child’s grief can intensify into traumatic grief, which is characterized by complications carrying out daily life activities and the typical grief process, as well as continual frightening and traumatic responses when faced with memories, thoughts, or images of the deceased (National Child Traumatic Stress Network, 2014). In addition, the child or adolescent may experience increased anxiety and depression as a result of the traumatic nature of the death (Pynoos, 1984). Because of these varying reactions, deciding on an appropriate instrument of measurement to assess trauma symptomology is difficult.
Due to the young age of the participants, the measure used, the University of California Los Angeles PTSD Reaction Index (UCLA PTSD-RI) is sensitive and age-appropriate. The UCLA PTSD-RI is designed to measure the child or adolescent’s level of post-traumatic stress, (Pynoos, Rodriguez, Steinberg, Stuber, & Frederick, 1998). The UCLA PTSD-RI is a self-report instrument to screen for trauma exposure and assess for DSM-5 PTSD symptoms. The assessment is a tool to be used with children over 6 years of age and under 18, and provides preliminary DSM-5 diagnostic information and PTSD symptoms frequency score. The measure has been widely used in previous research with children and adolescents affected by homicide and for others who have experienced trauma (Salloum, 2008; Pynoos et al. 1998). The UCLA PTSD-RI was chosen for this research because it assesses the common symptoms associated with homicide loss within the family (Salloum, 2005). It was also chosen because of its specific use with younger grieving populations and it identifies the frequent mental and emotional associations of traumatic events. The UCLA PTSD-RI is a Likert scale with a range from “none” (0) to “most of the time” (4).

In addition to the quantitative data statistically gathered from the UCLA PTSD-RI scores, individual interviews were conducted following the completion of the research group. The purpose of the interview was to gain anecdotal information regarding the individual participants’ reaction towards the art therapy interventions, as well as their self-reported progress during the sessions and after the treatment. The post-research survey questions were designed to prompt participant responses in conjunction with UCLA PTSD-RI answers— the interview proved an opportunity to engage the child or adolescent in a discussion about their well-being and progress. The post-research survey is included in the appendix.
After completing the six-week/six-session art therapy protocol, participants met individually with the researcher for a semi-structured interview designed to elicit responses that describe the experiences of the children and adolescents who have participated in the group. Predetermined open-ended questions were designed such as, “how would you assess your experience of the art therapy group? … Since participating in the group, how would you rate your sense of well-being and why? … Talk about your angry and sad feelings… How have they changed now that the group is over? …Tell me more about how you would tell the story of the loss of your _______ (mother, father, sister, etc.).” However, the researcher asked other questions based on the individuals’ particular responses that were not necessarily among the pre-determined set of questions. Each set of responses from each participant was then thematically analyzed through a coding process of common phrases, terms and topics presented within the research group.

**Procedures**

The following steps were used to conduct this research study. First, the researcher contacted children’s grief centers for participants. In addition, parents and guardians of children who have experienced traumatic loss such as homicide were contacted to ask if they would be interested in having their child or teen to be a part of the study. After a children’s grief center was located, an application to the Florida State University Institutional Review Board (IRB) was submitted for approval to conduct the research. The parents or guardians of the children who fit the criteria to participate in the study were then asked to consent to participating in the research. Each child and adolescent were asked to give his or her assent to participate as well. Following approval from the IRB and gaining signed consent and assent forms, the researcher began the study and administered the pre-tests to both the youth participants and to their parent/guardians.
After the administration of the pre-tests, the six-week/six-session group art therapy sessions began. After the completion of the six-week treatment protocol, the post-tests were again administered to the children and their caretakers and the post-research interviews of each youth participant were conducted.

**Data Analysis**

In analyzing the quantitative data collected from the UCLA PTSD-RI, a comparison of the pre-test and post-test scores was statistically conducted and t-tests were used to assess the level of change between these two scoring events. A t-test is a statistical measure capable of comparing two groups or two variables at a time (Polit & Beck, 2010). The mean was calculated by summing all the values and dividing by the number of participants, which in this case would be the individual scores gathered from the UCLA PTSD-RI tests. The t-test was used to determine if the art therapy altered book-making directives yielded statistically significant or insignificant results. In addition, percent differences were gathered which indicated the difference between pre-test and post-test scores. By identifying the changed score for each participant’s pre-test and post-test scores from the UCLA PTSD-RI, comparisons were made to determine the effectiveness of the altered book art directive.

The qualitative data, the post-research survey, was analyzed and coded for common themes. The researcher evaluated the responses given by the participants and grouped the data based on frequently expressed thoughts, concerns, and comments. After the surveys were thematically analyzed, the researcher concluded that 6 main themes emerged from the participant responses, and were supported by case examples in the treatment group sessions.
Summary

A one group pre-test/post-test with qualitative features was used to study the effectiveness of altered book-making and to reduce PTSD and traumatic grief symptoms. A research group of four participants were obtained but only three participants completed the protocol, post-test, and post-research survey. Before the group began, the UCLA PTSD-RI was administered to measure the participants’ baseline level of PTSD symptoms. The treatment protocol will focus on altered book-making and story-telling or narrative therapy development through this art therapy approach. In each session participants engaged in relevant discussions, followed by working within their altered book on the given art therapy activity of the session. The design of the protocol initially focused on safety, then progresses into trauma integration, and then ended with additional art directives to prompt identification of grief emotions. At the end of the six-week art therapy group, a post-test of the same UCLA PTSD-RI was given to both the young participants and their parent/guardians, as to measure any shift in PTSD symptoms. In addition, a post-research survey qualitative interview was administered to the youth participants. The final step in the research was to statistically analyze the data by using percentage differences, means, and $t$-tests to measure the scores.
CHAPTER FOUR

RESULTS

The research treatment protocol sought to achieve reduction in trauma symptoms through participation in group art therapy. The hypothesis for this study stated that members of the treatment group, children and teens suffering from the loss of a loved one through homicide or suicide, would demonstrate a decrease in traumatic symptoms upon receiving art therapy treatment with a focus on altered book-making. This decrease was to be determined and demonstrated through a decrease in scores of the UCLA PTSD-R1, representing an improvement of grief responses. A one group pre-test/post-test design with qualitative features was used to examine the hypothesis. This design allowed for the participant group to be assessed at the start of the research, before art therapy treatment, and then after the 6-week treatment. Following the final art therapy session open-ended qualitative interviews of each participant were conducted by the researcher.

Demographics

The group started with four members, three girls and one boy, with ages ranging between 11 and 14. Through the course of the six-week treatment protocol, three participants, Kristine, Amanda, and Natalie, continued art therapy until the last session. Each of the youth had experienced the death of a family member within the past five years, with the death being described as traumatic loss–homicide or suicide. As previously discussed, to protect the identities and enforce confidentiality of the participants, the researcher has given each individual a pseudonym.
The four original participants were Kristine, Natalie, Amanda, and Darron. Kristine was 14 and her sister, Natalie, was 12. Kristine and Natalie were biological sisters, and their father had been murdered in August of 2009. Amanda was 11, and her father had committed suicide in September of 2014. Darron was 13 and his father had been murdered in March of 2010.

**Quantitative Results**

The UCLA PTSD-RI was utilized as both pre-test and post-test measures, and administered to the children and to their respective guardians/caretakers. The tests given to the guardians/caretakers asked questions regarding the grief responses solely of their children. It is to be noted however that two youth participants, Kristine and Amanda, did not initially complete the entirety of the questions of their post-tests. In this situation, the researcher contacted the participants after receiving their incomplete post-tests in the mail and sought out answers to the disregarded questions. This lapse in time is to be considered in the presentation and analysis of the data.

Figure 1 shows the overall scores and percentage differences between pre-test and post-tests for both participants and their parent/guardians. The two sisters, Kristine and Natalie, demonstrated an overall decrease in scores through the UCLA PTSD-RI. Kristine recorded a small decrease in scores, starting at 61 and finishing the art therapy treatment group at 56, showing an 5 point decrease. Natalie recorded a larger decrease in scores, starting at a 39 and finishing art therapy treatment group at 18, a 21 point difference. The results also demonstrated an increase for one participant; Amanda’s pre-test scores were marked at 20, and her post-test scores were marked at 33, a 13 point increase. To be noted however, is Amanda’s pre-test score regarding dissociative symptoms. She recorded the highest possible number for the dissociative subtype for PTSD on her pre-test, which is an 8. By the post-test, it had dropped to a 6, a 2 point
decrease. The last participant to be discussed, Darron, did not complete the six-week art therapy research group thus his scores were inconclusive.

Table 1. Overall Pre-tests and Post-tests

<table>
<thead>
<tr>
<th></th>
<th>Kristine</th>
<th>Natalie</th>
<th>Amanda</th>
<th>Darron</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Pre-Test</td>
<td>61</td>
<td>39</td>
<td>20</td>
<td>15</td>
</tr>
<tr>
<td>Overall Post-Test</td>
<td>56</td>
<td>18</td>
<td>33</td>
<td>N/A</td>
</tr>
<tr>
<td>Point Difference</td>
<td>-5</td>
<td>-21</td>
<td>+13</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Kristine's Mother</th>
<th>Natalie's Mother</th>
<th>Amanda's Mother</th>
<th>Darron's Grandmother</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Pre-Test</td>
<td>20</td>
<td>29</td>
<td>9</td>
<td>13</td>
</tr>
<tr>
<td>Overall Post-Test</td>
<td>14</td>
<td>7</td>
<td>18</td>
<td>N/A</td>
</tr>
<tr>
<td>Point Difference</td>
<td>-6</td>
<td>-22</td>
<td>+9</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Figure 1. Overall Pre-tests and Post-tests
In regards to the parents/guardians, the results of the study also demonstrated a decrease of trauma symptoms in two of the three caretakers who had completed both pre-test and post-test. Kristine’s mother reported a decrease in her daughter’s trauma symptoms by 6 points, and Natalie’s mother reported a decrease in her daughter’s symptoms by 22 points. In addition, the results of Amanda’s mother demonstrated a 9 point increase in scores regarding her daughter’s trauma symptoms. One caretaker did not complete the post-test because her child, Darron, did not complete the research group, thus her scores were also inconclusive. Table 1 and Figure 1 compare all individuals involved in the research (group participants and respective parent/guardians) and their overall pre-test, post-test and percent difference scores.

Variable Data

Youth Participants

The UCLA PTSD-RI scores trauma response based on four major criterion of PTSD; intrusion, avoidance, negative cognitions/mood, and arousal/reactivity. Each participant and their respective parent/guardian answered pre-test and post-test questions that fell into each of these categories of variables. These variables correlate specifically to the traumatic symptoms the art therapy protocol set out to lower. The following tables illustrate the overall variable score differences per each individual participant. Table 2 depicts the variable scores for Kristine from pre-test to post-test, Table 3 shows the variable scores for Natalie from pre- to post-test, Table 4 depicts the variable scores for Amanda from pre- to post-test, and Table 5 shows the variable scores for Darron however he only completed the pre-test scores. Overall, in regards to the participant shifts in variable measurements, no single category saw a decline in scores from all three of the youth participants. Table 6 depicts all four participants and their overall variable point differences between the pre-test and the post-test.
Table 2. Pre-Test and Post-test Variable Scores: Kristine

<table>
<thead>
<tr>
<th></th>
<th>Intrusion</th>
<th>Avoidance</th>
<th>Negative Cognitions/Mood</th>
<th>Arousal/Reactivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Test</td>
<td>17</td>
<td>6</td>
<td>20</td>
<td>18</td>
</tr>
<tr>
<td>Post-Test</td>
<td>14</td>
<td>8</td>
<td>20</td>
<td>14</td>
</tr>
<tr>
<td><strong>Point Difference</strong></td>
<td><strong>-3</strong></td>
<td><strong>+2</strong></td>
<td><strong>0</strong></td>
<td><strong>-4</strong></td>
</tr>
</tbody>
</table>

Table 3. Pre-Test and Post-test Variable Scores: Natalie

<table>
<thead>
<tr>
<th></th>
<th>Intrusion</th>
<th>Avoidance</th>
<th>Negative Cognitions/Mood</th>
<th>Arousal/Reactivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Test</td>
<td>3</td>
<td>8</td>
<td>11</td>
<td>17</td>
</tr>
<tr>
<td>Post-Test</td>
<td>3</td>
<td>6</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td><strong>Point Difference</strong></td>
<td><strong>0</strong></td>
<td><strong>-2</strong></td>
<td><strong>-6</strong></td>
<td><strong>-13</strong></td>
</tr>
</tbody>
</table>

Table 4. Pre-Test and Post-test Variable Scores: Amanda

<table>
<thead>
<tr>
<th></th>
<th>Intrusion</th>
<th>Avoidance</th>
<th>Negative Cognitions/Mood</th>
<th>Arousal/Reactivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Test</td>
<td>10</td>
<td>4</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Post-Test</td>
<td>15</td>
<td>6</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td><strong>Point Difference</strong></td>
<td><strong>+5</strong></td>
<td><strong>+2</strong></td>
<td><strong>+3</strong></td>
<td><strong>+3</strong></td>
</tr>
</tbody>
</table>

Table 5. Pre-Test and Post-test Variable Scores: Darron

<table>
<thead>
<tr>
<th></th>
<th>Intrusion</th>
<th>Avoidance</th>
<th>Negative Cognitions/Mood</th>
<th>Arousal/Reactivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Test</td>
<td>3</td>
<td>3</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Post-Test</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Point Difference</strong></td>
<td><strong>N/A</strong></td>
<td><strong>N/A</strong></td>
<td><strong>N/A</strong></td>
<td><strong>N/A</strong></td>
</tr>
</tbody>
</table>
Table 6. Youth Participant Variable Point Differences From Pre- to Post-Test

<table>
<thead>
<tr>
<th>Participant</th>
<th>Intrusion</th>
<th>Avoidance</th>
<th>Negative Cognitions/Mood</th>
<th>Arousal/Reactivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kristine</td>
<td>-3</td>
<td>+2</td>
<td>0</td>
<td>-4</td>
</tr>
<tr>
<td>Natalie</td>
<td>0</td>
<td>-2</td>
<td>-6</td>
<td>-13</td>
</tr>
<tr>
<td>Amanda</td>
<td>+5</td>
<td>+2</td>
<td>+3</td>
<td>+3</td>
</tr>
<tr>
<td>Darron</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

The “Intrusion” variable sought out to measure the rate of response regarding the level to which the traumatic event is re-experienced, whether through memories, nightmares, flashbacks, or distressing thoughts. Kristine recorded a 3 point decrease, Natalie recorded no difference, and Amanda recorded a 5 point increase from pre to post-test. Darron did not complete the research group nor the post-test and his variable score is inconclusive. Table 7 shows the t-test conducted on the participants’ “Intrusion” variable scores. This particular data measurement does not include Darron’s scores on his pre-test, considering he did not complete the majority of the art therapy sessions and thus did not complete the post-test. The mean in the t-test chart indicates a slight increase overall from pre to post-test in levels of “Intrusion” responses; from a pre-test mean of 10 to a post-test mean of 10.67.

Table 7. t-Test, Youth Participant “Intrusion” Scores

<table>
<thead>
<tr>
<th>t-Test: Two-Sample Assuming Equal Variances: Intrusion</th>
<th>Pre-test</th>
<th>Post-test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>10</td>
<td>10.66666667</td>
</tr>
<tr>
<td>Variance</td>
<td>49</td>
<td>44.33333333</td>
</tr>
<tr>
<td>Observations</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Pooled Variance</td>
<td>46.66666667</td>
<td></td>
</tr>
</tbody>
</table>
Table 7. t-Test, Youth Participant “Intrusion” Scores- Continued

<table>
<thead>
<tr>
<th>Hypothesized Mean Difference</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>df</td>
<td>4</td>
</tr>
<tr>
<td>t Stat</td>
<td>-0.11952286</td>
</tr>
<tr>
<td>P(T&lt;=t) one-tail</td>
<td>0.455311825</td>
</tr>
<tr>
<td>t Critical one-tail</td>
<td>2.131846786</td>
</tr>
<tr>
<td>P(T&lt;=t) two-tail</td>
<td>0.91062365</td>
</tr>
<tr>
<td>t Critical two-tail</td>
<td>2.776445105</td>
</tr>
</tbody>
</table>

The “Avoidance” variable sought to measure the rate of response regarding the level to which there is marked persistent effortful avoidance of distressing trauma-related stimuli after the event. Kristine recorded a 2 point increase in “Avoidance” from pre to post-test scores. Natalie recorded a 2 point decrease, and Amanda recorded a 2 point increase in from pre to post-test scores. Darron did not complete the research group nor the post-test and his variable score is inconclusive. Table 8 shows the t-test conducted on the participants’ “Avoidance” variable scores. This particular data measurement does not include Darron’s scores on his pre-test, considering he did not complete the majority of the art therapy sessions and thus did not complete the post-test. The mean in the t-test chart indicates a slight increase overall from pre to post-test; from a pre-test mean of 6 to a post-test mean of 6.67.

Table 8. t-Test Youth Participant “Avoidance” Scores

<table>
<thead>
<tr>
<th>Avoidance</th>
<th>Pre-test</th>
<th>Post-test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>6</td>
<td>6.666666667</td>
</tr>
</tbody>
</table>
Table 8. t-Test Youth Participant “Avoidance” Scores- Continued

<table>
<thead>
<tr>
<th>t-Test: Two-Sample Assuming Equal Variances: Avoidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variance</td>
</tr>
<tr>
<td>Observations</td>
</tr>
<tr>
<td>Pooled Variance</td>
</tr>
<tr>
<td>Hypothesized Mean Difference</td>
</tr>
<tr>
<td>df</td>
</tr>
<tr>
<td>t Stat</td>
</tr>
<tr>
<td>P(T&lt;=t) one-tail</td>
</tr>
<tr>
<td>t Critical one-tail</td>
</tr>
<tr>
<td>P(T&lt;=t) two-tail</td>
</tr>
<tr>
<td>t Critical two-tail</td>
</tr>
</tbody>
</table>

The third measured variable, “Negative Cognitions/Mood,” scored responses such as negative beliefs and expectations about oneself or the world, distorted blame of self or others, inability to experience positive emotions, lowered interest in activities, and an inability to recall key features of the traumatic event. Kristine reported no difference, 0 points, between her pre and post-test scores. Natalie scored a 6 point decrease between tests. Amanda recorded a 3 point increase. Darron did not complete the research group nor the post-test and his variable score is inconclusive. Table 9 is the t-test conducted on the participants’ “Negative Cognitions/Mood” variable scores. This data measurement does not include Darron’s scores on his pre-test, considering he did not complete the art therapy sessions and did not complete the post-test. The mean in the t-test chart indicates a slight decrease overall from pre to post-test of “Negative Cognitions/Mood” responses; from a pre-test mean of 11.67 to a post-test mean of 10.67.
Table 9. t-Test Youth Participant “Negative Cognition/Mood” Scores

<table>
<thead>
<tr>
<th></th>
<th>Pre-test</th>
<th>Post-test</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mean</strong></td>
<td>11.66666667</td>
<td>10.66666667</td>
</tr>
<tr>
<td><strong>Variance</strong></td>
<td>64.33333333</td>
<td>66.33333333</td>
</tr>
<tr>
<td><strong>Observations</strong></td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td><strong>Pooled Variance</strong></td>
<td>65.33333333</td>
<td></td>
</tr>
<tr>
<td><strong>Hypothesized Mean Difference</strong></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td><strong>df</strong></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td><strong>t Stat</strong></td>
<td>0.151522882</td>
<td></td>
</tr>
<tr>
<td><strong>P(T&lt;=t) one-tail</strong></td>
<td>0.443449076</td>
<td></td>
</tr>
<tr>
<td><strong>t Critical one-tail</strong></td>
<td>2.131846786</td>
<td></td>
</tr>
<tr>
<td><strong>P(T&lt;=t) two-tail</strong></td>
<td>0.886898152</td>
<td></td>
</tr>
<tr>
<td><strong>t Critical two-tail</strong></td>
<td>2.776445105</td>
<td></td>
</tr>
</tbody>
</table>

The last variable, “Arousal/Reactivity,” scored the rate of response to which the participant experienced irritable or aggressive behavior, self-destructive or reckless behavior, hypervigilance, exaggerated startle response, problems with concentration, or sleep disturbance. Kristine recorded a 4 point decrease in scores from pre-test to post-test. Natalie recorded a 13 point decrease between tests. Amanda recorded a 3 point increase from pre to post-test. Darron did not complete the research group nor the post-test and his variable score is inconclusive.

Table 10 shows the t-test conducted on the participants’ “Arousal/Reactivity” variable scores. This particular data measurement does not include Darron’s scores on his pre-test, considering he did not complete the majority of the art therapy sessions and thus did not complete the post-test. The mean in the t-test chart indicates a decrease overall from pre to post-test in levels of “Arousal/Reactivity” responses from a pre-test mean of 12.33 to a post-test mean of 7.67.
Figures 2 and 3 depict bar graphs comparing total variable scores among the youth participants. Figure 2 illustrates pre-test variable scores for each of the participants. Figure 3 illustrates post-test variable scores for each of the participants.

Table 10. t-Test Youth Participant “Arousal/Reactivity” Scores

| t-Test: Two-Sample Assuming Equal Variances:  
| Arousal/Reactivity |  
|-------------------|-------------------|
|                   | Pre-test          | Post-test         |
| Mean              | 12.33333333       | 7.666666667       |
| Variance          | 80.33333333       | 30.33333333       |
| Observations      | 3                 | 3                 |
| Pooled Variance   | 55.33333333       |                   |
| Hypothesized Mean Difference | 0               |                   |
| df                | 4                 |                   |
| t Stat            | 0.76834982        |                   |
| P(T<=t) one-tail  | 0.242564813       |                   |
| t Critical one-tail | 2.131846786     |                   |
| P(T<=t) two-tail  | 0.485129626       |                   |
| t Critical two-tail | 2.776445105     |                   |

Figure 2. Pre-test Variable Comparison

Figure 2. Pre-test Variable Comparison
The final score measured was the “Dissociation” variable, which measured the level of dissociation indicated by the participants on the PTSD UCLA-RI. Dissociation refers to trauma responses such as depersonalization and de-realization, and is a potential subtype of a PTSD diagnosis. Table 11 shows the pre- and post-test “Dissociation” scores for the youth participants. The bottom row also shows the overall point difference between the tests. Only Kristine and Amanda recorded scores of the “Dissociation” variable. Kristine noted a 1 point decrease at the post-test, and Amanda noted a 2 point decrease at the post-test.

Table 11. Youth Participant “Dissociation” Point Differences from Pre- to Post-test

<table>
<thead>
<tr>
<th>Variable</th>
<th>Kristine</th>
<th>Natalie</th>
<th>Amanda</th>
<th>Darron</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pre-Test Dissociation</strong></td>
<td>4</td>
<td>0</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td><strong>Post-Test Dissociation</strong></td>
<td>3</td>
<td>0</td>
<td>6</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Point Difference</strong></td>
<td>-1</td>
<td>0</td>
<td>-2</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Parents/Guardians

The variable scores of the parent/guardians were also recorded and measured for their percent differences and means. These variables were Intrusion, Avoidance, Negative Cognitions/Mood, and Arousal/Reactivity. As previously described, the tests administered to the adult participant asked questions solely regarding their children and their respective trauma responses.

Table 12 shows the spread of recorded scores for each of the parents/guardians from the pre-test and the post-test. Table 13 shows the point difference between the individual’s variable scores. Darron’s grandmother does not have scores because Darron did not complete the art therapy research group and neither he nor his grandmother completed the post-test. Both her scores and her grandson, Darron, presented with inconclusive data because of this inconsistency.

Table 12. Parent/Guardian Pre- and Post-test Variable Scores

<table>
<thead>
<tr>
<th>Pre-Test</th>
<th>Kristine's Mother</th>
<th>Natalie's Mother</th>
<th>Amanda's Mother</th>
<th>Darron's Grandmother</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intrusion</td>
<td>3</td>
<td>7</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Avoidance</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Negative Cognitions/Mood</td>
<td>15</td>
<td>13</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Arousal/Reactivity</td>
<td>1</td>
<td>6</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Post-Test</td>
<td>Kristine's Mother</td>
<td>Natalie's Mother</td>
<td>Amanda's Mother</td>
<td>Darron's Grandmother</td>
</tr>
<tr>
<td>Intrusion</td>
<td>2</td>
<td>2</td>
<td>9</td>
<td>N/A</td>
</tr>
<tr>
<td>Avoidance</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>N/A</td>
</tr>
<tr>
<td>Negative Cognitions/Mood</td>
<td>8</td>
<td>2</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>Arousal/Reactivity</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Table 13. Parent/Guardian Point Difference of Variables from Pre- to Post-test

<table>
<thead>
<tr>
<th>Participant</th>
<th>Intrusion</th>
<th>Avoidance</th>
<th>Negative Cognitions/Mood</th>
<th>Arousal/Reactivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kristine’s Mother</td>
<td>-1</td>
<td>+2</td>
<td>-7</td>
<td>0</td>
</tr>
<tr>
<td>Natalie’s Mother</td>
<td>-5</td>
<td>-2</td>
<td>-11</td>
<td>-4</td>
</tr>
<tr>
<td>Amanda’s Mother</td>
<td>+7</td>
<td>-2</td>
<td>+3</td>
<td>+1</td>
</tr>
<tr>
<td>Darron’s Grandmother</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

The final score measured was the “Dissociation” variable, which measured the level of dissociation indicated by the adult participants on the PTSD UCLA-RI. Table 14 shows the pre- and post-test “Dissociation” scores for the youth participants. The bottom row also shows the overall point difference between the tests. Only Amanda’s Mother recorded scores of the “Dissociation” variable. Amanda’s Mother noted a 2 point increase at the post-test.

Table 14. Parent/Guardian Pre- and Post-test “Dissociation” Scores

<table>
<thead>
<tr>
<th></th>
<th>Kristine’s Mother</th>
<th>Natalie’s Mother</th>
<th>Amanda’s Mother</th>
<th>Darron’s Grandmother</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Test Dissociation</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Post-Test Dissociation</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>N/A</td>
</tr>
<tr>
<td>Point Difference</td>
<td>0</td>
<td>0</td>
<td>+2</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Qualitative Results**

In the following section, the qualitative data will be presented. Throughout the altered book-making process, several themes emerged that supported the previously stated hypothesis of decreasing trauma symptoms with participation of the art therapy research group. These themes were depicted through participant dialogue, participant behavior, or through the art-making itself.
The following section details events in the art therapy sessions that correlate with the major supporting themes.

**Theme 1: The Narrative of Life and Death**

Stories are inherent to the progression of humankind; individuals can empathize and understand the development of themselves through the distant tale of others. There are characteristics of an individual’s lifeline that can be compared to those of a narrative, such as chapters, characters, environments or settings, and even a cover. In encouraging similarities between the physical book and the individual’s own life, projections can be created and reflected regarding grief. Each of the participants in the study had experienced traumatic loss through homicide or through suicide. These traumatic means of death, and death in general, provide a shift in the “story” of an effected individual. Throughout the research treatment group, the youth participants were prompted to continually reflect on their life as a story: family and friends can become “characters”, school and home can become “settings”, and graduations can become new “chapters.” Through identifying both life and death as narratives, the participants integrated their grief experiences into their timeline.

The theme of identifying one’s life as a story or a narrative is reflective of utilizing altered books as the primary art therapy method; death of a loved one alters the surviving individual’s lifeline in a range of situations. For the children and adolescents in this particular study, each of their fathers were killed; either by homicide or suicide. Through use of the altered book, the participants are physically altering a story, just as traumatic loss has altered to their own stories. While the group utilized the “narrative” theme throughout the duration of the treatment protocol, there were several instances that directly supported this concept.
Because this theme is diffuse throughout the research sessions, provided examples best describe the theme. Figure 4 is a response piece completed by Amanda during the second session. In this art work, she illustrated several small icons that represented the storyline of her father’s suicide. After describing the event, Amanda processed the narrative and explained that she felt “relief” in voicing the death.

During the first session of the art therapy treatment group, the researcher displayed a dozen used books and informed the participants that the selected book would be the foundation for their “altered book.” The researcher described the books in a manner that encouraged the youth to “give them new purpose,” explaining how they were “second-hand,” “had been given away,” and even that while they weren’t necessarily going to read the books, they were to give consideration to the words themselves.

![Figure 4. “Response piece” completed by Amanda](image)

The children sifted through the available books, opening to read the pages and turning to read the back covers. After a couple minutes each of the four participants had selected their
book. At this point, the researcher shifted her language to “your book” or “your story,” to encourage possession of their narrative grief experience. Following the selection of the altered books, the researcher initiated a discussion with the group about “what goes into a story?” and then a subsequent discussion about “what goes into your story?” Amanda offered components of a story such as characters, settings, and challenges. Kristine discussed the concept of “chapters” within a book, and how our lives also can have those divisions.

When it came time to create art inside of the altered book, Kristine expressed hesitancy about “writing in someone else’s book”, and explained that she has a “respect and love for reading.” In voicing this thought Kristine’s sister, Natalie, encouraged her by emphasizing what the researcher had previously explained: that the books were going to be “thrown out anyway” and “nobody wanted these books.” Kristine did not appear eased by her sister’s reasoning and she voiced further anxiety. The researcher then presented an opportunity of reflection for Kristine and the group as a whole by prompting them to explore how they felt grief had “altered their own story.” Kristine and Natalie talked about their shifts in personal behaviors after the homicide of their father, and how they felt “betrayed” by the person who killed him. Amanda talked about how grief altered her emotions in a negative context after the suicide of her father.

Throughout the six art therapy group sessions, the young participants were encouraged to continually reflect in this theme of life and death as a narrative. In discussing aspects of their grief experiences and contributing them into their altered books, the children drew further similarities. During the fifth session, Kristine described her altered book as her ability to “shut and open” to others. She elaborated and described her struggle to trust people and to open up and discuss her true emotions with them. Within the final session, the art therapy group discussed the overall process of the treatment, specifically with the altered books as a means of grief.
expression. The group talked about how at first there was a general hesitancy about “intruding” on other people’s books, but now the group felt like they had made the books their own; they utilized images of their choosing, and they had each created an identity within the pages, unique to their own grief experience.

**Theme 2: Integrating Safety and Trauma in Grief**

The first session of the art therapy treatment group focused on establishing notions of positivity, self-identity, and safety. The researcher encouraged the group to reflect on illustrating their first page to depict the main character or the author: themselves. The children selected a page in their altered book, and utilized pre-cut magazine images to arrange into a composition of their liking. Each of the participants created their pages and discussed the products with the group.

Amanda presented the images she selected to represent herself and how they were images of personal safety and comfort. Amanda selected images that related to her characteristics as well as her interests, such as a photo of a present to represent being in “gifted classes” and a photo of a giraffe to represent going to Disney’s Animal Kingdom. Natalie used a cut-out image of a cheetah and a cut-out phrase “Here comes the sun” to depict “strength and sunshine.” Natalie explained that she chose these images because she is “sunny” and she is “strong.” Kristine negatively expressed her page’s aesthetics and felt it appeared “messy.” After positive prompting from the group, Kristine included the pre-cut words “Smart is beautiful” and two pictures of women. Kristine expressed that she was intelligent and beautiful and thus fit the phrase. She also projected onto the images of women, stating that they were also “smart and beautiful” and they didn’t “need anyone.”
Darron was the last group member to share his page of comforting self-representations. He explained why he chose a photo of a sleeping woman, and a phrase about mouthwash, saying that sleeping and brushing his teeth were activities he did and enjoyed. His final collage image was a phrase that read “Celebrate the unforgettable.” The other participants verbalized a positive response to the phrase, and the researcher asked the group members to explain their reaction.

Kristine explained that the phrase “celebrate the unforgettable” meant to “celebrate” the life of her dad who had been murdered, and the importance of remembering those who had died. She also related it to the cut-out phrase she use in her altered book page, “When a moment becomes a memory.” Kristine spoke about keeping the memories of her deceased father vivid through her family’s grief rituals. Her statements began a short, closing discussion among the group about how each youth positively “celebrate” the life of their respective loved one who had died. Figure 5 depicts each of the “safety pages” of the four participants. The top row, from left to right are Amanda and Natalie’s pieces. The bottom row, from left to right, are Kristine and Darron’s pieces.

![Figure 5. “Safety and Comfort Pages”](image)
The second session of the treatment group elaborated on notions of safety but started to integrate concepts of trauma. Only Amanda was present in session. The art therapy directive to encourage this progression was a “trauma collage,” which integrated that which is “comforting” and that which is “uncomfortable.” In the art therapy activity, the participant selected two magazine images representing “comfort” and “discomfort” then is instructed to create an art piece involving both pictures, both of which can be altered in any desired method.

Amanda selected a pre-cut magazine image that made her feel the strongest sense of comfort, one that she would want to visit if she were in the picture. She struggled to decide between two photos: an image of a small plane on a runway and an image of a birthday cake with hundreds of burning candles. Initially Amanda selected the cake as her image of “comfort”, but ultimately selected the image of a plane. Amanda explained that the image of the birthday cake represented her “discomfort” because her dad used fire in his suicide. However, she commented that while the image was symbolic of her father’s death, it was also an image of “comfort” as she enjoyed celebrating birthdays.

For the next step, the researcher encouraged Amanda to select another pre-cut magazine image that made her feel the strongest sense of discomfort, one that she would not want to visit if it were tangible. It was at this step that Amanda brought back the image of the cake as her choice, explaining that fire had negative associations considering her father lit himself on fire. As Amanda talked about the details of her father’s suicide, she became tearful intermittently. The researcher verbally supported Amanda, and explained that she did not have to talk about anything she didn’t want to talk about. Amanda said that she doesn’t often talk about his death, but that she felt a sense of “relief” after the initial sense of discomfort.
The researcher encouraged Amanda to reflect on the positive aspect of the directive, the image of “comfort” which was the plane picture. The researcher asked Amanda where the airplane in the picture was going, and she answered that it was going to Massachusetts, which was where her dad lived and died. Amanda elaborated that she had positive memories of visiting her dad and her sisters in Massachusetts.

When the researcher prompted Amanda to reflect on her process of creating the book page, she expressed that she purposely “separated” the two magazine images, and that she chose not to alter the “discomfort” picture of the cake because she “needs to see it.” The notion of “confronting” aspects of grief initiated a conversation between the researcher and Amanda about integrating the positive and the negative of death. Figure 6 depicts the “trauma collage” created by Amanda.

Figure 6. “Trauma Collage”
Theme 3: Compartmentalization, Avoidance and Dissociation

Within the process of integrating aspects of trauma into one’s life there are areas for defense mechanisms to develop. Defense mechanisms are faulted techniques of mentally addressing unpleasant situations such as grief. Throughout the art therapy group, several unhealthy coping approaches were discussed by the young participants when it came to confronting the scope of their traumatic grief. In discussing Amanda’s coping strategies and how she processes the deaths, she talked about her attempts to integrate the “good into the bad” and the “happy into the sad,” by remembering positive memories. She remarked however that this method of coping was difficult to maintain.

Amanda ultimately expressed her attempts in living with grief was to “put the bad in a separate place,” essentially to compartmentalize. Compartmentalization is a defense that allows the effected individual to continue his or her daily life without addressing the grief and trauma, because it has been divided and sectioned away in the mind. Amanda also discussed engaging in activities to distract her from “dwelling” on the suicide of her father, explaining that it was “less painful to ignore.” She discussed avoiding stimuli that reminded her of her father’s suicide.

Following the trauma collage, the researcher invited Amanda to create a response art piece which was essentially an open-ended artwork that was reflective of the topics discussed in session. Amanda took this opportunity to again separate the “painful” and the “less painful” aspects of her process through grief, to avoid trauma integration. On the first page she created multiple small icons to represent the timeline of the day of her father’s suicide, and on the other side of the page she illustrated positive memories with her dad. Amanda discussed the relationship between the two pages, explaining that the two sets of imagery should be “separate.”
At the end of the art therapy meeting, Amanda commented that she felt a sense of “relief.” She elaborated and said that she had not talked about the details of her dad’s death and her related grief feelings to another person before this session. She commented that confronting her grief made her upset and want to cry, but being able to process it through the art brought comfort. Figure 7 depicts the response piece that Amanda created after her “trauma collage.”

A comment from Amanda that directly correlated to the theme of dissociation, occurred in a statement she made during the second session. She commented that when individuals ask her to talk in depth about her grief or the death of her father, she feels like she’s “on a stage…and people expect my lines but I don’t know them.” Amanda scored high on dissociative-type questions on her pre-test, and it can be noted specifically in her previous comment about being “on stage.”

Figure 7. “Response Piece”

Dissociation is a common reaction to more traumatic types of grief, and is more common overall in children. There is an overall detachment to the individual’s sense of self and their
coping techniques better resemble avoidance or “numbing.” The separation of “normal” life and “painful” thoughts of the deceased loved one is normal during the early stages of grief. This is because the positive and the negative do not yet integrate in the individual’s mental schemas of grief.

**Theme 4: Support Systems**

While the young group members did not engage in an art therapy activity that directly encouraged reflection of their support systems, they periodically discussed issues related to the theme. The participants would talk about their relationships with their family and friends and how they discuss grief with such individuals. The topic of support systems was especially pertinent with Kristine and Natalie, two sisters who were only two years apart. During the third session, Kristine and Natalie remarked that they frequently bicker and fight, but that ultimately they are very important support systems for each other. Amanda engaged in the conversation, discussing her sister’s importance as a support in her grief experience, as well.

When the researcher prompted the group to reflect on the roles their family and friends play in their grief experience, the children provided different answers. Amanda explained that her family and friends are supportive, but Kristine and Natalie however discussed feeling “alone” in their grief experience, commenting that people could “never understand completely.” Kristine talked specifically about her relationship with her mother as a support system she hopes to strengthen in the future. She expressed that she used to blame her mother for her father’s homicide, and because of that she does not talk often to her mother. Kristine explained that she keeps a “mask” up to give an illusion of “being ok” for her mother. However, Kristine spoke somberly about her goal to eventually “bring the mask down” so she could talk about serious concerns with her mother.
The group members also talked about discussing grief within their relationships with friends. Amanda often talked about two friends whom she considered close. She talked about one friend who also experienced the death of a family member, and Amanda how she would discuss grief. Amanda commented feeling that, with a couple of her friends, she could freely express her grief-related emotions without the fear of judgement. In contrast, Kristine and Natalie voiced not discussing their grief experiences with their friends because they both felt that “nobody understands completely.” The sisters elaborated that these feelings stemmed from the fact that their father was murdered, saying that very few children understand the repercussions of that specific circumstance.

While the sisters, Kristine and Natalie, discussed their apprehension to talk to friends about grief, they also discussed the importance in caring for and supporting friends. During the fourth session, Kristine explained that she helps her friends when they are in need of assistance, and that she’ll put her own needs aside. This concept was brought up when the group created “grief characters” physical representations of grief- and Kristine was painting a home environment for her “grief character”-which was an island in the ocean. She emphasized that the character was alone on the island, but that it can ultimately leave the island “if a friend needs help.” Kristine noted the similarity between the character’s attribute and her own.

Theme 5: Identifying “Grief”

The focus of this study was to see how altered books could reduce traumatic grief. However, to do so, first the effects had to be identified and addressed. During session three, the children and adolescents indicated they were familiar with the term “grief,” and attributed the term to a wide range of positive and negative emotions. This session of the art therapy group focused on the words within the altered book and were introduced as the foundation for the
activity. The art directive was to have the participants reflect on their grief experience, and to scan a few pages of their altered book for a word or a phrase that best depicts a prominent emotion of their grief. When the group members found their word or phrase, they were then instructed by the researcher to “enhance” the words using art materials. Following that step, the group members were encouraged to illustrate the rest of the page to reflect the “grief” words previously enhanced.

Kristine presented her artwork first and explained that she chose the words “drama”, “tragedy”, and “psychology” to best express her grief. She also painted the words “anger” and “happiness” between a painted heart that was red and yellow. Kristine explained that the red in the painted heart depicted how much anger she has in her own heart, which she said was “85%.” Kristine talked about her predominant grief emotion being anger, and how she feels the emotion mentally and physically. She commented that there is a “clear dividing line” between her feeling anger physically as opposed to mentally.

Natalie discussed her altered book page next, and her selected word “good.” She explained how the yellow paint was “good” and the red paint was “bad.” Initially, Natalie had a pink piece of tissue paper glued down, but she painted it over in red. She explained that the pink was also “good,” and described herself as “soft,” elaborating that she gets “hurt by judgement” easily.

Amanda was last to present her altered book artwork. She chose the book words, “surrender” and “escape” and explained that she wants to both “escape” and “surrender to” the grief feelings that can get overwhelming. She illustrated an image of a room with a small light at the center to depict this concept. Figure 8 depicts the “Emotions of Grief” altered book page for
the three participants—the top row, from left to right, are Amanda and Kristine’s pieces, and the bottom piece belongs to Natalie.

The following group session also focused on identifying emotions within grief, but through personification. The researcher instructed the children to imagine if grief was a “character” in their stories, in their altered books. The participants were given two pounds of air-dry clay to create the “grief character.” Natalie utilized clay tools to create the body of the character and to add markings. Natalie explained that her character was a man who was “shot, stabbed, and stressed” as she indicated by the markings on his clay body. She elaborated that her clay character held the “physical” wounds of grief, such as pain, sadness, and anger. Natalie explained that his arm is positioned near his heart because he “holds his broken heart.”

Figure 8. “Emotions of Grief”
Kristine created a head and detailed the face, but started over with the process several times and expressed frustration. Kristine presented her grief character and said it was neither a girl nor a boy, and that it was an “it”-however she later changed to say that it was Kristine herself. She elaborated that the character had a “broken neck and a broken heart” and that they also enjoy being social with people but “not all the time” and with “not too many people.” Figure 9 depicts the clay “Grief Characters” created by Kristine and Natalie— from left to right, are Kristine and Natalie’s pieces.

Figure 9. “Clay Grief Characters”

The next step of the art therapy directive was to transfer the participant’s grief characters into their altered books, and to create a story for the clay creatures. The researcher encouraged the sisters to turn to a page in their books and use the printed words to create the grief character’s storyline. The participants were given art materials such as oil pastels, chalk pastels, glue, tissue paper, and paint, to illustrate and “highlight” the selected words for the story. Kristine explained that she initially had words selected, but then painted over them for “new words” such as
“lovesick” and “failed.” She elaborated that her grief character feels “broken-hearted” and lovesick over the death of her loved one.

Natalie presented her selected words, which was a brief dialogue in her book between two characters describing synonyms for “big” as well as the word “overkill.” Natalie emphasized that her grief, as well as her character’s grief was “huge.” At this point, the researcher asked Natalie to elaborate on the term “overkill” and instead Kristine responded that their father’s homicide was “overkill.” Natalie agreed with her sister’s comment, and added that her feelings regarding the homicide are “overwhelming.”

The last step of the art therapy directive was to create a setting for the character within the altered book, a representation of where the grief character would live. Kristine painted an island and said that her grief character lives alone on the island, however she can invite friends over at any point. Kristine also added that the grief character can leave the island if a friend “needs her help.” She related this notion to her own personal attribute; that she often helps her friends if they are in need, and she’ll put her own needs aside.

Natalie presented her altered book page and showed that she painted a volcano. She talked about how her grief character sometimes lives near the volcano, but sometimes lives in other settings. Natalie elaborated that the volcano “rarely erupts” but it does often “boil.” She related this to her own anger and grief. Figure 10 depicts the final altered book pages for the “Grief Characters—” from left to right, are Kristine and Natalie’s pieces.

As Natalie was about to break down her clay grief character, Kristine opted to keep her sister’s and save it from being recycled. Kristine commented that she felt a “connection” to her character, while Natalie commented that she didn’t want to see her character anymore.
Theme 6: Establishing Trust and Control

The final theme that indicated support of the research hypothesis was addressing means of trust and control regarding effects of grief. The topic of establishing trust was depicted in an altered book art directive during the fifth session. The researcher prompted the participants to think about how they project themselves to the “outside” when it comes to their grief emotions. The researcher further explained that people do not reveal the entirety of their emotions to all people, and that there is a defensive “cover,” “wall,” “guard,” or “mask” that is instead projected outward. Both participants selected a page in their book, and both participants chose to cover or eliminate the words that were previously printed on the page; Kristine painted over them and Natalie used sandpaper to scratch away the words. Kristine later explained that if she were to use the printed words of the book in her piece, she would have looked for the words “lonely” and “sad,” because she said “it gets lonely in needing to put up a face.”

Kristine’s artwork depicted two faces, each representing her “outside cover.” The researcher prompted Kristine to reflect on the purpose of the “mask.” Kristine responded that she
wished she could tell her mom her serious concerns. She also expressed wanting her “cover” to come down more, but that it would take trusting other people to do so.

Natalie painted a beach scene as her “outside,” explaining she projects herself to others as “sunny… like a perfect day at the beach.” Natalie elaborated that she projects a sense of “calmness.” She also added that if she were to use the words on the pages, she would have looked for the word “hidden,” as she feels she hides her actual emotions behind the “sunshine.” Natalie added that she doesn’t see any of her “inside self” in the image of the beach scene.

Figure 11 depicts the “Outside” altered book pages created by Kristine and Natalie—from left to right are Kristine and Natalie’s pieces.

During the final altered book art therapy group session, Kristine made a comment about trust, specifically in that she needs “trust therapy.” She elaborated that she finds it difficult to trust other individuals with her emotions, especially those related to her grief. Kristine further explained that her trust was a “two way street” in that for her to trust someone, they must first trust her. The researcher asked Kristine to elaborate this concept and she explained that they would need to exchange personal emotions, so that both individuals had “opened up.” Kristine
also discussed her difficulties in trusting people because of her dad’s homicide; she felt “betrayed” by the act.

The researcher prompted the participants in the final session to illustrate and elaborate their altered book covers. In the concluding session, the children also created a “token” which would act as a latch to keep the altered books bound closed. The researcher explained that this tool would be keeping their books shut and safe from other people. The group members were invited to select a square piece of tissue paper and a marker, then to think about what to write that would keep their altered book safe. The participants wrote words such as “Stop! This is my book!” and “This is my emotions and feelings book” on the tissue paper. The researcher then led the children through the steps to folding the paper and wrapping it into a bead-like form. Later in the session, the latches were attached to the front covers of the altered books, either with glue or with string.

Kristine appeared reluctant about the task of illustrating the cover, but eventually pasted a piece of scrapbook paper on the cover. However, she flipped it to the white backside, and pasted the white facing up. She vocalized “Done!” but kept working and started to paint her cover green.

Natalie also used the scrapbook paper and pasted it to adhere both the front cover and the back cover, with the decorative side facing up. She carefully measured the scrapbook paper so it fit the covers. After the paper was covering all aspects of the book front, back, and spine, Natalie painted on the front “My Emotions Book.” However, as she finished the words she verbalized that she “messed up” and began painting over the words in black. Natalie then moved the black paint to cover all of the scrapbook paper, except the back cover. She eventually added an image of a tree- the symbol for the children’s grief center where the research was conducted.
Amanda painted around the pre-existing book cover with pink and blue. She also pasted a strip of paper over the pre-existing book title and wrote in her own title: “My Story.”

The participants talked about emphasizing colors as their covers because that was how they chose to represent with safety but also with personal style. Conversation and discussion about the group process ended with the group members expressing their willingness to “open up more” and their anticipation to use the altered book in the future. The group talked about how at first there was hesitancy about “intruding” on other people’s books, but now the group felt like they had made the books their own. Figure 12 depicts the finished altered book covers. From right to left are Amanda, Kristine, and Natalie’s pieces.

![Altered Book Covers](image)

**Figure 12. “Altered Book Covers”**

**Conclusion**

As hypothesized, overall pre-test/post-test quantitative results showed that altered book-making with children and adolescents experiencing traumatic grief does reduce trauma responses. However, variable results indicated that the participants’ levels of improvement were
inconclusive. Qualitative data indicated that altered book-making was successful in that it led to decreased negative grief responses, and overall elevated mood and well-being.

When looking at youth participants, Kristine recorded a decrease in scores, starting at 61 and finishing the art therapy treatment group at 56, resulting in a 5 point decrease. Natalie recorded a larger decrease in scores, starting at a 39 and finishing art therapy treatment group at 18, a 21-point difference. The results also demonstrated an increase for one participant; Amanda’s pre-test scores were marked at 20, and her post-test scores were marked at 33, a 13 point increase.

In analyzing the adult participants, the parents and guardians of the youth, they too demonstrated quantitative shifts. Kristine’s mother recorded a score of 20 at the pre-test, and a 14 at the point-test, indicating a 6 point decrease. Natalie’s mother scored 29 at the pre-test and 7 at the post-test, which recorded a 22 point decrease. Amanda’s mother noted a pre-test score of 9, and a post-test score of 18, indicating a 9 point increase.

In addition to the overall score shifts, there were patterns noted within the four variables of the UCLA PTSD-RI. Several of the variable responses were recurring themes throughout the six-week/six-session and included “Life and Death as Narratives,” “Integrating Safety and Trauma in Grief,” “Compartmentalization, Avoidance and Dissociation,” “Support Systems,” “Identifying ‘Grief’,” and “Establishing Trust and Control.” These themes were compiled through identification of pre-test and post-test responses as well as qualitative data collected during grief group sessions. The following chapter will analyze and discuss further the relationships between these variables and themes.
CHAPTER FIVE

DISCUSSION

This research study used a single-group pre/post-test design with qualitative features; this included an open-ended questionnaire conducted after the conclusion of the six-week art therapy group focusing on altered book-making. The population involved in the research were children and adolescents who had experienced the death of a family member through traumatic means, such as homicide or suicide, within the past five years. The children were between the ages of 11 and 14, and all of the youth had experienced the death of their father.

In addition, each of the youth participants were either an active or inactive member of a non-profit children’s grief center in southeastern United States. The altered book treatment group was conducted in the facility of the grief center, and the children engaged in the six-week, six-session art therapy intervention. Each session was approximately an hour and a half, with all of the participants meeting in the group therapy format. Four youths started the altered book-making group, however three youth completed the sessions and a post-test. The study hypothesized that an altered book-making art therapy group treatment with children and adolescents who had experienced traumatic loss of a family member would be effective in decreasing traumatic grief symptoms.

The overall outcome of the study supported the researcher’s hypothesis—participants of the art therapy group reported lower scores reflective of traumatic grief responses from pre-test to post-test through the UCLA PTSD-RI. However, the t-tests conducted on the overall pre and post-tests and on each variable score showed the results being statistically insignificant. This
conclusion may be affected by the limited sample size of three, considering one participant did not finish the study.

In addition to the quantitative data collected from the tests, the children and adolescents verbally identified their emotional shifts during and after the treatment group through a post-research survey. This survey enabled youth participants to elaborate on their experience with altered book-making, and to explain behavioral changes outside the scope of the UCLA PTSD-RI. Through thematic analysis and coding, the researcher identified 6 main themes, and utilized case examples from the treatment group to support each topic.

The Participants

The following sections on each of the participants will provide a brief overview of their results as outlined in the previous chapter, followed by a discussion of the themes and patterns that emerged for each. Such conclusions are indicated by the researcher through a review of both qualitative and quantitative data.

Kristine

While the outcomes of the total scores, both overall pre to post-test and the variables, showed a marked declining percent difference by the end of the six-week study, not all individual participants reflected this decrease. For instance, Kristine’s overall pre to post-test scores declined by 5 points, and in regards to the variable scores she reported a decrease in “Intrusion” and “Arousal/Reactivity” (3 points and 4 points, respectively), no change in “Negative Cognitions/Mood”, but a 2 point increase in “Avoidance” responses. This increase was directly reflected by her answer to the UCLA PTSD-RI question, “I try not to think or have
feelings about what happened.” On the pre-test Likert scale, she answered “Some” and on the post-test she answered “Most.”

The researcher believes this increase in avoidance responses could be related to her previously established coping mechanisms as were expressed in the art therapy group; Kristine described preferring to isolate her grief, as seen with her “Grief Character” being painted onto a “deserted island,” and preferring to be alone when experiencing strong negative emotional responses. Therefore, while Kristine recorded a decrease in two major trauma responses (Intrusion and Arousal/Reactivity), she may have increased her avoidance to balance the shift in cognition and self-awareness as emotional defense. During the fifth session, Kristine described her altered book as her ability to “shut and open” to others. She elaborated and described her struggle to trust people and to open up and discuss her true emotions with them, including her mother. The differences recorded for Kristine and her mother represent the largest split; Kristine scored a 61 on the pre-test, and her mother scored a 20 on the pre-test. This gap could reflect the lapse in communication and emotional avoidance that Kristine discussed in the group session.

When it came time to create art inside of the altered book, Kristine expressed hesitancy about writing in “someone else’s book,” and explained that she has a “respect and love for reading” and that she wouldn’t want somebody “ruining” her book if the situation were reversed. This avoidance of beginning the altered book led to Kristine talking about the homicide of their father, and how his murder altered her own story and didn’t want to do that to someone else’s. By the final session of the group, Kristine in her post-research survey expressed that she felt like she had made the books their own as opposed to the original author’s; she utilized images of her choosing, and she had each created an identity within the pages, unique to her own grief experience. It was also evident in the final session that she had gained control over her grief
through her manner of illustrating the cover of the altered book; Kristine wrote her name on the cover, stating her possession. Throughout the art therapy group, the altered books had become a symbolic container for the children’s grief and the cover was essentially the last part of the book that belonged to someone else. Identifying positive descriptors of the self, such as likes, dislikes, and personality traits can provide a sense of stability to the grieving individual. Because the grief experience involves processing personal identity with the loss of the loved one, self-notions outside of the death are to be established.

Anger was a common theme within Kristine’s altered book experience; she frequently mentioned her struggle to control her anger and how predominant she felt the negative emotional response. Kristine’s “Arousal/Reactivity” variable score decreased by 4 points from pre-test to post-test and she commented in her post-research survey a notable decrease in her anger responses after the altered book-making group treatment. In the second session, Kristine explained that the red in her book-page painted heart depicted how much anger she has in her own heart, which she said was “85%.” During the session, Kristine talked about her predominant grief emotion being anger, and how she feels the emotion mentally and physically. She commented that there is a “clear dividing line” between her feeling anger physically as opposed to mentally. In support of Kristine’s statistical decrease in “Arousal/Reactivity” scores, during the post-research survey she reported an increased thought-process during her anger responses and that she can better identify anger and thus better control the emotion.

Kristine, whom during the art therapy sessions talked frequently about her anger as a dominant grief emotion, stated a decrease in her levels of anger during her post-research survey. She elaborated, stating that she felt a decline in “being a butthole,” which she clarified as an increase in thinking about other people more and “not being as selfish.” Kristine emphasized that
in learning to identify the different emotions of grief, she felt better prepared to “cool down without blowing up.” During the post-research survey, Kristine also reported an increased consideration in the feelings of others. She elaborated that this increase positively affected her anger reactions and allowed her to respond more appropriately. This concept of becoming “less selfish” was visible in Kristine’s painting of her “grief character” setting, an altered book page that she later voiced was her “most impactful” Kristine painted an island and said that her grief character lives alone on the island, however she can invite friends over at any point. Kristine also added that the grief character can leave the island if a friend “needs her help.” She related this notion to her own personal attribute; that she often helps her friends if they are in need, and she’ll put her own needs aside.

**Natalie**

Natalie showed the closest results to demonstrating a decline in all four variable areas from pre to post-test. She decreased 2 points in terms of “Avoidance,” 6 points in terms of “Negative Cognitions/Mood”, and 13 point decrease in terms of “Arousal/Reactivity”. However, she showed no statistical change, 0 point difference, in terms of “Intrusion” from pre to post-test. In regards to this change, during the pre-test, Natalie only marked a numerical value for one of the Intrusion-based questions: “When something reminds me of what happened, I get very upset, afraid, or sad,” scoring a 3 (“Much”). However during the post-test, she decreased the score of the previously stated question to a 2 (Some), and also reported a small increase (from a 0; None to a 1; Little) for a different Intrusion-based question: “I have bad dreams about happened, or other bad dreams.”

While numerically Natalie showed no difference from pre-test to post-test in terms of “Intrusion” responses, in actuality she decreased slightly regarding one answer and increased
slightly on the other. The researcher believes this shift in responses may be due to increased conversation and discussion about her father’s homicide during the art therapy group, which may have led to the increase in “bad dreams.” In addition, the slight score decrease in regards to the question- “When something reminds me of what happened, I get very upset, afraid, or sad” -may be due to increased understanding of grief emotions and their responses. In her post-research survey, Natalie commented that after concluding the art therapy altered book-making treatment, she felt that she was more able to talk about and identify her grief emotions. Through gaining this self-understanding of her grief reactions, the researcher believes that Natalie gained control of her responses to negative stimuli.

During the post-research survey, Natalie emphasized that the two altered book directives that had the most impact on her were the “Grief Characters” and depicting her “Outside” sessions. She explained that this was because the interventions encouraged her to consider and process her grief emotions and to better identify how she presents her feelings to others and to herself. During the initial group meeting, Natalie depicted her images of safety and comfort as “strength and sunshine” with an image of a cheetah and a cut-out phrase reading “Here comes the sun.” Natalie explained that she chose these images because she is “sunny” and she is “strong.” Later in the art therapy sessions, during the meeting that encouraged the group to depict their “Outside” —the activity that Natalie stated as most influential— she painted a beach scene as her “outside,” explaining she projects herself to others as “sunny… like a perfect day at the beach.” Natalie elaborated that she projects a sense of “calmness.” She also added that if she were to use the words on the pages, she would have looked for the word “hidden,” as she feels she hides her actual emotions behind the “sunshine.”
The other altered book directive that Natalie described as most influential to her positive shift in emotional well-being was the creation of “Grief Characters” and their story inside the book. These characters were personifications of their personal grief and Natalie explained that her character was a man who was “shot, stabbed, and stressed” as she indicated by the markings on the character’s clay body. It is important to reiterate here that Natalie’s father was shot several times and killed, and the character appeared to possess those same scars. She elaborated that her clay character held the “physical” wounds of grief, such as pain, sadness, and anger. Natalie also explained that his arm is positioned near his heart because he “holds his broken heart.”

Lastly, she emphasized that her character’s grief was “huge,” then made the comparison to her own grief, commenting that it too was “huge” and that she was “soft,” elaborating that she gets “hurt by judgement” easily. The last part of the activity involved creating a setting and a story for the character. Natalie created a volcano and painted the word “overkill” elaborating that her father’s homicide was “overkill.” She commented that the volcano “rarely erupts” but it does often “boil,” and again was able to relate this to her own anger and grief. This session marked a significant shift for Natalie’s self-understanding as she utilized the character as a container for her projections. It is the belief of the researcher that Natalie’s post-test score increase may have been reflective of her increased understanding of grief responses, and her increased control over her emotions.

Amanda

Within the context of the traumatic loss treatment group, Amanda was the only participant whose family member had committed suicide as opposed to homicide. In addition, the manner of the suicide involved a dramatic and traumatic series of events. Amanda herself was not in the same state as her father during the time of his death, however she had been
informed of the details surrounding the suicide. Also in comparison to the other group members, Amanda was the only youth participant that was still an active member of the children’s grief program in which the research study was housed. Thus during the time of the art therapy treatment group, she was also receiving bi-weekly grief services from the program— at the time of the thesis research Amanda had been active in the children’s grief program for approximately 5 months.

From pre to post-test, Amanda recorded an increased percent difference between all four variables measure in the UCLA PSTD-RI; up 5 points of “Intrusion,” up 2 points of “Avoidance,” up 3 points of “Negative Cognitions/Mood,” and up 3 points of “Arousal/Reactivity.” However, in Amanda’s qualitative post-research survey she noted a clear positive shift in emotional well-being, explaining that “by the second week” she had noticed that she was “less angry and frustrated, and instead am happier and less shy.” In addition, on her pre-test, Amanda marked “1; Little; Two times per month” in regards to the frequency of negative emotions experienced. While on her post-test she marked “0; None; Never” regarding the frequency of negative responses.

The researcher believes the marked increase in numerical data contradicting the verbally and artistically expressed decrease is related to Amanda’s “Dissociation” subtype scores. In looking at Amanda’s UCLA PTSD-RI answers from pre to post-test “Dissociation” type questions, she decreased scores on each question, for a total of a 2 point decline. The researcher proposes that because of the lessened dissociative responses, this led to an increase of emotional awareness and therefore higher overall post-test scores. This is because dissociation can act as a defense mechanism to block out negative responses when addressing traumatic situations. Thus when the blocking defense is removed, other emotions can surface and come more into the
individual’s awareness. In support of this theory, during her post-research survey, Amanda explained that she experienced more frequent thoughts about the death of her father, but felt she could better express her emotions associated with the thoughts. Also, Amanda’s mother recorded a 2 point decrease in “Avoidance” responses for her daughter, indicating Amanda’s increased awareness of grief responses and decreased dissociations from grief-related emotions.

Dissociation is a common reaction to more traumatic types of grief, and is more common overall in children. There is an overall detachment to the individual’s sense of self and their coping techniques better resemble avoidance or “numbing.” The separation of “normal” life and “painful” thoughts of the deceased loved one is normal during the early stages of grief. This is because the positive and the negative do not yet integrate in the individual’s mental schemas of grief. When a person is experiencing grief, especially traumatic grief, the triggering thoughts or symbols do not appear to have any relationship with the person’s “safe” thoughts. This particular defense is a protective technique to compartmentalize that which is comforting and that which is painful. A comment from Amanda that directly supported her experience of dissociation, occurred in a statement she made during the second session. She commented that when individuals ask her to talk in depth about her grief or the death of her father, she feels like she’s “on a stage…and people expect my lines but I don’t know them.”

To support the researcher’s theory about dissociation, Amanda’s mother recorded a 2-point increase in “Dissociation” scores in regards to her daughter; from a 0 at pre-test to a 2 at post-test. In addition, Amanda’s mother scored a 9 on the pre-test, and 18 on the post-test, which could indicate an increase in communication over the duration of the six-week art therapy treatment group. The researcher believes this result is indicative of Amanda’s post-research survey answer about her relationship with her mother, explaining that she talks more to her
mother about her grief emotions and feels less uncomfortable about doing so. Therefore, in this situation with Amanda discussing more with her mother about her grief, by the time of the post-test, Amanda’s mother would be better informed about her daughter’s emotions. Thus the researcher believes that with the increased post-test scores documented by Amanda’s mother, the reason is actually an increased communication between mother and daughter.

Through discussion and artwork Amanda also presented with compartmentalizing coping mechanisms, however mostly apparent during the earlier sessions. Compartmentalization is a form of defense that allows the effected individual to continue their daily life without addressing the grief and trauma, because it has been divided and sectioned away in the mind. During her “Trauma Collage”, Amanda selected images of personal safety and comfort and then images of discomfort, a plane and a birthday cake respectively. After designing the altered book page and composing the images, she expressed that she purposely “separated” the two magazine photos, and that she chose not to alter the “discomfort” picture of the cake because she “needs to see it.” In discussing Amanda’s coping strategies and how she processes the deaths, she talked about her attempts to integrate the “good into the bad” and the “happy into the sad” by remembering positive memories, however she remarked that this method of coping was difficult to maintain. Amanda ultimately expressed her attempts in living with grief was to “put the bad in a separate place.” The researcher concluded that she was utilizing compartmentalizing defense techniques to protect her well-being from the potentially triggering grief thoughts.

During the altered book-making sessions, Amanda also discussed engaging in activities to distract her from “dwelling” on the suicide of her father, explaining that it was “less painful to ignore” those grief-related thoughts. She also discussed avoiding stimuli that remind her of her father’s suicide, which in this particular case was a dramatic and intense series of events leading
up to the suicide. With compartmentalization, avoidance can follow—the grieving individual can obtain perceived control over their situation if they identify their mental triggers, separate and subsequently avoid them. Integration eventually occurs when the person learns to address and process the negative thoughts, instead of avoiding the thoughts. As the person begins to confront the triggering thoughts and their concurrent faulty defense mechanism, the individual can integrate the previously held mental compartments.

As indicated by the post-research survey, Amanda commented that she felt a sense of “relief” in gaining the ability to verbally and visually express her grief. She elaborated and said that she had not talked as extensively about her dad’s death and her subsequent feelings to other people before the treatment group. She commented that confronting her grief initially made her upset and want to cry, but being able to process it “through the art brings comfort”. This expression, also as evidenced by the pre and post-test scores, indicates an increase in self-awareness and a decrease in dissociation and defense mechanisms.

**Darron**

Darron’s involvement with the art therapy treatment group was short-lived. He was present only for the first session. The researcher reached out to his grandmother during the six-week research period but did not obtain a response. Because of this, both he and his grandmother only completed the pre-test, and his scores are deemed inconclusive. It is unknown how Darron’s involvement in the altered book-making group would have affected the outcome of the group therapy sessions.

Darron was only present for the first session of the group. During that session, the children and adolescents were instructed to complete a “self-collage” using pre-cut magazine
images to describe positive self-notions. Darron explained why he chose a photo of a sleeping woman and an advertisement phrase about mouthwash, and he said that sleeping and brushing his teeth were activities he did and enjoyed. His last collage image was a phrase that read “Celebrate the unforgettable,” which began a discussion with the group about how to “celebrate the unforgettable” which was their deceased loved ones. Throughout the session, Darron presented with flat affect and did not appear engaged in the group discussions. The researcher believes these behaviors towards the group reflected his eventual choice to leave the group.

**Limitations**

Limitations may have affected the validity of the research due to known circumstances or unplanned situations. These limitations have been considered by the researcher to be lack of time, limited sample, and test distribution.

**Limited Sessions**

Due to time restraints, the study was limited to a six-week/six-session design. Because of the relatively small number of sessions, each group meeting sought to discuss and cover a large amount of a particular grief topic. Ideally, all participants would be present for all six group meetings; this was not the case. With each art therapy session containing a sufficient amount of information, if a participant had to miss a session they thereby missed far more than that which would be covered in a typical session. When participants in this research study were not in attendance for various weeks, they were missing out on art therapy directives and group conversations that could have proved beneficial to their overall treatment. In addition, because of the limited number of sessions, the researcher planned each week’s art therapy theme to develop upon the previous week and prepare for the following week. Therefore, if a participant was
absent for a session, he or she would have missed a large portion of information which was the foundation for the following session.

**Limited Sample**

The researcher was able to collect data from four participants, and only three of those children completed both pre and post-test. Of the four participants, three were female and one was male. The three children and adolescents who completed both tests were all females. The one male participant, Darron, dropped out of the study after the first session. The researcher believes that Darron left the group because of the lack of other males in the group. This limitation may have affected the discussion and relationships within the group.

In addition, each of the participants had experienced the death of their dad. The researcher had not planned each participant to have experienced the death of the same parental role. This limitation may have affected the communication within the group regarding understanding each other’s grief experience. It was noted on several different occasions during the sessions that the children and adolescents related to each other specifically because of the similar grief experience. The results might have varied had there been more participants who had experienced the traumatic loss of different family members.

Lastly, all four of the participants were active or inactive members of a children’s grief center in the community—Amanda and Darron were currently attending meetings, and Kristine and Natalie had left the center the previous year. This meant that two of the participants were receiving additional therapeutic resources during the duration of the art therapy. These limitations to the participant sample may have affected the collected data considering these restricted variables.
Acquiring the Tests

The researcher encountered a couple limitations with the physical distribution of the post tests and the subsequent receiving of the completed tests. For instance, the post-tests were given to the parents and children after conclusion of the final art therapy session. Because the location of the research group was in another region of the state than the researcher’s residence, the participants were instructed to complete the test and mail them back within a week. During this week, the researcher did not know if confidentiality was kept between parent and child at home while completing the assessment. In addition, as was previously mentioned, two youth participants mailed back their tests with an incomplete page of questions. For this situation, the researcher contacted the participants and asked them to complete the missing page through email instead of mail due to time restraints. During this time period, again, upholding confidentiality at home was unknown to the researcher.

Lastly, because two participants completed the full set of questions at two different times, it is unknown if any outside variables skewed the participants’ answers from the original testing date to the second. For the purpose of the study, all post-test answers were still included, but this limitation should be noted.

Suggestions for Future Research

For future research, further studies conducted with art therapy treatment protocols and youth victims of traumatic grief should be completed. This is because the overall research with this population is lacking—specifically, that which is focused on effective art therapy treatment for this specific type of grief. In addition, further studies need to be conducted with altered book-making, to test its effectiveness with other populations, as well as with those experiencing grief.
There are multiple routes for future research to utilize, but some recommendations include increasing the duration of the study, increasing the population and the demographic, and adding a more involvement for the parent/guardians.

**Treatment Duration**

In increasing the duration of the treatment group, traumatic grief responses could be better discussed and altered book-making processes could be furthered. Prolonging the study beyond the original six-week/six-session format could give the researcher additional time to address the children and adolescents’ concerns about grief. Consequently, adding sessions to the study would take the pressure off participants if they cannot attend a group meeting. Overall, it is the belief of the researcher that the six-week/six-session study acted as a beneficial pilot research group, but that ultimately scores might have improved more dramatically had there been more sessions. Grief itself is a long-term emotional response, and is not typically addressed in brief therapy settings. It is the researcher’s opinion that an increased session count would allow for the treatment group to best explore topics of grief responses and developing the altered book itself. In addition, more accurate scores and clearer data patterns may have emerged with a longer treatment protocol.

**Population and Demographic**

Another factor that would better gain validity in future research is to have a wider population and demographic. Expanding the study to include more participants of different ages, genders, and traumatic grief backgrounds would gain more conclusive data. By increasing the size and demographic of future research endeavors, new perspectives and grief responses can be discussed among the group, which could lead to richer thematic data. For instance, this particular
study only gathered conclusive data from females who had experienced the death of their father. In future research, these demographics should be expanded upon to indicate art therapy altered book-making as an effective treatment for participants of varying backgrounds.

**Parent/Guardian Involvement**

In some varieties of trauma-focused cognitive behavioral therapy, it is common to include the parents/guardians in coinciding therapeutic treatment as their children. While this particular research study did not focus solely on cognitive-behavioral therapy modalities, the benefit of including parents with the treatment can still be identified. In this study, parent/guardians were involved only in the pre and post-tests, which asked them to answer questions regarding their children’s grief responses.

For future research, parent/guardian involvement can be conducted in different ways. For instance, the parents/guardians can also be given the post-research survey to better qualify their UCLA PTSD-RI scores. In doing so, the researcher can gain more in-depth information regarding the caregiver’s viewpoint of their child’s experience with grief. Future research can also involve the caregivers to the extent of the previously discussed; providing separate grief therapy to both parent and child. It is the belief of the researcher that regardless of the method taken, even minimal parent involvement will increase communication between them and their child.

**Recommendations for Art Therapists**

In addition to the previously explained suggestions for future research, aspects of this research study can be utilized in clinical art therapy practices. Altered book-making as an art therapy approach encourages the participant to regain control over a found object and create a
“new story” over the pre-existing one. Altered book-making functioned as a creative channel for those children and adolescents who experienced traumatic loss of a close family member in the form of homicide or suicide. However, this art therapy technique can also be implemented with additional client populations that have experienced traumas, grief, adjustment issues, depression, anxiety, or lowered self-worth. While the book itself provides the grounding foundation for the art piece, the client is encouraged to assert their personal choices within the pages. In addition, clients are given the control to open and close the book, protecting or revealing their artwork, when they choose.

While there is previous art therapy-based research with young grieving populations, and with young traumatized populations, there does not appear to be a significant amount of information regarding art therapy and youth affected by traumatic loss. Because of the lack of art therapy-based research regarding creative interventions with surviving family members of traumatic deaths, this study provides further understanding about the individual needs of the population. Art therapy with youth affected by traumatic loss can benefit from visually identifying emotions of grief and gaining understanding over the responses of death, especially with the altered book-making approach in particular. It is important in the therapeutic services to acknowledge the family member’s death and to allow the youth to offer their narrative, and art therapy interventions can provide that method of communication.

In addition, because the amount of youth affected by traumatic loss is relatively small compared to those children and adolescents affected by normal grief, the youth may benefit from group work. Within the group setting, children and adolescents can express their individual story of familial death and find similarities among the stories of other youth who had experienced a similar loss; while no grief response is exactly the same, the traumatic nature of the death can
make the youth feel as if “nobody understands.” When utilizing the group format, participants can engage in cooperative art therapy directives and foster a sense of security, safety, and support.

Lastly, altered book-making with children and adolescents affected by traumatic loss allows the youth to take ownership of their story, both literally and metaphorically. Because the participant focuses their creative expression within the pages of the book, the child decides when to both open and shut the cover— they are in control of when to display and when to conceal their art. Attachment to the altered book will progress as the therapeutic interventions progress, and ultimately, the child or adolescent is able to leave treatment with the book as a transitional object. Grief is a lifelong adjustment, and it’s important that the youth participant understand that their story is still continuing to develop.

Conclusion

This research study utilized a single group pre/post-test design with qualitative features being an open-ended questionnaire conducted after the conclusion of the six-week art therapy group focusing on altered book-making. The population involved in the research was children and adolescents who had experienced the death of a family member through traumatic means, such as homicide or suicide, within the past five years. The study hypothesized that an altered book-making art therapy group treatment with children and adolescents who had experienced traumatic loss of a family member would be effective in decreasing traumatic grief symptoms. The overall outcome of the study supported the researcher’s hypothesis— participants of the art therapy group reported lower scores reflective of traumatic grief responses from pre-test to post-test.
When looking at youth participants, Kristine recorded a decrease in scores, starting at 61 and finishing the art therapy treatment group at 56, showing an 5 point decrease. Natalie recorded a larger decrease in scores, starting at a 39 and finishing art therapy treatment group at 18, a 21 point difference. The results also demonstrated an increase for one participant; Amanda’s pre-test scores were marked at 20, and her post-test scores were marked at 33, a 13 point increase.

In analyzing the adult participants, the parents and guardians of the youth, they too demonstrated quantitative shifts. Kristine’s mother recorded a score of 20 at the pre-test, and a 14 at the point-test, indicating a 6 point decrease. Natalie’s mother scored 29 at the pre-test and 7 at the post-test, which recorded a 22 point decrease. Amanda’s mother noted a pre-test score of 9, and a post-test score of 18, indicating a 9 point increase.

Overall, during their post-research surveys the youth participants individually expressed positive responses to the use of the altered book in their grief treatment. The children and adolescents discussed the importance of having a physical item to contain the “ups and downs” of their “story.” During the post-research survey, each of the youth participants specifically reported a decrease in their levels of anger, as well as an increase in their levels of happiness. The children expressed that the altered book allowed them to express their grief visually, and in turn encouraged them to identify grief emotions through art. The identification of grief emotions became a prominent theme throughout the altered book-making, and the children noted the process as one that helped to control their negative responses.

While the statistical data did not completely support the researcher’s hypothesis, through pre/post-test examination, behavioral observations, and verbal interviews, overall the altered book-making protocol decreased grief responses in the children and adolescents. The children
expressed that the altered book allowed them to express their grief visually, and in turn encouraged them to identify grief emotions through art. While the statistical data did not completely support the researcher’s hypothesis, through pre/post-test examination, behavioral observations, and verbal interviews, overall the altered book-making protocol decreased grief responses in the children and adolescents.
APPENDIX A

INSTITUTIONAL REVIEW BOARD (IRB) APPROVAL LETTER

The Florida State University
Office of the Vice President For Research
Human Subjects Committee
Tallahassee, Florida 32306-2742
(850) 644-8673 · FAX (850) 644-4392

APPROVAL MEMORANDUM

Date: 3/16/2015

To: Erin Huntley
Dept.: ART EDUCATION
From: Thomas L. Jacobson, Chair

Re: Use of Human Subjects in Research
Altered Book-Making for Children and Adolescents affected by Traumatic Loss

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 02/11/2015. 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 2/10/2016 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 FWA00000168/IRB number IRB00000446.

Cc: Dave Gussak, Advisor
HSC No. 2015.14682
APPENDIX B

CONSENT FORM

Your child is invited to participate in a research study about the benefits of altered book-making as an art therapy intervention for children and adolescents experiencing grief through traumatic loss. Your child was selected as they meet the criteria for this study. Please read the form and ask any questions you may have before agreeing to participate in the study.

This study is being conducted by Erin Huntley, a second year Master’s student in Art Therapy at Florida State University, and is overseen by Dr. Dave Gussak, Professor of Art Therapy and Chair of Art Education Department at Florida State University.

Background Information

I am interested in developing a successful intervention and determining the benefit of altered book-making as an art therapy intervention for children and adolescents experiencing grief through traumatic loss.

An altered book as any pre-existing book that has been changed into a new work of art. The alteration process itself utilizes a wide variety of artistic approaches such as collage, paint, and drawing. The altered book, in this circumstance, serves as a visual outlet for describing and processing the grief narrative your child is experiencing. Art therapy in itself is a mental health profession in which clients use art media, the creative process, and the resulting artwork to explore their feelings, reconcile emotional conflicts, foster self-awareness, manage behavior and addictions, develop social skills, improve reality orientation, reduce anxiety, and increase self-esteem.

It is intended that through your child’s participation you will contribute to identifying altered book-making’s effectiveness in decreasing grief symptoms among youth. Concurrently, this is an opportunity to learn about the benefits of art therapy for children and adolescents suffering from grief.

Procedures

If you agree for your child to participate in this study, I will ask him or her to partake in six one-hours group art therapy sessions, taking place within a period of six weeks. The art therapy will incorporate the directive of altered book-making with the researcher and staff members of New Hope for Kids.

Each session will focus on discussing the loss of the child’s loved one and will allow the group to utilize the creation of their altered book as a visual avenue for processing the grief experiences. The book itself will be their own; they will choose from an array of available materials and be invited to alter the book to better reflect their grief journey. Within the group meetings, approximately one book page per session will be worked and discussed.

Additionally, he or she will be asked to complete the University of California Los Angeles Posttraumatic Stress Disorder Reactive Index (UCLA PTSD-RI).

Outcomes of Participating in the Study

In addressing grief symptoms, this may potentially cause anxiety among participants. The directive of altered book-making encouraged the participant to discuss grief-related emotions which may cause
distress for some individuals. The experience of altered book-making provides a less threatening method for children and adolescents with grief to address the loss. The benefits of participation in this study include an overall increase in communication about grief, understanding of the loss, reduction in guilt and negative emotions, and decrease in trauma-related symptoms.

Confidentiality

The records of this study will be kept private and confidential to the extent permitted by the law. In any sort of report I might publish in the future, I will not include any information that will make it possible to identify a subject. Pseudonyms will be used in the place of any names. Research records will be stored securely and only I will have access to the records. Only I, the sole researcher of this study, and my research administrator, Dr. Dave Gussak, will have access to all notes and information regarding this study. However, images of your artwork will be available to view both in my thesis and in any research presentation I might give regarding this project.

Voluntary Nature of the Study

Participation in this study is voluntary. If you decide for your child to participate, they are free to not answer any question or withdraw at any point without affecting those relationships. You will be given a copy of this consent form for your record. They do not waive any of your legal rights by participating in this study.

Contacts and Questions

I, Erin Huntley, am the sole researcher of this study. You can ask any questions you may have now. Or if you have a question later you are encouraged to contact me via email address.

Please feel free to also contact my research administrator, Dr. Dave Gussak, regarding any concerns via email address.

If you have any questions or concerns regarding this study and would like to speak to someone other than the researcher or the research administrator, you are encouraged to contact the FSU IRB 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 received appropriate answers. I consent for my child to participate in this study.

________________________     ____________________
Parent/Guardian Signature       Date

________________________     ____________________
Researcher Signature       Date
APPENDIX C

ASSENT FORM AGES 6-11

I am asking you to be in a research project. Please read this form and ask any questions you may have before agreeing to be in the study.

My name is Erin Huntley, a student in Art Therapy at Florida State University, and will have the help of my teacher, by Dr. Dave Gussak. I am doing this project to learn more about how creating art in art therapy can help kids through their grief journey.

In this project, you will be making an “altered book.” An altered book is a book that you can draw in, color in, and change in any way you would like. Your altered book will be where you draw about your grief and the loss of your loved one.

Before you can start in the art group, I will ask you a list of questions and you will answer them the best you can. These questions will ask you about any sad or scary things that have happened in your life, like the loss of your loved one.

After you have answered the questions, the art therapy group will meet six times for six weeks at New Hope for Kids, and we will make art together for an hour and a half each time. Every time we get together we will talk about grief and how it makes you feel, and then you can draw about it in your altered book. The group will make art and will talk about what kind of feelings you have about the loss of your loved one.

After the six weeks have passed, I will ask you the same list of questions as before. I will also ask you new questions about if you liked the art therapy group and if you liked making the altered book.

If you decide that you would like to be in the research project, everything that you say in the art therapy group will be private. Only myself, my teacher and the other kids in the group will know what is talked about in the sessions.

Being in this project is up to you, you do not have to be in it if you do not want to. Also, if you decide after art therapy group has already started, you can stop at any time.

If you have any questions you can ask me them at any time. My phone number is, and my email address is,

You can also ask questions to my teacher. His email address is,

Please mark a check next to one of the sentences below and then sign along the line.

I want to be in this project

I do not want to be in this project

_______________________________________   ___________________________
Signature                                     Date
APPENDIX D

ASSENT FORM AGES 12-18

You are invited to participate in a research study about altered book-making as an art therapy intervention for children and adolescents experiencing grief through traumatic loss. You were selected as you meet the criteria for this study. Please read the form and ask any questions you may have before agreeing to participate.

My name is Erin Huntley and I am a student learning about Art Therapy at Florida State University, and is being helped by Dr. Dave Gussak, my professor at Florida State University.

In this project, you will be making an “altered book.” An altered book is a pre-made book that you can draw in, color in, and change in any way you would like. Your altered book will be where you draw and use different art materials to create about your grief and the loss of your loved one.

The directive of altered book-making encourages the participant to discuss grief-related emotions which may cause distress for some individuals. The experience of altered book-making provides a less threatening method for children and adolescents with grief to address the loss. The benefits of participation in this study include an overall increase in communication about grief, understanding of the loss, reduction in guilt and negative emotions, and decrease in trauma-related symptoms.

Before you can start in the art group however, I will ask you a list of questions and you will answer them the best you can. These questions will ask you about any sad or scary things that have happened in your life, like the loss of your loved one.

After you’ve answered the questions, the art therapy group will meet six times for six weeks at New Hope for Kids, and we will make art together for an hour and a half each time. Every time we get together we will talk about grief and how it makes you feel, and then you can draw about it in your altered book. The group will make art and will talk about what kind of feelings you have about the loss of your loved one.

After the six weeks have passed, I will ask you the same list of questions as before. I will also ask you new questions about if you liked the art therapy group and if you liked making the altered book.

If you decide that you would like to be in the research project, everything that you say in the art therapy group will be private. Only myself, my teacher and the other kids in the group will know what is talked about in the sessions. If this project is published in the future, I will not include any information that will make it possible to identify you, the participant. Pseudonyms will be used in the place of any names. However, images of your artwork will be available to view both in my project and in any research presentation I might give regarding this project.

Being in this project is up to you, you do not have to be in it if you do not want to. Also, if you decide after art therapy group has already started, you can stop at any time.

If you have any questions you can ask me them at any time. My phone number is, and my email address is,

You can also ask questions to my teacher. His email address is,
Please mark a check next to one of the sentences below and then sign along the line.

I want to be in this project__________

I do not want to be in this project__________

_______________________________________   ___________________________

Signature       Date
APPENDIX E

POST-RESEARCH SURVEY

1. How would you assess your experience of the art therapy group?
2. How do you feel about the process of the altered book-making in your grief journey?
3. Do you feel that the altered book-making allowed you to express your grief in a visual manner?
4. Since participating in the group, how would you rate your sense of well-being and why?
5. Talk about your angry and sad feelings… How have they changed now that the group is over?
6. Tell me more about how you would tell the story of the loss of your ______ (mother, father, sister, etc.).
7. Did you experience a decrease of negative emotions, feelings, or symptoms as a result of your altered book-making experience?
8. Did you experience an increase in well-being and elevated mood as a result of the art therapy group?
9. Did the group experience lead to any negative thoughts?
10. How did this experience effect your relationship with your loved ones?
11. Do you feel that the art therapy group experience helped you to better understand your grief journey?
12. Do you think you will continue to use the altered book in the future?
13. Do you have any other thoughts or concerns you would like to voice regarding the process?
REFERENCES


Morrissey, P. J. (2013). Trauma finds expression through art therapy. *Health Progress, 94*(3), 44.


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Redmond, L.M. (1989). *Surviving: When someone you love was murdered.* Clearwater, FL. Psychological Consultation and Educational Services, INC.


BIOGRAPHICAL SKETCH

EDUCATION

Florida State University, Tallahassee, FL 2013-2015 (Expected)

Master of Science in Art Therapy Candidate
Thesis: “Altered Book-making with Children and Adolescents affected by Traumatic Loss”

University of Central Florida, Orlando, FL 2009-2013
Bachelor of Fine Arts in Studio Art, with Honors- Specialization in Photography

PROFESSIONAL EXPERIENCE

Gadsden Correctional Facility, Gretna, FL January 2015 – May 2015
Art Therapy Intern
- Conduct weekly and bi-weekly individual and group art therapy sessions with female inmates, including those with personality, substance use, and anxiety disorders diagnoses
- Address situations such as grief, trauma, stress, anger and other reactions within prison setting
- Maintain a weekly caseload of approximately 25-30 clients

Florida State Hospital, Chattahoochee, FL August 2014 – December 2014
Art Therapy Intern
- Conducted weekly art therapy group sessions with adult residents diagnosed with various psychiatric disorders and admitted through forensic and civil areas
- Facilitated groups focused on topics of anger management, substance abuse, mindfulness/DBT, and readiness for transition
- Developed and wrote treatment plans for residents while collaborating with a mental health team

Florida State University Multidisciplinary Center, Tallahassee, FL January 2014 – May 2014
Art Therapy Intern
- Provided weekly individual and group art therapy sessions with children and adolescent students of at-risk, low income and alternative schools
- Addressed topics of substance abuse, grief and loss, relationships and shifting familial situations
- Conducted intakes and provided psychological assessments and behavioral therapy

Little Lambs Preschool, Tallahassee, FL September 2013 – November 2013
Art Therapy Intern
- Facilitated weekly individual art therapy sessions with child experiencing separation anxiety
- Developed appropriate treatment plan for a brief therapy model

New Hope for Kids, Orlando, FL May 2012 – August 2013
Grief Facilitator
- Lead weekly group bereavement sessions for children and adolescents who had recently experienced the death of a loved one, including traumatic loss
- Provided art activities to encourage expression of grief followed by age-appropriate play

ADDITIONAL EXPERIENCE

Florida State University Department of Art Education, Tallahassee, FL August 2013 – May 2015
Graduate Assistant
- Oversee and operate department social media networks- Facebook, Twitter, LinkedIn, and WordPress
• Provide direct assistance for the Department’s Staff Service Associate, as well as secondary assistance to the Admissions Officer and to the Department Chair

**Florida State University Campus Recreation**, Tallahassee, FL  
*January 2014 – August 2015*

**Group Exercise Instructor**
- Instruct patrons regarding effective workout methods and techniques, as well as demonstrate exercises
- Teach multiple weekly classes to the University population and adhere to safe and healthy guidelines

**University of Central Florida Burnett Honors College**, Orlando, FL  
*June 2010, 2012, & 2013*

**Peer Ambassador**
- Assisted with the role of advising and serving as a resource for new Honors students during the Orientation sessions
- Advised incoming Honors Freshmen about the majors available within the College of Arts and Humanities as to subsequently create their first-year course schedule

**University of Central Florida Experiential Learning**, Orlando, FL  
*August 2012- December 2012*

**ArtsBridge Scholar**
- Created a Language Arts/Visual Art lesson plan based on the specific needs of an at-risk Orlando area Kindergarten ESL (English as a Second Language) class
- Integrated arts into the ESL curriculum resulting in a project that encouraged students to employ photography, book-making, and drawing

**Architectural Photographer Elizabeth Felicella**, New York, NY  
*June 2011*

**Assistant Photographer Intern**
- Accompanied photographer and crew on architectural photo shoots in the greater New York City area
- Styled props and furniture in an artistic composition and arranged necessary lighting and materials for both stylist and photographer

**COMMUNITY LEADERSHIP**

**Florida State University Art Therapy Association**  
*August 2013- April 2015*

**Vice President**
- Collaborate with the President and Board members to successfully complete projects and events such as annual workshops, presentations, and fundraisers
- Coordinate monthly community-based events to integrate Art Therapy into the Tallahassee community as well as monthly socials for Association members

**Railroad Square Art District “First Friday”, Tallahassee, FL**  
*August 2013- April 2015*

**Coordinator**
- Implement monthly social engagement through various art directives and art therapy-related psychoeducational components

**“I AM” Gaines Street Mural**, Tallahassee, FL  
*February 2015*

**Shift Leader**
- Provided leadership and supervision for community members in the creation of a large-scale mural

**“Postcard” Downtown Mural**, Tallahassee, FL  
*December 2014*

**Mural Facilitator**
- Engaged the community and bolstered city activity in aiding the advancement of the public space mural

**“Art on the Drive” Orlando Public Art Initiative**, Orlando, FL  
*July 2011*

**Freelance Artist**
- Collaborated with the City of Orlando to design two images for the road beautification initiative in the “theme park” district of the city